

Enabling Futures Ltd

Millbrook House

Inspection report

Manchester Road Hollingworth Hyde Cheshire SK14
8LA
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Website:

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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 

Overall summary

This inspection took place on 25 June 2015 and was unannounced. This was the home's first inspection.

Millbrook provides accommodation and support for up to five people who have a learning disability. At the time of this inspection there were two people living at the home.

There was a registered manager in post. The home is required to have 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.

People were safe and the provider had effective systems in place to safeguard people. Their medicines were administered safely and they were supported to access other healthcare professionals to maintain their health and well-being. They were given a choice of nutritious food and drink throughout the day and were supported to maintain their interests and hobbies. The provider had a complaints policy in place.

There were sufficient, skilled staff to support people at all times and there were robust recruitment processes in place. Staff were well trained and used their training effectively to support people. The staff understood and complied with the requirements of the Mental Capacity

Summary of findings

Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. They were caring and respected people's privacy and dignity. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

There was an effective quality assurance system in place.

Summary of findings

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 safe.

There were enough staff to meet people's needs. People's medicines were being safely managed and administered. People felt safe and they were protected from harm and abuse. Staff recruitment arrangements were thorough.

There were plans in place to keep people safe in the event of an emergency.

Good



Is the service effective?

The service was effective.

Staff were trained to deliver care in a way that met people's needs and wishes while ensuring they always had the person's consent to care beforehand.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat sufficient and nutritious food and drink.

Good



Is the service caring?

The service was caring.

Staff interaction with people was caring and people's privacy and dignity was protected.

Friends and relatives could visit the home at all reasonable times.

Good



Is the service responsive?

The service was responsive.

People or their representatives were involved in identifying their support needs and staff respected their choices.

People were supported to follow their interests.

The service had a complaints procedure.

Good



Is the service well-led?

The service was well-led

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values which were embedded in their practices.

Good



Millbrook 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 25 June 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with people and their relatives. We spoke with four staff members, the deputy manager and the manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at four staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

The people who used the service told us that they felt safe. They said that the doors were secure to keep them safe and to keep other people out. Relatives told us that they had no worries about the safety of their relative.

Staff we spoke with told us that they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to keep people safe. The safeguarding training included caring for young people who have a disability. The home had designated staff who ensured staff were aware of their safeguarding responsibilities to the people they cared for. All the staff we spoke with knew the procedures to follow if they suspected abuse had occurred. They assured us that they would follow up on concerns they had until they were sure the issues had been dealt with. We noted that the manager had reported relevant incidents of concern to the local authority and to the Care Quality Commission. This meant that the people were kept safe from avoidable harm.

People had individualised risk assessments. Each assessment identified the risk to them, the steps in place to minimise the risk and the steps staff should take should an incident occur. Risk assessment was ongoing to ensure that the level of risk to people was still appropriate for them and did not take from their independence and their rights to take reasonable risks that they understood. We saw that staff understood the risk to people and followed risk reduction actions that were in the care plans. Staffing numbers and the deployment of staff met the needs of people and kept them safe. This approach to care protected people from avoidable risk.

People were protected from risk posed by the environment because the provider had carried out assessments to identify and address any risks. These included checks of window restrictors, hot water and fire systems. Staff knew what to do in the event of an emergency such as a gas or water leak and information on useful contact number, where to find the necessary taps to switch the supplies of gas, electricity or water off. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur.

We found that there were thorough recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed. These were done before the person started work in the home and included identity checks, references from previous employers and a security check.

People's medicines were administered safely and as prescribed by their GP. Staff that had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet in the main office. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system in place to return unused medicines to the pharmacy. Protocols were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). This meant that people's health was promoted as they were given their medicines as prescribed by their GP.

Is the service effective?

Our findings

The people who used the service and their families told us that they were well cared for. A relative told us that [relative] had made a huge progress since living at the home and that the quality of their life had improved beyond expectations.

Staff were trained to care for people in a manner that met their individual needs. In addition to the provider's mandatory training, there were additional areas of staff training that the provider considered essential. These included communication and caring for people who exhibited behaviour that could have a negative impact on others. Other more specialised training included caring for people living with autism, how to de-escalate a situation that could put staff and the person at risk. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people effectively. The effectiveness of any training delivered was checked by the senior staff who worked alongside more junior staff and observed whether the training was used to influence the way in which care and support was provided. This helped to ensure staff understood the training they had completed and had a positive effect on the welfare of the people.

Staff told us that they received regular supervision at which they could identify any training and development that they wanted to undertake. They told us that supervision was a two way conversation at which they discussed their training needs, their morale, any concerns they had or any issues they wanted to raise in relation to the care of the people. This ensured people's changing needs were addressed.

We observed that people's consent to care was sought either verbally or by understanding the body language exhibited by the person.

People's rights were protected and we saw that staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this. The staff were able to demonstrate a good understanding of the requirements of DoLS. The provider had followed the proper process when people were at risk of DoLS.

People were protected from the risks associated with poor nutrition. Staff were aware of the importance of good nutrition and supported people's food choices and how and when they wanted to eat. We saw that there was a good supply of nutritious food available. Where necessary people were referred to a dietician to ensure they had optimum nutrition. We saw that snacks and drinks were freely available throughout the day. This meant that people's optimum nutrition was promoted.

People were supported to maintain their health and well-being. Staff told us that they made appointments for people to attend healthcare services, such as GPs, dentists and opticians, and they always arranged for a member of staff to accompany people to their appointments. People's care plans identified any health issues that a person may have that may require particular vigilance by staff to maintain the person's health and well-being. This ensured the people had optimum physical and mental health.

Is the service caring?

Our findings

People and their relatives told us that they were supported by staff who were kind and caring. Discussions with staff and our observations supported this. Staff were aware of people's needs and they were able to understand the people's body language in relation to their needs and wishes. We saw that staff interacted with people in a kind and caring manner and that they ensured people were comfortable and took the time to communicate what was happening in a friendly and reassuring manner. We also saw staff giving people choices about what activities they wanted to do, what they wanted to eat, what music they wanted to listen to.

Staff spoke in a positive manner about the people they supported and cared for and they had taken the time to get

to know people's preferences and wishes. We found staff had a good knowledge of people's needs and we saw that this was demonstrated in their responses to people and recognition of when people required additional support.

One staff member told us that they found their work very fulfilling and we saw that they had formed a good professional relationship with the people. Throughout the day we saw that people had their care delivered in a manner that promoted their dignity and privacy and where possible people were involved in decision making. This included when and what to eat and how to spend the day.

People's privacy was respected at the service and people had space to be able to spend time alone with relatives.

Is the service responsive?

Our findings

People had their needs assessed and a plan of care drawn up to assist staff to care for people.

We saw that plan of care included personal information that reflected people's wishes. The plans included information on people's communication, behavioural and care needs and detailed how people wished to be supported in these. Information and input from relatives and people who knew them well had been included when the plans were developed. This ensured the care delivered was what people wanted.

Records we looked at detailed decisions people had made about their care and recorded people's likes, dislikes and personal preferences. People's care plans had been reviewed and regularly updated by the staff team which showed that people's individual needs, wishes and preferences had been taken into account. This meant that staff had up to date information on the person's needs and wishes. Staff told us that this helped them assist people to get the most out of life in the home.

The staff we spoke with were knowledgeable about people in the home. They knew their care needs and what was significant to them in assisting them to live well. We

observed staff responding accordingly. Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift.

People were encouraged and assisted to have a full life. Activities that suited people's choices and abilities were arranged. Families and friend were welcomed to the home at all reasonable times. The provider provided IT equipment to assist people to stay in regular contact with their families.

The home had a complaints process in place. The home was proactive in receiving feedback and was open to listening and making changes before they became a problem. Details on how to make a complaint were freely available. No complaints had been made since the service opened.

People were provided with the equipment that they needed to remain as independent as possible and undertake the activities that they enjoyed. People were encouraged to follow their interests and we saw that they had a full day that included educational and fun things to do. This meant that people had the opportunity to live well on their own terms.

Is the service well-led?

Our findings

The people and staff we spoke with told us that the registered managers and all managers were approachable and easy to talk to. A relative told us that they are “Very nice.”

One staff member said that the managers, “Put the care and welfare at the centre of all we do and any ideas we have are listened to and if they are good they are acted on.” Another said that “The managers know how difficult this work is and they make sure we are supported “It’s great working here.” Staff we spoke with told us that they were very proud of the improvements that had been made in the people’s lives.

The home was managed in an open manner where the opinions of the people and staff were sought and where possible put in place. This created a positive culture in the home and allowed people and staff to freely give their opinions thus allowing them to be part of how the home was run and managed.

Staff felt the manager and deputy manager were easy to talk to and they were confident in raising any issues or concerns they had. One staff member said, “I can speak with any of the senior staff about anything. They are very supportive”. Another staff member told us the manager was, “Approachable and responds and listens to what we need”. We were told, “We all work together for the young people.” Another staff member said “Teamwork is important.”

One member of staff told us that the registered manager was “A wonderful manager” who had, “A good rapport with staff.” Staff were able to demonstrate a good knowledge of the provider’s whistleblowing policy which they would use if they were concerned about issues of poor or

inappropriate care or support. They were confident that any concerns raised would be dealt with in accordance with the policy and they would be informed of the outcome of any investigation. Senior support workers told us that they monitored the quality of the care and support provided by working alongside the support workers and addressed issues or poor care and support immediately. This meant that poor practice was addressed before it had an adverse effect on people.

There were regular staff meetings and staff were encouraged to share their views and opinions to help improve the quality of service provided. Staff were involved in developing the service by way of regular staff meetings and opportunities to give feedback at supervision meetings. We saw that staff had contributed to discussions at a staff meeting held in April 2015. This was about training provision that works well at the home and what not so well. Staff told us that the culture at the home was very open and person-centred. This meant that the care of people was central to how the home was managed.

Due the small size of the service it was not possible to conduct an anonymous survey, however those people spoken with assured us that they were listened to.

A range of quality audits had been completed, including infection control, people’s finances and health and safety. Where actions had arisen from these audits we saw that these were monitored until the registered manager was sure solutions were in place. This included providing more training if necessary. The provider’s operational manager told us that the manager did a quarterly internal audit of the service, the results of which were submitted to them. They then completed spot checks of the information submitted to them to check the accuracy of it. This meant that provider was proactive in ensuring any problems or issues were raised and addressed.