

People in Action

People in Action - Milverton Terrace

Inspection report

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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

The inspection took place on 27 March 2015 and was unannounced. At our previous inspection on 26 January 2013 the service was meeting the regulations.

The service is an assessment centre that provides short term accommodation and personal care for up to eight younger adults who may have learning disabilities or autistic spectrum disorder, a physical disability or sensory impairment. People live at the home for a short time period to develop their skills to assist them to live as independently as possible when they move to a permanent home.

At the time of our inspection five people lived at the home. There was a registered manager in post. 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. On the day of our inspection we met with the home manager, who was responsible for the day to day running of the home as directed by the registered manager.

Summary of findings

People we spoke with told us they felt safe living at the home. The provider had policies and procedures in place to minimise risks to people's safety in relation to the premises, medicines and equipment. All the staff we spoke with understood their responsibilities to protect people from harm.

People were supported to assess risks to their health and welfare and to write a care plan that minimised the identified risks. The care plans we looked described the identified risks and the actions people and staff should take to minimise risks. Support workers understood people's needs and abilities because they shadowed experienced staff until they knew people well.

There were enough staff on duty to meet people's practical and social needs. The manager checked staff's suitability to work one-to-one with people during the recruitment process.

The manager checked that the premises were well maintained and equipment was regularly serviced to minimise risks to people's safety. People's medicines were managed, stored and administered safely.

Staff received training and support that ensured people's needs were met. Staff had opportunities to reflect on their practice and learn from other staff.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection. For people who were assessed as not having capacity for their everyday decisions, records showed they were represented by other health professionals or an advocate who made decisions in their best interests.

We saw people could choose their own meals and staff encouraged them to eat a regular, nutritionally balanced diet. Staff encouraged people to develop their skills by supporting people to plan, prepare and cook food and to consider mealtimes as an opportunity to socialise.

Staff monitored and recorded people's moods, appetites and behaviours so they knew when people might be at risk of poor health. Staff supported people to obtain advice and support from other health professionals when their health needs changed.

We saw staff understood people who were not able to communicate verbally and supported them with kindness and compassion. Staff reassured and encouraged people in a way that respected their dignity and promoted their independence.

People told us they discussed and agreed how they would like to be supported. Support was planned to meet people's individual needs, abilities and preferences. Care plans were regularly reviewed and changed as people's needs or abilities changed.

People who lived at the home, their relatives and other health professionals were encouraged to share their opinions about the quality of the service to make sure improvements were made when needed.

The provider's quality monitoring system included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

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.

Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's health and well-being were identified and plans were in place to minimise the risks. The manager checked that staff were suitable to work at the home and there were enough staff to meet people's needs. People were supported to manage their medicines safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were trained and managed effectively. Staff understood their responsibilities under the Mental Capacity Act 2005. People or their representatives decided how they were supported. People were supported and encouraged to maintain a healthy diet and to access other health services.

Good



Is the service caring?

The service was caring.

Staff understood people's needs and abilities and were compassionate in their interactions with people. People were involved in care planning discussions about how they would be supported. Staff respected people's privacy and encouraged them to develop their level of independence.

Good



Is the service responsive?

The service was responsive.

People were supported to assess their needs and abilities regularly. Staff understood and respected people's likes, dislikes and preferences for how they were supported. People were confident that any comments or complaints would be dealt with promptly and actions taken to resolve them.

Good



Is the service well-led?

The service was well led.

The provider listened to people's views and took action to improve the quality of the service. Staff were confident in their practice because they were given guidance and support from the manager. Staff were motivated to provide a good quality service. The provider's quality monitoring system identified risks to people's health and welfare and ensured actions were taken to minimise the identified risks.

Good



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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 27 March 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service and information received from the local authority commissioners. Commissioners are people who work to

find appropriate care and support services which are paid for by the local authority. The provider had not needed to send us any statutory notifications. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with five people who lived at the home, but they were not all able to tell us about their care and support in detail because of their complex needs. We observed how people were supported to maintain their independence and preferred lifestyle.

We spoke with the home manager and three support workers. We reviewed two people's care plans and daily records to see how their support was planned and delivered. We reviewed three staff files to check that staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the staff, the home manager, the registered manager and the provider made to make sure people received a quality service.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. We saw people went in and out of the home independently and confidently, which showed they understood it was a safe place to be

Support workers understood their responsibilities to keep people safe from the risks of abuse. Support workers told us they would challenge any poor practice straight away and share any concerns with the manager. A support worker told us, “I have no concerns about staff. I know who to go and talk to if I needed to.” They were confident the home manager would investigate. Records we saw demonstrated that the home manager shared concerns with, and obtained advice from, the local safeguarding team appropriately.

People were fully involved in writing their own care plans and encouraged to identify and manage their own risks, with support from staff when needed. A support worker told us, “We talk through the risk assessments together.” We saw risks and actions to be taken were relevant to the individual and how they conducted their lives. One person showed us their care plan and told us they had conducted their own risk assessments. They told us this helped them to think about how to stay safe when they went out independently.

The two care plans we looked at included risk assessments for people’s health and wellbeing. Risks assessments included the hazard, the risk and the agreed control measures to minimise the identified risks. We saw all staff had signed the risk assessments, to show they understood the actions they should take. All the staff we spoke with knew people’s individual risks and explained how they minimised the risks.

There were measures in place to ensure the premises and equipment were safe and appropriately maintained. The provider had issued guidance about how to test items such as electrical appliances and water temperatures. Records showed staff had completed the checks in accordance with the schedule and had reported issues to the home manager. The home manager had discussed the findings with the provider, who ensured repairs and replacements were obtained as necessary.

We saw the fire procedures were explained for people who lived at the home in an easy read format in the front hall. All

staff signed to say they had read the fire procedures and personal evacuation plans for each person who lived at the home, so they knew what actions to take. We saw there was an interim fire procedure in place while refurbishment and redecoration work was in progress, at the time of our inspection, which helped minimise potential risks to people’s safety.

People told us there were enough staff to help them when they needed support. We saw people’s support needs were varied, dependent on their skills and previous experience. A support worker told us staff levels were reviewed in accordance with people’s needs. One person told us they were becoming more independent, which meant they needed less support than when they first moved in. We saw there were enough staff for them to spend time supporting people to develop their skills.

Staff were recruited safely, which minimised risks to people’s safety. Records showed that the provider checked staff’s suitability before they started working at the home. In the three staff files we looked at, we saw records of the checks they made before staff were employed. The provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

One person we spoke with told us one of their goals was to manage their own medicines independently. They told us the first stage of their plan was to check the time, so they could tell staff when their medicines were due, instead of staff reminding them. A support worker showed us that medicines were kept in a locked cupboard in a locked room. They told us that once a person could manage their medicines independently, their medicines would be kept in a locked cupboard in their own room. The support worker showed us how they counted each medicine at the beginning of every shift and checked that this matched the records, to make sure they were stored safely.

Medicines were administered safely. Support workers told us they had training in medicines administration and were observed in practice, before they were able to administer medicines independently. We saw there was a medicines administration record (MAR) for each person’s prescribed medicines. A support worker told us, “Medicines are recorded on the MAR and I follow the policy and procedures.” We saw staff recorded when medicines were administered or the reason why not. A support worker told

Is the service safe?

us, “When one person declined their meds we called the GP.” They told us the GP had changed the person’s medicines so they would be more acceptable to the person.

Is the service effective?

Our findings

One person we spoke with told us the support workers were, “Good at supporting me.” They told us support workers were always able to provide the support they needed, when they needed it.

We found people received care from staff who had the skills and knowledge to meet their needs effectively. Support workers were introduced to people and received training when they started working at the home. The provider told us that staff had a probationary period during which they had training and regular reviews, which ensured they met the service standards before permanent employment was offered. New staff were allocated a mentor, that is, a more experienced member of staff to support them during their induction. A support worker told us, “During my induction I shadowed staff for over a week. I shadowed to learn about people and I learnt about the kitchen and cleaning arrangements.” Support workers told us they had training in food hygiene, moving and handling, medicines and how to manage behaviours that challenged. One support worker told us, “I felt prepared. If I am unsure of anything, I am well supported.”

Staff told us they had regular one-to-one supervision meetings and appraisals with their line manager. Staff told us they felt supported and were encouraged to consider their own professional development. The home manager told us, “New staff bring different things and experience to the team. We will always upskill and support staff to develop.” A support worker told us, “I have had two supervisions with the home manager, they went well, but everyone is here for you and backs you up.” Support workers told us they knew what they needed to do each day, because shift leaders were responsible for delegating tasks, such as managing the day’s plans, cleaning and observation.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. The provider ensured that people gave their consent to care and support, by first checking they had the capacity to understand and agree to being supported.

The home manager told us they had arranged for an independent health professional to complete a mental

capacity assessment when one person’s health had declined, to make sure they received appropriate support and guidance. Support workers understood the requirements of the MCA. Support workers checked whether, and how, people wanted to be supported throughout the day of our inspection. We saw that support workers respected and supported people’s right to balance risks with maintaining their independence, such as going out independently and managing their own money.

Three of the people we spoke with told us they had decided to live at the home and decided how they were supported while they prepared to move to a permanent home. The provider told us, “People take control of their life from admission, when to get up, what they do and the support is there to offer advice, guidance and support to promote a better understanding and independence.”

Records showed that when people needed support with decision making, they could access an advocate. An advocate is an independent person who represents and supports people to make their own decisions.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The home manager told us, “No one is under a DoLS. We took advice on whether we needed to apply for one person, but they are not under constant supervision.” No one was deprived of their liberty, or was under a DoLS, at the time of our inspection.

People told us they were supported to have sufficient to eat and drink and to maintain a balanced diet. At lunch time we saw people ate together with staff, which made lunch a social occasion and gave people the opportunity to reflect on their morning and plan their afternoon. People told us they liked the food because they ate the meals they wanted. They said they were involved in choosing and preparing meals. For people who were not able to state their food and drink preferences, we saw their care plan included information about the food and drinks they had enjoyed before they moved to the home. Care plans included information about people’s dietary requirements related to their health needs, and people were regularly weighed to make sure their diet met their needs.

The kitchen was arranged to enable people to help themselves to drinks and snacks independently and safely, with or without support from staff. We saw a colourful ‘Eat Well’ poster on the wall, next to the menu, to remind

Is the service effective?

people what they had chosen to eat and the nutrients they would obtain. There was space in the fridge for people to store food they had bought themselves, and staff made sure it was labelled correctly. Support workers checked the temperatures of the fridge and freezer, to make sure food was stored safely, and supported people to keep the kitchen clean. The environmental health officer had rated the cleanliness of the kitchen as level five, the highest level.

One person told us they had a meeting with support workers and a specialist health worker, who gave them advice about managing their health needs. Support workers told us everyone was supported to maintain their health and continued to see their doctor and dentist if they needed and wanted to. Records we looked at showed people were referred to other health professionals, such as, opticians and speech and language therapists, according to their needs.

Is the service caring?

Our findings

People who lived at the home told us their support workers were friendly and helpful. One person told us, “Staff support me to do what I like.” People told us they understood they were at the home temporarily and they knew what they needed to achieve before they moved to a permanent home.

We saw people and support workers chatted about things that interested them while they worked together on household tasks. Support workers encouraged people to be independent, but made sure people knew they would support them with anything they wanted. People told us they were comfortable with staff, “Just being there, in case I need them.”

The provider told us people needed time to settle in and each person was allocated a key worker, because, “Lots of reassurance is required.” The home manager told us, “Staff members quickly find ways of connecting with people, putting them at ease, building relationships based on trust and respect.” Support workers told us that spending time getting to know people well was the most important factor in being able to help people identify and develop their own skills.

One person who had recently moved to the service had not completed a care plan in full, and was not able to verbalise their needs and abilities. Records showed that staff had identified how the person responded to being supported, the words they used, and their possible meaning, and what staff should do in response. All of the support workers we talked with were knowledgeable about the person’s needs,

abilities, routines and how to communicate with and support them. A support worker told us, “We are still finding out about [Name], finding things they like, shopping for example.” We saw staff spent time with this person, observed their response and adapted their own communication appropriately, until a shared understanding was achieved.

Another person showed us their care plan and explained how they had decided what they wanted to achieve. Another person told us they had short and long term plans for the future. They told us they would sort out the short term plan today. They were confident that support workers would help them achieve their long term goal of living independently.

The home manager told us, “People have goals, outcomes and reflections and make changes to their care plan.” The care plans we looked at included a section entitled, “About me: my goals and my aims.” People’s goals and aims included, “To be as independent as possible” and “To see my family”, which matched the provider’s mission statement. That is, “Our mission is helping our customers to live the lives they want by working with them, their families and their communities.”

We saw support workers respected people’s privacy. Support workers knocked on people’s doors and waited to be invited in. People’s rooms were personalised and their personal possessions were arranged to suit their individual taste. Support workers promoted people’s independence .We saw people got up, showered, ate and went in and out of the home when they wanted to.

Is the service responsive?

Our findings

People we spoke with understood they would stay at the home temporarily until they found a permanent home. Two people told us support workers helped them to recognise their own abilities and to identify the skills they needed to develop, to increase their independence.

One person told us they had been offered the home at short notice and they were still identifying their own needs and abilities. They said they were happy with the support they received and they enjoyed new challenges to develop their skills. The home manager told us, “We don’t always get all the information we would like at the outset. We work with the individual based on a needs assessment and social services assessment” and “We assess skills with a view to moving on and we make recommendations to the type of support people need.”

The home manager told us, “People are involved in developing skills, blossoming and growing. We give people space to breathe.” We saw the home manager encouraged people to attend classes and social events by displaying posters and leaflets in the dining room. All of the people we spoke with told us they preferred to follow their own interests and did not want to attend any of the advertised events.

People received personalised care that was responsive to their needs. A support worker told us, “Sometimes people have to start from scratch; this is their life for now.” They told us they were the keyworker for one person, so they had helped the person to write their support plan. The support worker told us, “We did the risk assessment together. We discussed possibilities.” The support worker described the activities the person had already tried and those they had

said they would like to try. The support worker told us that before they made any suggestions, they had to find out about the person’s preferences. They told us, “It’s important to know what people like and dislike.”

One person was not able to verbalise their preferences, but staff had learnt to observe their response, to understand what they did and did not like. The person’s communication plan explained in terms of, “When I do this, it might mean, and you should.” We saw support workers added information about the person as they grew to know them better.

People we spoke with told us they were asked what support they thought they needed to be able to move on. One person told us they had done their own risk assessments and staff had typed it up for them. The person told us they felt better able to plan ahead by thinking everything through themselves. A support worker told us, “People take a key role in leading their care and support. [Name] has undertaken their own risk assessments and has been supported to identify hazards in the community and actions to mitigate them. Their support plan is all their own work.”

People we spoke with told us they knew they could complain and were sure their support worker would, “Sort it out.” We saw that all staff signed to say they had read and understood the provider’s complaints policy and procedure. Records showed that no formal complaints had been received during the previous 12 months. The provider told us, “People are encouraged to talk about their concerns, needs and wishes and time is available for those who wish to talk.” The home manager told us they encouraged people to raise issues or concerns verbally to make sure action was taken to resolve them promptly.

Is the service well-led?

Our findings

All the people we spoke with were happy with the quality of the service. Records showed that six compliments had been received in the previous 12 months about the quality of the service. Three compliments were to thank staff for their 'positive work'.

The provider's quality assurance system included an annual questionnaire which asked people and their relatives what they thought of the service and what they thought could be improved. The home manager told us the number of people who responded was smaller than the number of people who had lived at the home throughout the year. The home manager was concerned that people should be given the opportunity to express their views formally, before they moved on to their permanent homes. We saw this issue was an item on the team meeting agenda, so staff could make suggestions for how to improve the method of obtaining formal feedback about the service. This showed the home manager was committed to ensuring people's opinions were taken into account when planning service improvements.

The home manager told us, "We have 'customer and carer forums', as people prefer to verbalise their thoughts. At the residents' meetings people tell us what they have been doing and we discuss the menus, social events coming up and anything happening within the home, such as repairs." Support workers told us they made opportunities for people to share their opinions of the service on a daily basis, through their 'open door' policy and by an open invitation for people to attend part of the monthly staff team meetings.

A support worker told us, "All staff have extended, paid hours to attend the team meeting. We talk about people's goals, staffing and the organisation." We saw the agenda for the most recent team meeting included discussions about the purpose of the service, safeguarding, health and safety and an opportunity for staff to consider how they would

demonstrate the effectiveness of the service, in relation to the fundamental standards, as laid out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Support workers told us they felt motivated and supported and were inspired by the home manager's leadership. Support workers told us the home manager had already made improvements to how the home was run on a day-to-day basis. One support worker told us, "The manager has a real customer focus. For example, care plans are kept downstairs in the dining room now, where people can get them. People get properly involved in their care plan reviews and daily records." Another support worker told us, "The new manager has delegated more responsibility to shift leaders. Staff take more individual responsibility for things too, like repairs. It is empowering."

The provider's quality monitoring system included monthly reporting by the home manager to head office on a range of quality indicators and monthly visits to the home by senior management, to make sure actions were taken to improve. The home manager kept records of the actions they took when issues were identified during their monthly checks. Records we looked at showed that all staff had responsibilities for checking that the quality of the service was maintained and improved.

We saw records of checks of electrical items, car checks, water quality and first aid boxes were signed as completed by various staff. Support workers checked that people's medicines and money matched their records at the beginning of every shift. Support workers reviewed and updated support plans and risk assessments every month. The home manager analysed accidents and incidents to identify actions they could take to minimise the risks of a re-occurrence. Records showed the manager and staff took action to improve when issues were identified during their checks. For example, when issues were identified with recording medicines, and recording accidents and incidents, staff had a practice session in record keeping at their subsequent team meeting. This demonstrated the home manager assessed the risk of errors in recording and took action to minimise the risks of a re-occurrence.