

Milewood Healthcare Ltd

Harlington House

Inspection report

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Date of inspection visit:

10 April 2018

12 April 2018

Date of publication:

18 June 2018

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? | Requires Improvement ● |

Summary of findings

Overall summary

Harlington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 is registered to provide accommodation and care for up to 17 people with a mental health need or learning disability. The home is divided into two areas; Harlington House, which is a three storey older detached building containing individual flats, and Harlington Lodge on the same site, which is a more modern building and has two floors. It is located in a residential area south of York, close to local community facilities and on a public bus route. There are parking facilities.

At the time of this inspection there were 13 people using the service.

The inspection was unannounced and took place over two days on 10 and 12 April 2018. At the previous inspection in November 2016 the service was rated Requires Improvement. There was a breach of legal requirements because records were not stored securely, some documentation could not be located and quality assurance audits were not always effective in ensuring improvements were made promptly. At this inspection we found the provider had made sufficient improvement to meet legal requirements and was now rated Good overall.

The provider is required to have a registered manager as a condition of their registration and there was a registered manager in post. They had been registered with CQC since September 2017. 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.

There were systems in place to assess and minimise risk to people, whilst respecting people's individual choice and wishes. Staff received training in safeguarding vulnerable adults and demonstrated a good understanding of safeguarding procedures and how to raise concerns. There were systems to ensure people received their medicines safely, but there were anomalies in the recording of one person's insulin injections.

Improvements had been made to the effectiveness of the cleaning systems in place to ensure appropriate standards of hygiene were maintained.

The provider followed robust systems for the recruitment of staff and was taking appropriate steps to ensure the suitability of workers. There were sufficient staff to keep people safe and meet their needs. Staff received an induction, training and regular supervision to give them the skills they needed to support people.

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

was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People told us they were happy with the meals available and had opportunity to be involved in preparing their own food where they were able to. Staff monitored people's weight and nutritional needs. People were supported to maintain good health and access healthcare services, but we found some records in relation to people's healthcare needs lacked clarity.

People's privacy and dignity was respected, and we observed staff were attentive, caring and respectful in their interactions with people. It was evident staff knew people well. People were involved in decisions about their care.

Detailed care plans were in place to give staff the guidance they needed to support people. Care plans were regularly reviewed.

There was a complaints procedure in place and records showed us that any complaints and concerns were acted on. People told us they would feel able to raise any concerns.

The registered manager and provider conducted a range of audits in order to monitor the quality of the service provided and were used to drive improvement. However, they had not been effective in identifying and addressing the record keeping issues we found in relation to people's healthcare needs in some care files. Statutory notifications of DoLS authorisations had not been submitted to CQC in a timely manner.

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.

Staff were trained in safeguarding vulnerable adults and understood their responsibilities. Risks were managed and reduced. Infection control practices were effectively followed.

Recruitment procedures were robust. Staffing numbers were sufficient to meet people's needs.

There were systems in place for the safe management of medicines, although we identified an issue in relation to the recording of insulin injections.

Is the service effective?

Good ●

The service was effective.

Staff received training, regular supervision and mentoring to enable them to provide effective care for people.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People received adequate nutrition and hydration. People were supported to access healthcare services, although recording about health needs sometimes lacked clarity.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind and attentive.

People were involved in decisions about their care.

Staff promoted people's independence. People's wellbeing, privacy and dignity were monitored and respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place, detailing people's personal goals and preferences.

People took part in activities of their choosing and accessed community facilities.

An effective complaints procedure ensured complaints and concerns were appropriately investigated and responded to.

Is the service well-led?

The service was not always well led.

There was a registered manager in post and staff told us they felt well supported. There was a positive culture at the home.

Aspects of record keeping required improvement and notifications of DoLS authorisations had not been submitted to CQC.

The provider had a quality assurance system in place and conducted regular audits. These were used to drive some improvements but had not identified and addressed the record keeping issues we found.

Requires Improvement ●

Harlington House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 10 and 12 April 2018 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience on the first day of the inspection and two adult social care inspectors on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our visit we looked at information we held about the service, which included notifications sent to us. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also received feedback from healthcare professionals and City of York Council's contracts and commissioning team. Prior to the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spoke with seven people who used the service and one visitor. We spoke with five care staff and the registered manager. We looked at five people's care records, medication records, three staff recruitment and training files and a selection of records used to monitor the quality of the service. We spent time in the communal lounge in Harlington Lodge and observed staff interacting with people who used the service throughout the two days of the inspection.

Is the service safe?

Our findings

People who used the service told us, "I feel safe here" and "Sometimes I go out by myself and I like it if someone goes out with me to keep me safe." Another person described the fire evacuation practices they took part in, and how they were supported with this.

There were systems in place to manage safeguarding concerns and protect people from avoidable harm and abuse. The provider had safeguarding policies and procedures in place and staff received training in this area. Staff had a good understanding of the different types of abuse that could occur and what to do if they had any concerns. Safeguarding referrals had been made to the local authority safeguarding team where required and CQC had been notified about these.

The provider followed robust procedures for the recruitment of staff. Appropriate checks were completed before staff started work, including references, proof of identification and a check with the Disclosure and Barring Service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. Records we viewed showed the provider was taking appropriate steps to ensure the suitability of workers.

Staff we spoke with felt there were sufficient staff to meet people's needs. The registered manager told us the number of staff required each day was calculated by allocating an amount of shared and individual hours for each person, then some people were also commissioned to receive additional one to one support from staff, due to their needs. Our observations of the service during the inspection showed there were sufficient staff available to support people to go out and take part in the things they wanted to. The provider used agency staff where required, to maintain safe staffing levels.

The provider developed risk assessments according to people's individual needs. These included assessments in relation to road safety, challenging behaviour, self harm and falls. The risk assessments were regularly reviewed and provided staff with information about how to respond and minimise these risks. However, we found the skin integrity risk for one person who had previously had a pressure sore, had not been properly assessed. Staff had provided support to the person to minimise the risk of a pressure sore developing again, such as repositioning them, but there was no clearly recorded care plan about this. We brought this to the attention of the registered manager who addressed this shortly after the inspection.

Accidents and incidents were recorded, so the registered manager and provider had opportunity to learn from incidents that occurred to try and prevent recurrence. This included incidents of behaviour that challenged staff and others who used the service.

Records showed that environment and building safety checks were completed and there were up to date gas safety and electrical wiring certificates. There was a fire safety risk assessment and the fire alarm system was regularly checked. Personal emergency evacuation plans were in place to show the assistance people would require to leave the premises in the event of an emergency. These systems helped to ensure the safety of people who used the service.

At the time of our last inspection the home had a food hygiene rating of two following an inspection undertaken by the local authority Environmental Health Department in January 2016. The inspection checked hygiene standards and food safety in the home's kitchen. Five is the highest score available. The provider had taken action to improve in this area and the service was now rated four, following another inspection in August 2017 by the Environmental Health Department.

At our last inspection, in November 2016, we found improvement was required in relation to infection control practices and cleanliness in the home. We recommended the provider ensured appropriate standards of hygiene were consistently maintained through effective cleaning schedules, standards of cleaning and regular monitoring. At this inspection we found improvements had been made and the service was generally clean and well maintained. Staff understood how to prevent the risk of cross infection and had access to personal protective equipment, such as disposable gloves, where required.

We looked at systems in place to ensure people received their medicines safely. Some people were able to manage their own medicines, and had been assessed for their ability to do this safely. Other people received support from staff with their medicines. Staff responsible for administering medicines had received training in medicines management and their competence was assessed.

There were systems in place for the ordering, recording, administration and disposal of medicines. The registered manager advised us of action they were taking to address some issues that had occurred over previous months in relation to the timely supply of medicines from the pharmacy. We checked the stock balance for a number of medicines and the stock held tallied with the stock level recorded on the Medication Administration Records (MARs). MARs we viewed were generally appropriately completed and showed people had received their medicines as prescribed. However, we found anomalies in the recording of insulin injections for one person. The registered manager took immediate action to address this. We were sent evidence following the inspection to demonstrate a new recording system had been implemented and this showed that the required dosages were given.

Is the service effective?

Our findings

People who used the service spoke positively about the staff and felt they had the skills to care for them effectively. Their comments included, "The staff look after me very well," "The staff are great" and "The care is good."

Staff received an induction when commencing in post. This included an orientation to the home, familiarisation with policies and procedures, time to read care plans and shadow other staff. Staff also completed a range of training considered mandatory to the provider; including fire safety, health and safety, infection control, moving and positioning, medication, safeguarding vulnerable adults, food hygiene and MAPA (Management of Actual and Potential Aggression). Some of the training was delivered face to face, and other training was via the completion of training workbooks and competency questions. Staff could also access a range of additional training, and we saw some staff had completed training on topics such as epilepsy, equal opportunities and care planning. The registered manager had arranged for staff to receive diabetes training from a specialist nurse at the hospital, to give staff the skills to care for one person who had recently moved to the home.

Staff completed refresher training to ensure their knowledge and skills were kept up-to-date. They also received regular supervision, and the supervision records we viewed demonstrated a clear commitment to staff development and ensuring staff understood policy and practice. Staff described how the provider's 'mentoring' process was used to help them reflect and develop their skills in specific identified areas. This was confirmed by the records we viewed. One staff member told us, "I think the training has given me the skills I need for the job. I feel a lot more confident now."

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection two people had a DoLS authorisation in place. One person had conditions on their DoLS authorisation and we found these were being met.

Staff completed MCA training and the staff we spoke with were able to demonstrate the importance of gaining people's consent to the care they offered. We saw evidence in care files that people had been involved in decisions about their care, and we observed throughout our inspection that people's choices and decisions were respected. Care files contained consent forms for any practices that were considered an infringement of rights, such as keeping COSHH (control of substances hazardous to health) cleaning

products locked in cupboards and keeping doors locked. This showed us that staff sought consent to provide care in line with legislation and guidance.

The environment was suitable for people's needs and several areas of the home had been redecorated since our last inspection. People had their own rooms or flats, some with en-suite facilities.

We looked at the support people received to maintain a balanced diet. Information about people's needs in relation to preparing meals and drinks was contained in their daily living skills care plan. Some people were able to prepare their own meals but others required support from staff. Where required, people had a nutritional information chart. We saw a nutritional information chart which included detail of the type of diet the person required to help manage their weight, their food preferences, plus information for staff about how to manage the person's risk of choking. The document made reference to the person's risk assessment and protocol in relation to choking, which we found were also available in their care file for staff to refer to. People's weight was regularly monitored, and where people had refused to be weighed this was recorded.

We saw people being offered a choice of meals, snacks and drinks throughout our inspection. Most people were able to make decisions about what they wanted to eat and drink, and when they wanted their meals. We observed staff reminding people about healthier food options, but staff respected their choice if they wanted something different. People we spoke with were satisfied with the food available and their comments included, "The food's always good and there's plenty of choice. Sometimes I cook for myself" and "The food is good."

We saw evidence in care files that people had accessed healthcare services and professionals, including GPs, community psychiatric nurses, opticians and chiropodists. Each person's care file contained a health care plan and a 'hospital passport' which provided key information about the person, should they need to go into hospital. We noted that one person's care file had various information about the person's epilepsy in different parts of the file, making it difficult for staff to easily locate all the core information they needed to know about the type of seizures the person had and what signs to look for. When we spoke with staff they knew what signs to look for and told us they would always seek medical advice in the event of a seizure. The registered manager reviewed this care file after our feedback so that the information available to staff was clearer.

Is the service caring?

Our findings

People we spoke with told us the staff were caring. Their comments included, "The staff are friendly and supportive," "The staff are really caring" and "This is my home; I love it here." Another person told us, "I like it here. I knew I would when I first came. If I had a problem they are always here to help." This person went on to describe the support they had received from staff when they had had a family bereavement and told us how much this support had meant to them. They added, "They (staff) have really supported me emotionally."

A healthcare professional told us, "The staff employed are kind and compassionate in their approaches."

Throughout our inspection we observed staff interacting with people, and found they were respectful and friendly in their manner. They were attentive to people's needs and wishes, and it was apparent they knew people well. People appeared comfortable and relaxed in the presence of staff.

We observed staff worked as a team in meeting people's needs. We saw one occasion where a person was becoming frustrated and distressed. The staff working with them called for the assistance of another staff member who clearly had a particularly good rapport with the person. They were able to offer additional advice and calm and reassure the person.

People felt involved in decisions about their care and the running of the home. They were offered regular opportunity to have 'residents meetings' but generally most people declined the opportunity and preferred to discuss issues and give feedback in individual monthly meetings with their keyworker. It was not always clear from documentation, such as staff meeting minutes, how people had been involved in decisions affecting the running of the home, such as use of the communal areas. The registered manager advised that decisions like this had often come from suggestions made by people themselves.

Care files contained detail about how to support and encourage people with decision making. There was also detailed information about people's communication needs. One person primarily used Makaton signs to communicate, and staff learned Makaton signing in their monthly team meetings to refresh their skills and competence in this area. We observed staff communicating with the person using Makaton signs throughout our visit. In the main we saw this enabled them to communicate effectively together.

People were able to access the support of an advocate where this would be beneficial. Advocates provide independent support to help ensure that people's views and preferences are heard. People could have visitors when they wished, and told us they were supported to maintain relationships with family and friends.

Staff tailored their support in response to people's diverse needs and preferences, including needs in relation to age or disability. One person confirmed that equipment they needed, such as a wheelchair, was always available to them. Care files also contained a section about people's spiritual and cultural needs. The majority of staff had completed equal opportunities training and the provider had a policy in relation to equality and diversity.

Staff gave us examples to demonstrate how they respected people's privacy and dignity, such as waiting outside the bathroom when one person was showering, to monitor their safety whilst giving them privacy. We saw staff knocked on people's doors and requested permission before entering their room.

Care files contained information about what aspects of people's lives they were able to manage for themselves, in order to promote their independence. People living within flats in the main house were generally more independent in terms of their support needs. One person told us, "When I first came I was in the house (Lodge) but now I have a flat. I do my own cooking and cleaning. I live independently but I know help is available." We observed other people participating in activities such as preparing meals and drinks.

Is the service responsive?

Our findings

There was a care plan in place for each person, detailing people's care needs and how staff should support them. It was evident people had been involved in the development and regular review of their care plans. Files contained relevant information about people's needs in relation to areas such as mobility, activities and social networks, personal care, spiritual and cultural needs, daily living skills and mobility. We found care plans contained detailed information about people's personal objectives and the support required from staff to achieve their goals. Care plans were personalised and contained lots of information about people's preferences. We did, however, note examples where the information about people's health needs could be clearer. We also found the care file for one person who had moved to the home over a month before our inspection was not fully completed. There was key information for staff about risks and some elements of the person's care needs, but sections of the care file still needed to be finished. This meant there was a risk that staff would not have the information they needed about all aspects of the person's care. Potential risks were reduced as staff demonstrated a good understanding of the person's needs. The registered manager updated us shortly after the inspection that the remaining elements of the care plan had been finished.

People met with their key worker each month to discuss their support, and staff used information from these discussions as part of a monthly review the person's care plan. We found that these meetings were led by the person, focussed on topics of their choosing.

Staff completed monitoring records in relation to specific issues, such as epilepsy or repositioning, where this was relevant to individuals. We noted gaps in repositioning records for one person, on the second day of our inspection, but we could see the person was out of bed and mobilising, so it was evident this was a recording error.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We saw some information was presented in an accessible way, such as hospital passport documents in a pictorial format to make them easier for people to understand. Information about people's communication needs was recorded in their care files.

People were able to take part in activities of their choice. We observed some people going out independently during our inspection and others who went out with support from staff. Care files contained information about the activities people had been taken part in and opportunities they had been offered and declined. This enabled staff to monitor what things people preferred to do. One person told us they had lots of hobbies and enjoyed music. They told us, "I feel supported in my interests. My [relatives] come to see me and they (staff) always make them welcome. I go out for trips to Scarborough and have fish and chips."

The provider had a complaints policy and procedure, outlining how people could expect any concerns or complaints to be investigated and responded to. People also had opportunity to give feedback and raise any issues in individual meetings with their keyworker or in satisfaction surveys. The complaints records we

viewed showed that action had been taken to address concerns raised. People we spoke with confirmed they would feel confident about raising any concerns. One person told us, "If I had a complaint I would speak to the manager." One person had an on-going concern about their medicine supplies and this was being addressed.

End of life care was not part of the home's remit and staff had therefore not required this training.

Is the service well-led?

Our findings

The service had a registered manager, who had been in post over 18 months and registered with CQC in September 2017. Staff commented positively on the management of the home. Their comments included, "[Registered manager] is great, he's really good" and "I feel really well supported by the management team." Another confirmed, "[Registered manager] helps you with things, I feel supported. If [registered manager] isn't in I could speak to one of the seniors or the area manager. I could ask straightaway. If I ever needed anything I wouldn't go a shift without being able to find out something I needed to know, because I could speak to anyone and they would be able to tell me or show me where to get the information."

From our observations, it was clear that people who used the service knew the registered manager well.

Staff were supported by regular team meetings and supervision and our discussions with staff indicated a positive culture at the home. One told us, "The atmosphere is really caring. Everyone is really helpful with each other and service users help each too."

At our last inspection in November 2016 we found the provider was in breach of Regulation 17 (2)(a)(c) and (d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records were not held securely, quality assurance audits were not always effective in ensuring improvements were made promptly and some records, such as complaints records, could not be located.

At this inspection we found records about people were all held securely, were better organised and staff were able to locate information. In the main, care files were very detailed and person centred. We saw examples that showed the registered manager was using audits to take action and make improvement. The registered manager conducted a range of quality audits each month and we saw they had a 'working copy' of the action plans for each audit on their wall, so they could mark off when action was completed. There was sufficient progress to show us that the provider was now meeting legal requirements.

However, we found further improvement was still required with some aspects of record keeping. We found examples in care files where people's health needs were not always clearly recorded, a behaviour management plan needed updating and one person's care file had not been fully completed. We found that although the area manager had conducted monthly provider audits, which had included reviewing some of the same care files we looked at, they had failed to identify the gaps and anomalies we found. At the start of our inspection the registered manager had not yet audited the medication records of one person who required insulin injections and had lived at the home for a month. This meant they had not identified the recording issue in relation to this person's medicines, which could have led to confusion and potential errors.

The registered manager was generally aware of their role and responsibilities and submitted notifications to CQC, as required in legislation. However, they were not aware of the need to submit notifications regarding the outcome of DoLS applications. This meant that they had failed to submit two such notifications to CQC. These were sent to us straight after the inspection.

The provider and registered manager worked alongside other agencies and organisations, including social workers and healthcare professionals. A healthcare professional told us, "The manager seems very obliging. The service generally meets people's needs on a day to day basis, they do have issues with communication for appointments and need to improve their systems to ensure all appointments are kept and cancellations are timely where possible." Another healthcare professional told us communication was poor, including communication regarding review meetings. The registered manager said that sometimes people who used the service changed their mind about attending review meetings at short notice, but told us they would reflect on the feedback and look at ways to improve communication systems with external agencies and professionals.