

Approach Community Homes Limited

Milton House

Inspection report

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Bedford
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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

Milton House is a residential service providing care and support for up to 13 people with a learning disability. At the time of our inspection, there were seven people using the service. Milton House is situated in a residential area of Bedford, close to the town centre.

The inspection was unannounced and took place on 10 June 2015.

The service had 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.

Prior to our inspection we received some information of concern that alleged the service had poor staffing levels, which impacted upon staff's ability to keep people safe. We also received concerns that the systems and processes in place for assessing people's mental capacity were not rigorous.

During this inspection, we found there were sufficient staff members on duty, with the correct skill mix, to

Summary of findings

support people with their required care needs. People's consent to care and treatment was sought in line with current legislation and where people's liberty was deprived; best interest assessments had taken place.

Staff had regular supervision meetings with the registered manager to support them with training and development needs. We discussed with the registered manager and provider about alternative methods of capturing the information forthcoming from these sessions.

People's needs were reviewed regularly to ensure that the care they received was relevant to them. Improvements were being made to the care planning systems in place, to ensure that records were more person centred for the people who used the service.

Quality assurance systems were in place and were used to obtain feedback, monitor performance and manage risks. Some formal analysis of the outcome of satisfaction questionnaires had been undertaken to ensure that people's feedback was acted on.

People felt safe within the service. Staff knew how to identify potential abuse, and were aware of how to respond to allegations of abuse to keep people safe.

Risks to people's safety, both within the service and in the wider community, had been assessed and were detailed clearly within people's care plans.

The recruitment process was appropriate and ensured that suitable staff were employed to look after people safely.

The systems in place in respect of medication administration, disposal, handling and recording helped to keep people safe.

New staff underwent an induction programme, which prepared them appropriately for their role.

Staff were also provided with a range of training to help them keep their skills and knowledge up to date.

People received a balanced diet, and were provided with an adequate amount of food and drinks of their choice.

People were supported to see healthcare professionals as and when they needed to ensure that their healthcare needs were met.

The staff that supported people were caring, and promoted their privacy and dignity. People were supported to take part in activities of their choice.

The registered manager investigated and responded to people's complaints in accordance with the provider's complaints procedure.

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?

This service was safe.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

There were risk management plans in place to promote people's safety.

Robust recruitment procedures were in place and staff rotas were organised to ensure people received support which met their needs.

Safe systems were in place for the management and storage of medicines.

Good



Is the service effective?

This service was effective.

Staff had received appropriate training, and as a result were knowledgeable about the specific needs of the people in their care.

People's consent to care and support was sought in line with current legislation. Where people were not able to make decisions about their care, decisions were made in their best interest.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



Is the service caring?

This service was caring.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff were respectful to people and were mindful of people's privacy and dignity when supporting them with their care needs.

Good



Is the service responsive?

This service was responsive.

People's needs were assessed before they began using the service and care was planned in response to their needs.

People received care and support from staff that was personalised and responsive to their needs.

The service had a complaints policy which outlined how formal complaints were to be dealt with.

Good



Summary of findings

Is the service well-led?

This service well led.

Systems were in place to monitor the quality of the service provided to people.

The service had a registered manager in place and benefitted from consistent leadership.

Staff told us that they were listened to and felt able to raise any concerns or questions that they had about the service.

Good



Milton 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.

This inspection took place on 10 June 2015 and was unannounced.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are

information about important events which the provider is required to send us by law. We spoke with the local authority and one healthcare professional, to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with five people who used the service. We also spoke with the provider, the registered manager and one carer.

We looked at four people's care records to see if they were accurate and reflected their needs. We reviewed two staff recruitment files, staff duty rotas and training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place

Is the service safe?

Our findings

People told us they felt safe and knew who to speak with if they had a concern about their welfare. One person said, “Yes, I know I am safe, yes I am.” Another person gave us the thumbs up sign when asked if they felt secure within the home and said, “I’m not scared or worried.”

Staff and the registered manager told us they worked hard to keep people safe. One staff member said, “It’s our role to keep people safe, both in and out of the home.” Staff told us they understood the lines of reporting within the organisation. We were told, “Of course, it would be reported straight away.” The registered manager confirmed that the outcome of safeguarding investigations was fed-back to staff in meetings, to help them understand where safeguarding issues had arisen, so they could amend their practice if this was required. The registered manager also told us that if they had any doubts, they would contact the local authority for advice. People’s records showed that safeguarding concerns had been referred to the local authority for investigation when required. There were systems in place to protect people from abuse and to keep them free from harm.

The registered manager told us that staff took appropriate action following incidents. We found that incidents were recorded appropriately, and when required, reported to organisations including CQC and the local authority.

Risks to people’s safety had been assessed and included those associated with behaviour that challenged, vulnerability within the community, nutrition and more specific conditions, such as epilepsy. Staff and the registered manager said that risk assessments were helpful in identifying how to keep people safe and reduce possible risks. The registered manager told us that risk assessments were reviewed on a regular basis, to ensure they remained accurate and reflective of people’s needs, especially if changes to their condition occurred.

The registered manager told us that the service had plans in place for action to take in emergencies, such as during a fire. Each person had a specific Personal Emergency Evacuation Plan (PEEP). This detailed their current individual needs, such as mobility issues and any required action needed to support that person. The service also had

contingency plans in place for flooding, severe weather, major fire, loss of electricity and gas leak. We saw that there emergency telephone numbers displayed in the service which was accessible to staff should they be required.

Staff underwent an effective recruitment process before they started to work at the service. We discussed the recruitment process with the provider and found that they carried out staff recruitment checks, such as obtaining references from previous employers and verifying people’s identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. At the time of our inspection, the provider told us that personnel records were not kept on site. We discussed this with the registered manager who advised that this process may change in the future. Staff recruitment was managed safely and effectively.

Prior to this inspection we had received allegations that the staffing levels were not always appropriate. People thought there was enough staff on duty to help keep them safe. One person said, “There are plenty of them.” We spoke with staff who told us there was enough staff to meet people’s needs and help keep them safe. One staff member said, “Yes, there are enough of us and if we need more then we can ask.”

We spoke with the registered manager and provider who told us that the staffing levels were calculated on people’s dependency levels. The registered manager explained that the current staffing levels were two care staff in the morning, two in the afternoon and one waking night staff. The registered manager told us that when required, staff would cover each other’s shifts to ensure consistency of care for people. The registered manager was also hands on and would cover on call and additional shifts as needed. Records confirmed that staffing levels were reviewed regularly and adjusted when people’s needs changed. On the day of our inspection, staff numbers were sufficient to meet people’s needs.

People told us they received their medicines on time and were supported by staff to take their medicines safely. One person said, “I have just had my tablets, they give me some water and help me to take them.” We observed that people received their medicines on time and that staff

Is the service safe?

administered as required medication when they asked for them. Staff had been trained in the safe handling of medicines and ensured that people received their medicines as prescribed. We saw evidence that people's

medicines had been reviewed by the GP on a regular basis. Medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed.

Is the service effective?

Our findings

Staff had received training that was relevant to the needs of the people they supported and cared for. One person told us, “They know what I need.” We observed through their actions that staff understood how to meet people’s needs and use the training they had received to provide appropriate care and support for people.

Staff told us they had received training on a range of subjects relevant to the needs of people living in the service. They said that they received the appropriate training to perform their roles and meet people’s needs. One staff member said, “Training is always good, I had care experience before I came here but having extra training always helps.” The registered manager told us that some staff had commenced Qualification Credit Framework (QCF) and showed us evidence that she had just completed Level 5. We found that staff had received on-going training in a variety of subjects that included manual handling, medication and safeguarding adults.

New staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. One staff member told us they had shadowed a more senior person which helped them to understand people’s needs. All new staff received induction training, which included training on health and safety, fire safety, and medication, along with relevant training to ensure that they could meet people’s assessed needs.

Staff discussed their training needs with the registered manager as part of supervision sessions. We spoke with the registered manager who told us that staff supervision meetings took place every couple of months and that all staff received an annual appraisal. We found that supervisions were up to date, and were maintained in individual books. On occasions it was hard to decipher what had been discussed and what any action points to be dealt with were. We spoke with the registered manager and provider about this, and discussed that a more formal template may be used to ensure consistency within the sessions. Staff could then have access to a copy of the supervision session for their own records.

During this inspection we found that some areas of the premises were undergoing maintenance work and required attention to ensure people’s safety. We observed that part

of the wall in the downstairs communal toilet required mending. The registered manager told us that a maintenance plan had been put in place. This included re-decoration to communal areas and some bedrooms within the service, along with re-carpeting the main entrance, where there was a gap between the carpets, where the concrete flooring could be seen following removal of a wall. The registered manager and provider told us that these areas would be addressed as part of on-going work and assured us that a new carpet would be fitted within two weeks and that this would enhance the situation for the people who used the service. We have asked for confirmation of when this work has been completed.

People confirmed that consent was obtained regarding decisions relating to their care and support. One person said, “Yes, they ask me.” We observed that staff obtained people’s consent before assisting them with care and support. On the day of our inspection, we saw one staff member asking if they could help someone to get ready to go out for the day. We also observed the registered manager asking people if they were happy to accept their medication. Staff and the registered manager were aware of the importance of making decisions in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people’s capacity had been assessed and found that appropriate documentation was in place. The registered manager also confirmed that applications had been submitted in respect of DoLS for people and the records we reviewed confirmed this.

People were regularly offered food and drinks and told us that if they were hungry they could get snacks in between meal times. One person told us, “I like the food, I have what I want.” Menus were planned in advance and staff told us that a different meal was available for people every day. During our inspection, we observed staff asking people what they would like for their evening meal. People were encouraged to select their choice of meal with staff and if they did not want what was on offer, a range of alternatives were available.

People had access to healthcare services and their care and support was managed well by staff when they

Is the service effective?

accessed other services, such as the local hospital, optician or dentist. Staff were knowledgeable about people's health needs and demonstrated this through their discussions

with us. The health action plans we looked at showed that people had attended hospital and GP appointments and received on-going support from healthcare professionals in line with their needs.

Is the service caring?

Our findings

People were happy with the care and support provided and told us that staff were kind and caring. One person said, “They look after me.” Another person nodded and gave us a huge smile, when we asked if they were happy. We were also told, “I like them all.” Staff told us that they enjoyed supporting people and valued the relationships they had built. One staff member said, “Yes, I do like it here, we all get on well.”

There was a homely atmosphere in the service and it was apparent that people felt it was their own home. They had the freedom to go where they liked and were relaxed, in the presence of staff. On arrival people were pleased to welcome us into the service; one person was keen to tell us they were going out to work and said they were looking forward to this. The same person told us how they liked the service.

On arrival we observed that people gained reassurance from being close to staff, who chatted about daily routines and things that were of concern. One person was concerned about their bedroom and the registered manager took time to reassure them and went to check their room was ok. This information was relayed to the person who relaxed and became less anxious. Support was provided in a kind and calm way and people were open and trusting of staff and shared a joke. Our observations demonstrated that staff had positive relationships with the people they supported.

We observed staff spending time with people when writing records, so that they could communicate with people and ensure they captured correct information. People’s care plans contained information that included details about the person’s background, their preferences, what was important to them and how they wanted to be supported.

We observed that the way in which staff talked to people, made them feel they were respected and ensured their dignity was maintained. Staff had a clear understanding of the role they played to make sure this was respected. They knocked on people’s doors before entering their bedrooms and always supported them in a private area, for example, their bedroom. Throughout the inspection people’s privacy and dignity were maintained.

People told us there were no restrictions on visiting and that there were areas of the service where family members or friends could visit. One person told us, “People can see us if they want to and we can go and visit our family when we want to.” Staff and the registered manager confirmed this was the case and told us they ensured that people were kept safe when other people visited the service.

We spoke to the registered manager about whether advocacy services were available and were told that the home had previously used the services of an advocate for some people. We saw that the home had available information on how to access the services of an advocate. Records confirmed that various advocate services were available for people to use to ensure that their views within making decisions were listened to.

Is the service responsive?

Our findings

The registered manager and provider told us that people's needs were reviewed and any changes were reflected in their care records. From our discussions with the registered manager we noted that the care records were in a state of transition, being updated and reviewed to ensure they were more person centred and in a format that could be better understood by people living at the service. The registered manager acknowledged that changes needed to be made but confirmed that these would make it easier for people to be involved in the process and ensure their views were fully captured within the records. Records we saw evidenced that changes were being made.

The registered manager confirmed that any new admission was always assessed to determine if their needs could be met and whether they would be suitable with the mix of current people within the service. The records we reviewed evidenced that pre assessments had taken place and that information obtained from this process had been used to develop each person's care plan. People and their relatives, had also provided information about themselves so that staff would know how to support them. People therefore received care and support from staff which took account of their wishes and preferences.

People had been asked about their individual preferences and interests and whether any improvements could be made to the delivery of care, through reviews of their care. Staff ensured they were content with the care they received, through house meetings and general daily conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the registered manager understood what people liked and enjoyed and were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart.

Staff told us that care plans enabled them to understand people's care needs and to deliver their support appropriately. We looked at care plans for four people and saw they contained information about people's health and social care needs. The plans were individualised and

relevant to each person. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was guidance for staff on how people liked their care to be given and descriptions of people's daily routines.

Staff also kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being. These were reviewed by the provider to ensure they were reflective of the interventions given.

People told us that staff responded swiftly to their needs when they changed and always made sure that care was given according to their needs. We observed one person talking with staff about what they wanted to do during the day. This empowered them to make independent decisions about their care.

People told us they had access to a range of activities which suited their individual interests. Some people attended a day centre on the day of our inspection and another told us they were going to work. Activity ideas included shopping, walks and attending social clubs. One person who remained in the service on the day of our inspection wanted to watch television and others discussed the possibility of a cinema trip the following day.

The registered manager told us that resident's meetings took place and that one was due to take place soon. Topics discussed included food preferences and activity choices.

People told us that they could speak with staff if they had any worries or concerns. Staff told us that they always documented any concerns raised with them from people who used the service or visitors. We saw that there was information displayed about how complaints would be dealt with. The registered manager showed us documentation that supported the complaints investigation process and confirmed that any issues raised were used to help the staff improve the service. We saw that the registered manager took concerns seriously and documented anything that was raised with staff so that it was apparent how an investigation had been conducted.

Is the service well-led?

Our findings

The registered manager told us that a range of audits had been carried out on areas which included care plans, and medication and the records we viewed confirmed this. Staff and the registered manager told us how they assessed and monitored the quality of the service provided within the home. We saw records of satisfaction surveys for people who used the service and their relatives. These records showed generally positive responses, and we were provided with evidence to support that the results were analysed and feedback listened to, so that action could be taken to make improvements.

We also found that the provider undertook regular visits to the service and spoke with people to ensure their views on the delivery of care were taken into account. The registered manager and provider worked together to ensure the audit systems were completed so as to improve service delivery and drive improvements.

People knew who the registered manager was and felt comfortable talking to them. One person told us that the registered manager was always kind. We saw that the registered manager addressed all people by their preferred name, which demonstrated that they knew the people using the service. Staff told us that the registered manager was approachable and supportive. One member of staff said, "I have no concerns about speaking with the manager." We found that the registered manager was supported by the provider and the two worked in conjunction with each other in the running of the home.

Staff felt supported and understood their individual roles and responsibilities. They said that the registered manager had an 'Open Door Policy' and they could talk to her at any

time. We spoke to one member of staff who had recently completed their induction. They told us that the registered manager had supported them throughout and had made them feel welcome. We saw that staff received one to one supervisions and also attended staff meetings to discuss matters that affected the running of the home, being able to contribute ideas and ways to improve and develop the service.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided and to ensure that the people who lived at the home were content with the care they received. They told us, "I want to do a good job, I care about what I do and try hard." In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

The registered manager told us that incidents were recorded and monitored appropriately and that action was taken to reduce the risk of further incidents. The information CQC held showed that we received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

From our conversations with staff, the provider and the registered manager, it was evident that the staff team understood the challenges they faced in driving future improvement. They confirmed that they wanted to work together for the benefit of the people who lived at the service but knew there were areas they could improve upon. The registered manager told us they were aware that some areas could be better than they were and that they intended to work upon improving these for the benefit of the people they supported.