

Milewood Healthcare Ltd

Park View

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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

Park View is a residential care home which provides personal care to people with a learning disability or autistic spectrum disorder.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people and nine people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home. Staff also wore their own clothing to avoid wearing anything that suggested they were care staff when coming and going with people.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles. We discussed with the management team about introducing a plan to demonstrate how they are aiming to reduce the use of restrictive interventions within the service.

Elements of the staff recruitment process had not been robust. There were enough staff to support people and people told us they felt safe living at Park View. Risk assessments were in place for areas of identified risk, but recognised assessment were not always used. Staff were aware of how to support people when they were experiencing periods of distress or anxiety. Professionals fed back that staff knowledge could be further developed in this area. People received their medicines as required and staff understood what actions to take if they thought somebody was at risk of abuse.

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. Staff understood the importance of seeking people's consent.

We made a recommendation about the application of the Mental Capacity Act, ensuring that capacity assessments were completed when people had restrictions in place.

Staff received training to ensure they had the skills and knowledge to support people. Staff received regular 'one to ones' and had annual appraisals of their performance. These aided staff development and practice in how they supported people. The staff team had close links with health and social care professionals and sought their input and advice to help achieve good outcomes for people.

Staff were patient and caring in their approach towards people. People were relaxed with staff and felt confident in asking for their support. Staff were mindful to respect people's privacy and promote their dignity. People were encouraged and supported to make their own day to day decisions.

Detailed, person-centred care plans were in place which provided clear information about people, their histories and needs. People and their representatives were encouraged to be involved in reviews of their support. Activities were arranged on a group or one to one basis, according to the person's preferences. Staff understood how people communicated and information was available in a variety of different formats, according to people's needs.

People, their relatives and staff felt confident to approach the management team with any concerns. The management team were visible and worked alongside staff in supporting people. A series of audits and checks were completed to monitor the quality and safety of the service. People's feedback was sought to aid in the development of the service.

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

Rating at last inspection

The last rating for this service was good (published 24 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Park View

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

The inspection was undertaken by two inspectors on the first day and one inspector on the second.

Service and service type

Park View 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 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

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we received about the service from the provider since the last inspection, such as notifications, which the service is legally required to send us. We requested feedback from the local authority and health service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with seven members of staff including the registered manager, deputy manager, one senior support worker, three support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and a further two around staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the management team to validate evidence found and actions taken since the inspection. We received feedback from four health and social care professionals and three relatives.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff recruitment were not robust. Risk assessments were not in place when staff were working without a full DBS check and gaps in people's employment had not been explored. This was discussed with the management team who agreed to take actions to address this following the inspection.
- Enough staff were on duty to help keep people safe. Staff advised staffing levels had recently stabilised.
- If staff were unable to attend at short notice, arrangements were in place to ensure there were sufficient staff numbers.

Using medicines safely

- Medicines were safely managed, and people received their medicines as prescribed.
- Staff undertook medicines training, to ensure they had the right skills and knowledge to administer people's medicines safely. We were advised staff's competency to administer medicines was observed, but not recorded. Records were introduced following our inspection.
- Effective systems were in place to regularly check medicines administration, recording and storage.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were not consistently robust. Recognised tools, to aid in the assessment and response to risk, were not being used. This was discussed with the management team who agreed to introduce these. Risk assessments were in place for most areas of identified risk and guided staff about how to provide the support.
- People received appropriate support when they were upset, anxious or distressed. The health service had delivered positive behaviour support (PBS) training to staff. PBS is a person-centred method of trying to understand and support people who may experience behaviour which can challenge. Professionals fed back that staff understanding of PBS could be further developed to enhance the outcomes for people.
- Staff understood that physical restraint was used as a last resort.
- Accidents and incidents were recorded and reviewed by the management team to ensure appropriate actions had been taken. Following incidents, staff took part in a de-brief to aid their reflection and practice.
- Checks of the environment were undertaken to ensure they remained safe for people. Staff took part in fire drills to ensure they knew what to do in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff undertook safeguarding training and knew potential signs of abuse. They were aware of how to escalate their concerns if they felt they weren't being adequately addressed.

- Safeguarding concerns were shared appropriately with the local authority, to enable enquiries to be undertaken.
- Staff were supportive of people which helped them to feel safe. A person told us, "I feel safe here. The staff are nice and help me."

Preventing and controlling infection

- The service was clean. Staff had access to personal protective equipment, such as gloves and aprons, if this was required.

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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Capacity assessments had not been completed around all the restrictions in place for people. This was discussed with the management team who took actions to address this following our inspection. People's mental capacity had been considered for some areas of their lives, such as the person's understanding around the care and support they required.
- Applications to deprive people of their liberty had been appropriately requested.
- Staff understood the importance of seeking people's consent before providing support.

We recommend the provider review guidance relating to MCA to ensure they act in accordance with the legislation.

Staff support: induction, training, skills and experience

- Staff had annual appraisals of their performance and regular supervisions. Supervisions were used as an opportunity to check staff knowledge on topics such as medicines and what to do if somebody makes a complaint.
- Concerns about staff practice were addressed.
- Staff undertook a comprehensive training package to ensure they had the right level of skill and knowledge to support people.
- New staff completed inductions to help prepare them for their role, which included shadowing of more experienced staff. They understood the boundaries as to the support they could provide during their

induction period.

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

- People's needs were holistically assessed and their physical, emotional and social needs were considered.
- The team worked with professionals to understand best practice and aid them in their support of people. We highlighted other best practice to the registered manager for them to review and consider how this could be incorporated into their support of people.

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

- People were encouraged to make their own meals and drinks, when they were able to do so.
- Information was displayed within the service about healthy eating to help people make informed decisions.
- Staff were aware of people's dietary needs and preferences.

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

- Detailed information was recorded about people's health needs and the professionals involved in their support.
- Staff had close links with a variety of health professionals and readily sought their advice and input in people's care. A person told us, "I can see a doctor when I need to."
- People's oral healthcare needs were assessed and the registered manager advised they had good links with the local dentist.

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

- Adaptations were made to the environment to ensure this met people's needs and they could access the different parts of the building.
- People's bedrooms were decorated according to their own personal tastes and preferences.
- People were asked their views when the service was being redecorated.

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 relaxed in staff company; they engaged in conversation and laughed and joked together. People were confident in approaching staff to ask for support or to advise them of something they wanted.
- Staff treated people with respect and were mindful to ensure people were not discriminated against.
- Staff were kind and patient in their approach to people. A relative told us, "I think the staff are wonderful."
- Information relating to equality and diversity was provided in an 'easy read' format within people's care plans. This directed people about who to speak with if they felt they were being treated unfairly.

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

- People were encouraged to make their own day to day decisions, where possible. People's care plans recorded information about the decisions people could make. For example, one person's care plan stated, '[Person's name] is capable and does make many day to day decisions such as whether or not to participate in organised activities.'
- People had the input of independent organisations to assist them in decision making when required.
- Staff understood the different ways people communicated their views or let people know how they were feeling. This included observing for changes in the person's behaviour or how they interacted with people. This enabled staff to provide effective support and aid the person in expressing their views.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful to protect people's privacy. They knocked on people's bedrooms doors before entering, sought people's permission to enter their room if they were out and provided discreet personal care.
- People's confidential information was securely stored.
- People were encouraged to use the skills they had and were encouraged to help maintain the home environment. A staff member explained, "We always let people know the positive outcomes that can be made from being independent with minimal support but letting them know we are here to help them."

Is the service responsive?

Our findings

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

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

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

- Detailed, person-centred care plans were in place and continued to be built upon as staff became more familiar with people. Care plans provided information about people's needs, preferences and personal histories.
- Comprehensive reviews of people's support were undertaken. People and their representatives were invited to be a part of reviews to ensure the support provided was meeting their needs and wishes.

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.

- Staff were familiar with how people communicated. People's communication needs were assessed and documented.
- People's needs and how they processed information was considered in how information was shared. For example, information was presented about healthy eating in pictorial formats and keeping safe in 'easy read'.

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

- Staff supported people to continue engaging with activities and groups of their choosing, such as art classes and day services. People were asked whether they wanted to go out on a one to one basis or as a group. The registered manager gave positive examples of how people had been encouraged to start engaging in activities outside of the home.
- People were supported to continue in their paid employment or voluntary roles. For example, one person worked in a restaurant whilst another volunteered in a charity shop.
- Some people had been supported to go on holiday, most recently to Blackpool.
- People were encouraged to maintain their relationships with those important to them. People's relatives were welcome to visit.

Improving care quality in response to complaints or concerns

- People felt confident to raise any concerns they had. A person told us, "If I am not happy about something, I would report it to [the registered manager]. I have in the past and he took notice of me."

- There was a complaints policy, which was available in an accessible format to ensure people knew how to make a formal complaint if they wished.

End of life care and support

- People's end of life wishes had not been explored with them. This was acknowledged by the management team who agreed to consider how this could be approached.
- Some staff had undertaken end of life training to help them consider the support people may require at the end of their lives. Due to the relationships the service had with local professionals, additional support would be available for people if required.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff felt supported in their role and described management expressing an interest in their well-being. Comments included, "I do feel very supported, [the registered manager] has always had an open-door policy" and "[The registered manager] has a good relationship with staff and people. I think they're approachable."
- People and their relatives knew who the management team were and felt confident in approaching them. A relative told us, "I've got no problems with them whatsoever and if I do, I tell them, and they sort it out."
- The management team were familiar with people's needs and circumstances and worked alongside staff in supporting people.
- Staff felt safe to share their views and make suggestions about how things could be done differently.

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; Working in partnership with others

- The management team shared information about incidents that happened within the service with the relevant agencies.
- Good communication was maintained with people, their representatives and professionals.
- The registered manager was open and transparent in their approach; they understood their responsibility to apologise to people and give feedback if things went wrong.
- The management team had a good understanding of local services and resources and worked closely with other professionals to ensure people received the support they required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed by varying levels of the management team, which helped to monitor the quality and safety of the service. Actions as a result of audits and checks were completed. This helped to aid learning and development within the service.
- People, their relatives and staff were familiar with members of the senior management team, who regularly visited the service. Staff were confident about actions to take if they felt their concerns weren't being addressed.
- The registered manager felt supported in their role and the provider shared learning between services.

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

characteristics

- People's feedback about the service was sought in a variety of ways which included questionnaires, house meetings and through day to day discussion. The feedback people provided was listened to and acted upon.
- Questionnaires were also sent to relatives and professionals for their feedback, however few responses had been received.