

Millfield James Limited

3 Ferrers Drive

Inspection report

Grange Park
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Tel: 01793875898

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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 ●

Summary of findings

Overall summary

This unannounced inspection took place on 25 April 2017. At the last inspection, in April 2015, the service was rated Good. At this inspection we found that the service remained Good.

The service was registered to provide accommodation and personal care for up to five people with learning disabilities. At the time of our inspection five people were using the service.

At the previous inspection in April 2015, we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. This was because people were restricted of their liberty without appropriate authority.

After our inspection in April 2015, the provider informed us what action they were taking to meet the legal requirements in relation to the breach. At this inspection, we found improvements had been made in the required areas and the provider was no longer in breach of the regulations.

People continued to receive safe care and there were enough staff to meet people's needs. Staff had been suitably recruited to ensure they were able to work with vulnerable people. People had risk assessments in place to enable them to be as independent as possible. Staff were able to recognise abuse and knew how to report it appropriately.

The care that people received had improved to be effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received specific training in this area and were able to explain to us how they used their learning in practice.

Records showed staff received the training they needed to keep people safe. The manager had taken action to ensure staff's training was kept up-to-date and future training was planned. Staff told us they felt supported by the management and received supervision and appraisals which helped to identify their training and development needs.

People were supported to eat and drink sufficiently and to maintain a balanced diet. They were also encouraged to eat meals as independently as possible. People were assisted in maintaining good health and received additional support from healthcare professionals when required.

The service remained caring. Staff were considerate, kind and helpful to people. Their knowledge of the individual choices and preferences of people enabled them to provide people with relevant care and support. People were involved in the planning and review of their care and family members continued to play an important role in these processes as well. People's privacy and dignity were maintained at all times.

The service continued to be responsive to people's needs. People's individual care plans included information about what was important to them. People participated in a range of different social activities

and were supported to access the local community. The management team appreciated and acted on people's and relatives' opinions on the service.

The service continued to be well-led. People and staff had confidence in the manager as their leader and were complimentary about the positive culture within the service. There were systems and processes in place to help monitor the quality of the care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service has improved to Good.

Staff received regular training and supervision to enable them to carry out their role effectively.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People were supported to maintain good health and well-being, and to have access to the healthcare services they needed.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

3 Ferrers Drive

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 checked 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 was carried out by one inspector on 25 April 2017 and was unannounced. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

During the inspection we spoke with two people who lived at the service and one person's relative, three members of care staff and the registered manager. We observed the care and support provided to people in the communal areas. We looked at care records for four people who used the service, and four staff files. We also examined a range of records relating to the running of the service which included audits carried out by the registered manager and the provider.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe living at 3 Ferrers Drive. One person said, "I feel safe here. They take care about me and my health". Another person remarked, "I really like it here. I've been here a very long time and I've never had any problems".

Staff understood how to protect people from harm and knew how to report concerns. One member of staff told us, "I would report this straight away and make sure that the resident is no longer in contact with that person". Another member of staff said, "I would report this to my manager. If they didn't act on this, I would report it to the safeguarding team".

Risks were appropriately managed. For example, when one person's health had deteriorated, a range of risk assessments had been completed. These risk assessments covered the areas of mobility, communication, manual handling and personal hygiene. Risk assessments were in place to help identify risk factors specific to each person. The identified risks included, for example, the risk involved in using the swimming pool, accessing the community, or the risks of sunburns and dehydration. This helped to provide staff with information on how to manage and minimise these risks and provide people's care safely. All risk assessments were reviewed six monthly or more often if circumstances changed. A member of staff told us, "One of the residents had an incident and their care plan and risk assessments were updated overnight by the registered manager".

People received their medicines when they needed them and each time staff explained to people what the medicines were for. Medicines administration training was provided to staff as well as regular checks of their competency and knowledge. We looked through the medication administration records (MARs) and it was clear all medicines had been administered and recorded correctly.

The service followed safe recruitment practices. The files we looked at showed pre-employment checks were undertaken for staff. These included satisfactory references from their previous employer, an application form and a recent designated barring scheme criminal records (DBS) check.

Is the service effective?

Our findings

At our previous comprehensive inspection in April 2015 we identified a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were restricted of their liberty without appropriate authority.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our recent inspection in April 2017 we found the provider had taken appropriate action to address our concerns. The registered manager and staff were knowledgeable about the MCA. They told us and records confirmed they had received training in the MCA and understood the need to assess people's capacity to make decisions. The members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. People's consent to care and treatment was taken into consideration by the service while planning care and support for each person. A member of staff told us, "Service users must be assessed in order to determine if they lack capacity. We cannot presume that if they lack capacity to make one decision, they automatically lack the capacity to make another decision". Another member of staff told us, "When people are assessed as lacking capacity, we need to go through best interest meeting process in order to act in their best interest".

The registered manager had made applications to the local authority when people had needed to be deprived of their liberty for their own safety. Where people lacked capacity to understand certain decisions, best interest meetings were held to make decisions on their behalf to keep them safe. For example, one person had been assessed as lacking the capacity to make decisions about their care and their place of living. As the person's health had deteriorated, a best interest meeting had been held regarding the person's transfer to another service.

People told us that they felt staff were suitably qualified and experienced to perform their duties. One person said, "I like people who work here. They are very knowledgeable and they know how to take care about my needs". Another person praised the staff team, "Staff are okay. I really like them and find them really helpful".

All new staff had undertaken induction training which included the completion of mandatory training in relevant areas and completed a probationary period. Newly employed staff members shadowed more experienced staff for two weeks and had their competencies assessed. The induction programme was linked

to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. A member of staff told us, "With what I already knew, the induction was really easy. I was observing another member of staff and they were observing me for a period of three or four weeks".

The provider had systems in place to ensure staff received appropriate training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills necessary to understand and meet the needs of the people they supported and cared for. Training was up-to-date and records showed that staff had also received additional training specific to the needs of the people they supported. It included food and safety, autism, mental health, allergens and safeguarding. Staff told us they were provided with good opportunities to develop their knowledge. A member of staff said, "We are provided with any training we need to do our job effectively".

Records showed staff had received regular two monthly supervision sessions and staff confirmed this while talking to us. Supervision sessions enabled each staff member to discuss their personal development objectives and goals. We also saw records confirming that staff received annual appraisals of their individual performance and were provided with opportunity to review their personal development and progress. For example, a member of staff had wanted to complete a nationally recognised qualification. This had been addressed by the provider and we saw evidence that the member of staff was booked to complete relevant training. A member of staff told us, "I feel supported, definitely. The supervision meetings are useful. You can express any issues and concerns you have. On the other side, [the registered manager] can raise an issue with you".

People were supported to eat sufficient amounts of food, drink enough fluids and maintain a balanced and healthy diet. Staff had a good understanding of each person's nutritional needs, which had been assessed and documented on how these were supposed to be met. The support varied depending on people's individual choices and circumstances. One person told us, "I get good food here. I like eating but I my meals have to be chopped up". Another person said, "Food is good here. If I don't like something, I can always get an alternative food".

When there were concerns about a person's health or well-being, immediate action was taken, such as contacting the person's GP or seeking guidance from other professionals such as a speech and language therapists (SALT) or a dietician. People were supported to maintain good health by accessing health care services and obtaining advice from their GP, a psychologist and a psychiatrist.

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with staff. One person said, "Staff are alright. They do respect me, they are listening to me, listening to my wishes". Another person remarked, "It's a nice place to live. Staff are really good and they always treat me with respect".

People were treated with dignity and respect. A member of staff told us, "It's their home and we have to respect what is in their home". Staff were also aware of the importance of protecting people's privacy. Staff said they always remembered to ensure people were not exposed while providing them with personal care. A member of staff told us, "We always close the door during personal care and we always ask them if they are okay with us".

People were involved in their care. Care plans contained documents stating people had been involved in the creation of their support plans. People's choices included ways of spending their day, places to go, times to go to bed and to get up. Staff told us and we saw that people were able to have their friends visit them at the home. People informed us they met their key workers regularly to discuss things they wanted to do. One person told us, "Once we decided we would benefit from having a fish tank. Then we went to the shop to choose the fishes".

People were supported to be independent. People told us staff helped them maintain their independent living skills as well as learn new ones. If they wished so, people were involved in ordinary day-to-day tasks, for example, shopping for food, assistance with cooking, clearing up or vacuuming. A member of staff told us, "If they want, people help us with simple daily tasks. For example, one person likes to peel vegetables".

People's personal and medical information was protected. Staff were aware of their responsibilities in confidentiality and preserved information securely. They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. The registered manager had high regards for confidentiality and said they tried to ensure staff knew how to access and how to share any personal information safely at all times.

The provider's equal opportunities policy was displayed in the home. This stated the provider's commitment to equal opportunities and diversity. People's cultural and religious backgrounds as well as people's gender and sexual orientation were recognized and respected within the service.

Is the service responsive?

Our findings

The service continued to be responsive. People's needs were assessed prior to their admission to the service to ensure their needs could be met. Other professionals, for example, a social worker, a psychologist or a psychiatrist were involved in the initial assessment when needed. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs.

People's care plans gave clear guidance to staff on how to support people. A member of staff told us, "Care plans are really good. They are updated all the time to ensure any changes in people's health and well-being are recorded and we know their current needs".

The care plans and risk assessments were reviewed to adjust them to people's changing needs. For example, one person's needs fluctuated due to their specific condition. The serviced worked closely with the person's GP and other professionals to manage symptoms of the specific condition. Records were updated to reflect the person's current support needs.

People received person-centred care which involved personalised nutrition, social activities and emotional support. Staff told us about how they ensured people received personalised care. A member of staff told us, "Everyone of our service users has got different individual needs. For example, [person] likes his puppets and those puppets bring him comfort and security".

People were offered a range of activities they could engage in. These included swimming, music, snooker and trips out of the home. One person told us, "I'm very busy here and I go out a lot. I like going to church and to the day centre. Today I've been shopping at [supermarket]". Another person said, "I like going out but not in the weather like today. Today I prefer to do word search and some art and craft".

People knew how to complain. They told us they felt able to raise any concerns and were sure these would be quickly responded to; however, they had not needed to raise any concerns so far. One person said, "I haven't complained here. No complaints at all". Another person told us, "I haven't complained about anything. I always tell [the registered manager] if there is something wrong and she sorts this out for me".

People's opinions were sought through regular surveys. We saw the results of the last survey which were very positive.

Is the service well-led?

Our findings

The service continued to be well-led. 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.

People were positive about the service and the registered manager. One person told us, "[The registered manager] is lovely. She really cares about me". Another person commented on the service, "It's run really well. [The registered manager] is a good manager. I wouldn't like to change anything here".

Staff told us the service was well-led, open and honest. A member of staff praised their workplace, "The home is run really well. Everything goes smoothly, it's a happy place to work". Another member of staff told us, "[The registered manager] is here all the time so we are really lucky. She is open and honest with staff and I don't think I would like to work anywhere else".

The registered manager promoted a caring culture focused on person-centred care. This culture was encouraged through all interactions with people, relatives and staff. The registered manager spent time speaking with and supporting people, demonstrating a kind and caring attitude.

The registered manager monitored the quality of the service provided. A range of audits were conducted by an external company. The external company carried out an unannounced 'mock' inspection every month which was based on the CQC's five inspection domains. Findings from audits were analysed and action plans created to drive continuous improvement. For example, following one audit, care plan review dates had been updated to ensure people's needs were being met. The registered manager also monitored accidents and incidents and analysed information to identify any patterns or trends.

There was a whistle blowing policy in place that was available to staff at the home. The policy contained the contact details of relevant authorities. As a result, staff were able to contact the authorities if they had any concerns. Staff were aware of the whistle blowing policy and said that they would not hesitate to use it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to inform the CQC about reportable events.