

Mrs Patricia Pauline Milligan

Mrs Patricia Pauline Milligan - 51 Wellington Road

Inspection report

51, Wellington Road
New Brighton
Wallasey
Wirral
CH45 2ND
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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 5 January 2015 and was unannounced. The service is a domestic style property close to the centre of New Brighton. It is registered to provide accommodation and personal care for up to eight people who have a learning disability. The home has been owned and managed by the same family for more than 20 years and the manager was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

Summary of findings

We last inspected the care home on 10 December 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

Some people had lived at 51 Wellington Road for a considerable number of years and considered it to be their home, others had moved in more recently. There was a small team of seven support staff, including the manager and deputy manager. All of the staff had a National Vocational Qualification (NVQ) level 3 or 4. During our visit we saw that there were enough staff to support people and meet their needs, and everyone we spoke with considered there were enough staff.

The staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse. All staff had received training about safeguarding. We found that medicines were managed safely and records confirmed that people received the medication prescribed by their doctor. We found that the home was clean and well-maintained. Records we looked at showed that the required safety checks for gas, electric, and fire safety were carried out.

People we spoke with confirmed that they had choices in all aspects of daily living. Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal that was planned. People we spoke with said they always had plenty to eat.

Most people were independent for personal care and were generally fit and well. People were all registered with a local GP health centre and had an annual health check carried out by the primary care team. Records showed that people saw a dentist, optician, and chiropodist as needed.

The home used an electronic care plan system that comprised a comprehensive set of assessments of people's physical and mental abilities and needs, risk assessments, and plans for their care. The care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences.

The expert by experience commented:

"I felt it was a very relaxed home, everyone was at ease with each other. It was said by one resident that it is a nice home, it is more laid back. They have rules but not silly rules, you can make a cup of tea when you want. I spoke to the manager, he joined us in the lounge with the residents, everybody was very much at ease with each other and quite happy to speak. The manager told us that the home did not have much turnover of people, the last person to leave had to go for nursing care which this home does not provide.

Although there did not appear to be scheduled activities I do not think it upset any of the residents as they appeared to appreciate doing their own thing and be well set in their ways. Another good point was that the staff appeared to be happy and content and there wasn't a big turnover of staff, the residents told me that the present staff had all been there for a number of years. I thought that there was a very good atmosphere in the home and all the residents were very relaxed and as they said, very much at home."

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 support people and keep them safe. There had been no new members of staff since our last visit. All staff had received training about safeguarding to ensure that people were protected from abuse.

The home was clean and well-maintained and records showed that the required safety checks were carried out.

Medicines were managed safely and records confirmed that people received the medication prescribed by their doctor.

Good



Is the service effective?

The service was effective.

There was a small team of seven support staff, all of whom had completed a National Vocational Qualification (NVQ) in care at level 3 or 4.

Menus were flexible and alternatives were always available. People we spoke with said they enjoyed their meals and had plenty to eat. People's weights were recorded monthly.

People were all registered with a local GP practice and had an annual health check. People were supported to access community health services including dentist, chiropodist and optician.

Good



Is the service caring?

The service was caring.

People who lived at 51 Wellington Road had a learning disability and most had lived at the home for a long time. There was evident warmth and respect between the staff and the people who lived at the home.

People told us that staff treated them with kindness and they felt like members of a family.

Good



Is the service responsive?

The service was responsive.

The care plans we looked at contained information about the person's life and their preferences. Each person had plans for their care and support.

People were encouraged to be independent and to follow their hobbies and interests.

The home had a complaints procedure.

Good



Is the service well-led?

The service was well led.

The home had been owned and managed by the same family for more than 20 years and the manager and the deputy manager worked alongside the staff.

Good



Summary of findings

People who lived at the home were encouraged to express their views and staff were involved in any important decisions.

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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.

The inspection took place on 5 January 2015 and was unannounced. The inspection team consisted of an Adult Social Care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information CQC had received since our last visit and information provided by the manager. The manager had submitted information

requested by CQC in a 'Provider Information Return'. This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority's quality assurance officer who had visited the service recently to carry out a quality assurance assessment. The local authority officer informed us that the home was compliant in all aspects of their contract. The local authority had not received any concerns regarding this provider and CQC had not received any complaints or concerns about this service.

The expert by experience spoke with six people who lived at the home, had a look all around the premises, and had lunch with the people who were at home. During our visit we spoke with the manager, the deputy manager, and another member of staff who was on duty. We looked at care plans for three people who used the service, medication records, staff records, and health and safety records.

Is the service safe?

Our findings

The expert by experience asked people if they felt safe at the home and they replied “Yes, I do.”, “Very safe”, “This is my home and the staff look after me.”, “I am safe here.”, “Yes, we always feel safe. They always look after us.” One person told the expert by experience “[The manager] has told us if you have any problems tell the staff right away.”

Records showed that all staff had received training about safeguarding vulnerable people from abuse and this was refreshed annually. The provider subscribed to an on-line training programme which meant that staff were able to do the training at work or in their own home. An assessment was completed at the end of the training programme and, if successful, a certificate was awarded. The certificate showed the course syllabus and we saw that this was comprehensive. The home had safeguarding and whistleblowing policies and procedures and staff knew how to contact social services with any concerns. CQC records showed that the manager had made a safeguarding referral to social services in 2014 to report a concern regarding a person who lived at the home.

We spoke with the manager about how risks to people’s safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. We saw that detailed risk assessments relating to mobility, falls, nutrition, and other issues relevant to the individual, were in people’s care plans and were reviewed regularly. Accident and incident policies and procedures were in place.

The expert by experience asked people if there were enough staff to support them and they all said “Yes”. One person was able to name all of the staff team. The home had a small team of eight staff. This comprised the manager, the deputy manager, five support workers and a cleaner. One of the support workers was on maternity leave but the staff rota showed that their absence was covered without any other staff working excessive hours. People who lived at the home did not require support with daily personal care. Rotas showed that there were two staff on duty from 8am until 3pm, then one member of staff in the evening who also did a sleep-in. A member of staff we spoke with said they had been doing a sleep in and told us “I sleep well here and I feel safe. People are settled at night and I have only ever been woken up a handful of times.” The managers lived close by and were always available to

provide additional support if needed. The manager told us that staff numbers were always flexible and an additional member of staff could be deployed for social outings or if anyone required extra support.

There had been no new members of staff since our last inspection in 2013, however the manager and the deputy manager were aware of the checks that should be carried out when new staff were recruited.

Contracts were in place for the maintenance and servicing of gas and electrical installations and fire equipment. The home had no water tanks and thermostatic controls were fitted on hot water outlets. We found that the home was clean and well-maintained and provided a safe environment for people to live in. We saw records to show that regular health and safety checks were carried out and no special equipment was in use at the time we visited. A fire risk assessment was in place and had been reviewed and updated in May 2014. A premises risk assessment was dated July 2014 and a detailed business continuity plan was in place. A ‘grab file’ was in place in case of emergency and gave details of people’s mobility needs.

The expert by experience asked people if they were supported to clean their bedrooms. They told the expert that the cleaner came in every week “to Hoover the rooms” and then “We keep our rooms tidy”. One person told the expert by experience “We make sure we bring our dirty clothes down for washing, staff do the washing.” The catering arrangements had received a five star food hygiene rating.

The expert by experience asked people if they got their medicines in a safe way and on time. People confirmed that they did and one person added “They check up and make sure we have taken them.” Medicines were stored securely, however the storage needed improvement as it was overcrowded and the shelves were wobbly. The manager told us that this would be included in the refurbishment plan. Repeat prescriptions were generated electronically and were dispensed by a local pharmacy. Most medicines were supplied weekly in a monitored dose system which had a description of each tablet. The records we looked at indicated that people always received their medicines as prescribed by their doctor. We saw no missed signatures. Some people had items prescribed to be given ‘as required’. The manager said that ‘as required’ medicines (with the exception of mild analgesics) were not given unless authorised by him. This was written on the

Is the service safe?

medication administration record sheets and records showed that none had been given recently. A support worker was giving out morning medicines when we arrived

at the home and we noticed that they discreetly observed to make sure people had taken their medicines. All staff received regular training about the safe handling of medicines.

Is the service effective?

Our findings

The expert by experience asked people if they were restricted or stopped from doing things they wanted to do. People replied “No, we never are.” “We always get told ‘we will sort it out.’”, “They always try to sort something out if we want something.”

All except one of the people who lived at the home went out on their own and there were no restrictions on people’s movements. One person did not go out without a member of staff with them for safety reasons. The manager told us that the person had not shown any inclination to go out unaccompanied over the many years they had lived at the home. The manager told us that if the person did leave the building then a member of staff would follow them discreetly if possible, or the police would be called. This was recorded in the person’s care plan and risk assessment and was reviewed annually by the person’s social worker. The deputy manager told us that there was no use of restraint in the home and our observations confirmed this. Training records showed that all staff had completed training about Deprivation of Liberty Safeguards (DoLS). We looked at the course syllabus which showed that the training covered all aspects of the Mental Capacity Act. The manager had applied to do training about the Mental Capacity Act which was going to be provided for managers by the local authority.

The manager and the assistant manager had both achieved a National Vocational Qualification (NVQ) level 4 and the registered manager award. One of the support workers also had NVQ level 4 and had a senior role. They were able to provide cover when the managers were on holiday. All of the support workers had NVQ level 3. Records we looked at showed that all staff had completed training about fire safety, food hygiene, infection control, administration of medicines, first aid, control of substances hazardous to health, diet and nutrition, challenging behaviour, and moving and handling. These were the subjects that the managers considered compulsory for all staff. The deputy manager told us that all staff had one to one supervision every three months or more often if needed for any reason. Staff also had two or more appraisals a year so that “You can tell staff if there are any areas for improvement.” Confidential records of these meetings were kept.

The expert by experience asked people if they could see a doctor or a dentist quickly if they needed to. People said “Yes, we all have the same doctor and dentist. We can’t go on our own, the staff come with us. They ask you to fill in forms so the staff help us do it.” People were all registered with a local GP practice and had an annual health check carried out by the primary care team. The deputy manager told us that the health checks were due at the end of January. People were supported to access community health services including dentistry, optician, and chiropodist. District nurses supported people who had health needs, but nobody required this service at the time of our visit.

Care plans showed that people’s health was monitored monthly by the home’s staff and weight, body mass index, pulse, and blood pressure were recorded. One person had a regular blood test for a longstanding condition that was stable. One person had a regular injection at a clinic. Four people received support from the NHS community learning disability team. One person had been supported to successfully give up smoking 2014. One person had an eye condition and this was checked annually.

The expert by experience asked people about their meals. They told the expert “Staff make the main meals but they will always make an alternative meal for anyone who wants one.” “We always have a choice.” “The meals are good.” “Homemade meat and potato pie.” “Roast dinner.” “They like doing things home made in this house.” and “I like the meals.”

People made their own breakfast except on a Sunday when they had a ‘fry up’. At lunchtime on the day we visited, people were having pizza or a sandwich of their choice. There was a choice of sausage casserole or scampi for tea. Lunch was usually between 12 noon and 1pm and tea between 5pm and 5:30pm, but these times were flexible if people were going out. There were no written menus but records were kept showing what had been served each day and the records showed that people had a good variety of meals. People’s likes, dislikes and preferences were recorded and were well known to all of the staff. People usually had their meals together in the dining room but could choose to have their meal in their room if they wished. Nobody needed assistance to eat their meal. People’s weights were recorded monthly and the deputy

Is the service effective?

manager told us that at present there were no concerns about anyone's appetite or weight. One person had been diagnosed with medical condition requiring a low fat diet and staff advised and encouraged them to keep to this.

Bedrooms were on the first and second floors and most had en-suite toilet and shower. There was a bathroom and

WC on each floor. People who lived at the home needed to be mobile enough to use the stairs to get to their bedroom. Bedroom doors were fitted with over-rideable locks. People could make hot drinks in the kitchen using an electric urn which meant they did not have to use a kettle.

Is the service caring?

Our findings

The expert by experience reported “All residents had good communication skills, although one did not want to converse and one stayed in their bedroom all day. Some did not answer all the questions as they were getting up, going to make cups of tea and doing other things.” People told the expert by experience “The staff are very nice.”, “Yes they are good.”, “We can talk to them any time.” and “They come in here (the TV lounge) and talk to us and [member of staff] comes in to watch the soaps with us and talk to us.”

We were shown a letter that had been sent to the manager in 2014. The letter was from the family of a person who had lived at the home for many years. The letter was very positive and thanked the staff and the manager for the care and support that had been shown to their relative.

People who lived at the home were independent for personal care but the support worker told us that some people needed encouragement to maintain a good standard of hygiene and appearance. One person told the expert by experience “We wash ourselves here. They make sure one person has a bath because [name] forgets sometimes. They give us all our toilet stuff.” People could

have a shower or bath whenever they wanted to. Some people went out to a hairdresser but a hairdresser would also visit the home by request. Toiletries were provided, the manager told us he made sure people had everything they needed. One person told us “He’s (the manager) very good to me and I’m very happy.” Another person said “This house is a happy family. It is a homely house.”

The deputy manager told us everyone had a bus pass so they could use public transport free of charge. People all had a bank account and were supported to manage their personal allowance and save some money. We were told that one person had enjoyed being able to send a Christmas present to a family member for the first time. People were supported to visit their families and one person spent the weekends with their family.

We saw that some people liked to help with household tasks for example setting the table, washing dishes, folding laundry, looking after their bedroom. One person let us in at the front door, another person made a cup of tea for us and then went out to get some shopping. Another person brought the post into the office. Staff engaged with people in a respectful way throughout our visit.

Is the service responsive?

Our findings

The expert by experience asked people what activities they did. People said “I do work in Charity shops.”, “I go to the pub.”, “I just potter around and I do the gardening.”, “We go out with staff to the pictures or the pub. We have been to Blackpool to see the lights. We went to Wetherspoons at Christmas.” One person said “We have birthday parties in the house, mine is next. Six of us are going to the pantomime on Sunday.” Another person told us “We’re going to see the set of Coronation Street and Emmerdale and we are going to the Empire on the 8th of April to see Dirty Dancing. All of us except [name], they don’t like mixing with people.” One person had been on holiday for two weeks with their family.

Two people received support from a care agency for regular social outings on a one to one basis. The manager told us they had a good relationship with the agency staff. One person had a work placement and another person had an activity each day. The manager told us that he had installed fast broadband for one person in their room and it was available for others if they wanted it.

Six people had lived at the home for a number of years, some more than 20 years. Another person had moved to live there during 2013 and another in 2014. The deputy manager told us that people were able to choose their own daily routines and most got up between 7am and 9am and had breakfast when they wanted to. One person liked to stay in bed late watching TV. People had 24 hour a day access to the kitchen and were able to make drinks and snacks for themselves.

Care plans detailed people's likes and dislikes. All of the people who lived at the home were able to express their views at informal residents' meetings that were held 'around the dinner table'. The manager told us “We are able to adapt to people’s individual needs, we are very inclusive, however the people who live here have the final say. One person came for a trial stay and the others could

not get on with them so they did not stay. I have no hesitation in moving somebody on if we are not able to meet their needs. People become part of the family and the home has also provided support for people’s families.”

The manager told the expert by experience that the newest person to the home came for a weekend at first to see if they were compatible with the other people and to see if they liked it. The manager said that this was what they always did if there was going to be a new person coming in. He consulted the people who lived there to get their feelings, which were positive, and the person decided that they would like to stay permanently. The manager said the person had “fitted in like a hand in a glove.”

The home used an electronic care plan system that comprised a comprehensive set of assessments of people's physical and mental abilities and needs, risk assessments, and plans for their care. There was also a list of people's prescribed medicines and records of medicines reviews by their doctor. All aspects of the care plans had been reviewed every six months and signed by the person. They had also been printed off to provide a paper record. Detailed daily reports for each person were made in a diary.

We looked at the care plan for the person who was new to the service. This showed that family members were involved in important decisions about the person’s support. The assessments were written in a person-centred style and the deputy manager told us that the plans had been written with the person sitting at the computer with them and included some of the person’s own views.

The expert by experience asked people if they knew how to complain if they were unhappy. People replied “Yes, go up to the staff and tell them. Staff pass it on to [manager] and [deputy manager].”, “I just tell [manager] and he sorts it out.” and “We just tell the staff.” We saw a copy of the home’s complaints procedure which had recently been updated and included contact phone numbers for CQC and the local authority. A shortened, easy read version was also available. A complaints book was in place but no complaints had been recorded.

Is the service well-led?

Our findings

We looked at the ways people were able to express their views about their home and the support they received. One person told the expert by experience “They just ask you if it’s OK. We talk to the staff in private, they won’t talk in front of people.” We were told that monthly informal residents’ meetings were held. We saw that everyone who lived at the home had completed a satisfaction survey in January 2014 and the deputy manager planned to do this again in 2015.

The home had been owned and managed by the same family for more than 20 years. The manager had worked there 25 years and was registered with the Care Quality Commission. There was a full-time deputy manager and a senior support worker. Staff told us that the leadership was good and a positive influence on the home. The manager and the deputy manager worked alongside the staff five days a week. The provider was no longer involved in the day to day running of the home but had visited at Christmas and was kept informed of any changes.

A member of staff told us “The staff have a say in everything that happens here, we are always consulted.” We saw that staff were treated with consideration and the support worker we spoke with said “I love it. I do as many hours as I can. The rotas are built around people’s other commitments. I’ve never been to another home that is as relaxed as this.” The manager told us he made sure that nobody worked more than two connecting shifts. He explained how he used electronic communication with the staff and could send a private message to them and check whether they had read it. All emails to the home went

directly to the manager’s phone, so they could be dealt with immediately. A staff meeting was held ad hoc if there was an important issue that needed to be discussed by the whole team.

Policies and procedures were based on an established care homes management system that the provider subscribed to. This ensured that this small, family managed service kept up to date with changes to regulation and best-practice guidance. Confidentiality was maintained with locked filing cabinets and a password protected computer which was secured in place.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Appropriate systems were in place to monitor the quality of the service. These included an accident audit and a weekly service user money audit by the staff, which was checked monthly by the manager. Medicines were checked weekly when the repeat prescriptions were delivered. Care plans were written and reviewed by the deputy manager and the senior support worker. The electronic care plan system had a warning alert if anything became out of date.

The manager told us that the development plan for the home for the next year included upgrading the bathrooms and the office, and redecoration of bedrooms. People who lived at the home would be involved in choosing colour schemes for their bedrooms.