

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

About the service: 3 Ferrers Drive is a registered care home and provides accommodation and support for up to five people living with learning disabilities. There were five people living at the service when we visited.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. There were sufficient staff with the proper skill mix on duty to support people with their needs and keep them safe. Effective and safe recruitment processes were consistently followed by the provider. Medicines were managed safely.
- Staff had the right skills, experience and support to meet the needs of people who used the service. People were supported to maintain a healthy weight and were provided with a balanced diet with a choice of meals that they had chosen. Staff knew how to recognise changes in people's health and well-being. People were supported to access healthcare services. The premises met the needs of people and provided a safe, comfortable and homely environment. Staff followed the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.
- Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of people's care and support. People were treated with dignity and respect and their independence was promoted.
- Staff supported people to enjoy a range of activities which reflected people's individual interests. Staff worked together with the registered manager to ensure people's care was continually monitored, reviewed and reflected people's changing needs. People were encouraged to share their thoughts and ideas for their care. People and their relatives knew how to complain. There was a complaints procedure in place which was accessible to all.
- People and staff felt supported by the registered manager. The provider had effective systems and processes in place to ensure the quality and safety of service.

Rating at last inspection: Good (report published 18 May 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

3 Ferrers Drive

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one 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.

Service and service type:

3 Ferrers Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies.

During the inspection visit, we talked to five people who used the service and we spoke with three relatives

on the telephone. In addition, we interviewed three staff members. This included the registered manager and two care and support workers.

We looked at the care and medication records for four people who used the service and we undertook a tour of the premises. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff were trustworthy and people felt safe with them. One person told us, "I feel safe because there are staff to talk to. They are kind and they will listen". One person's relative told us, "I am confident that he is safe and well looked after".
- The provider had processes in place to safeguard people from the risk of abuse. Staff were knowledgeable about types and signs of abuse, and the actions they were required to take to escalate any concerns. A member of staff told us, "If I suspected abuse, I would take this to my manager and if I had to, I would bring this matter to the attention of the Care Quality Commission (CQC) or to the local safeguarding team".

Assessing risk, safety monitoring and management

- Risks associated with people's healthcare needs were identified and assessed. These were appropriately managed to ensure people's safety, and to make sure that their freedom was respected. For example, one person was at risk of falling and sustaining an injury. The provider had reduced the risk by conducting regular blood checks and liaised with the person's GP and the learning disability team to review the person's medicines. As a result, the person's falls had reduced significantly.
- Risk assessments were personalised and regularly reviewed. These included the environment, personal care, medication, use of a swimming pool, managing finances and behaviour.
- People had individualised fire risk assessments and emergency evacuation plans where necessary. Fire drill records showed staff and people were involved in regular fire drills. Staff were able to explain the process of supporting people safely in case of fire.
- The provider carried out regular health and safety checks as well as and maintenance checks. The latter included fire equipment, water and electrical equipment to ensure people's safety.

Staffing and recruitment

- Staff described staffing levels as good and stability was achieved as many of the staff had worked at the service for a number of years. This meant staff were familiar with people in the service which promoted their safety. Records confirmed there were enough staff to meet people's needs.
- The provider followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- Staff competency was reviewed regularly to ensure people received their medicines safely. Details of what support people needed to receive their medicines was assisted by appropriate guidance in place to assist staff.

- Medicines were stored securely and medicines records were accurate and up to date. Checks were carried out to make sure medicines were given to the person at the right time and in the right way.

Preventing and controlling infection

- We saw the home was clean, tidy and odour free. Staff supported people throughout the day to maintain a tidy environment.
- Staff had access to Personal Protective Equipment (PPE) to prevent the risk of infections spreading.
- The service had been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment.

Learning lessons when things go wrong

- The registered manager explained that learning from accident and incidents was a standard practice at the service and people's care plans were reviewed to help prevent further occurrences. Risk assessments and care plans were reviewed following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance

- People's capacity was assessed before they moved to the home and their care plans stated whether or not they had capacity to make specific decisions. People who were subjected to DoLS had approved DoLS authorisation certificates in their files. Where people were waiting for their DoLS to be authorised, there was evidence of the service regularly checking the progress of the DoLS applications. People's care files also had signed consent to care and treatment forms confirming agreement with their care and support plans.
- Staff had undertaken training about the MCA and DoLS and were aware of how to apply this legislation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Records showed people's choices, interests and needs in relation to their healthcare, diet, communication, behaviour, and social interaction were assessed before they moved to the home.
- People and their relatives told us they were fully involved in the assessing and care planning process.
- The registered manager liaised with social workers, doctors and other healthcare professionals involved in people's care to identify people's physical, medical and behavioural health needs and abilities.

Staff support: induction, training, skills and experience

- Staff received relevant training, support and guidance so that they had the knowledge and skills to do their job well. Staff were up to date with all training required by the provider. They told us the training provided was good and they felt supported. Some training was specific to the needs of people using the service, for example, we saw staff had received training in epilepsy and dementia.
- Records showed staff were provided with regular supervision and an annual appraisal to enable them to do their job effectively.

- New staff received induction training and worked with experienced staff until they were competent and confident to provide people with care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely. When people required special diet, this was accommodated by the service. For example, one person was required to be provided with food rich in vitamin C and the service took appropriate steps and introduced citric fruits and juices to the person's menu.
- People prepared their food menus with staff assistance. The menus contained food pictures to enable people to make decisions about food and drink.
- There was a strong emphasis on people having access to tasty and healthy food. We saw the service was regularly using equipment such as a bread maker, a juice maker and a steamer to provide people with as healthy meals as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and referred to health professionals when needed. Health and medical information was recorded in detail for each person.
- Information that had been provided by healthcare professionals was incorporated into people's care plans. Staff followed advice given by other healthcare professionals and sought further advice when needed.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet people's individual needs and preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect, and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they liked the service and they found staff caring and helpful. One person told us that "Staff are brilliant". One person's relative told us, "My brother's needs are met very well. Staff got to know him well, they respect him and understand him".
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. For example, staff assisted people in going to church to respect and accommodate their religious needs. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks served and what foods they enjoyed.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- Information contained in care plans was discussed with people and people signed their care plans once they agreed with their contents.
- People's relatives told us they were involved in the care planning process where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the privacy and dignity of each person and gave us examples of how they did this. For example, they did so by shutting people's doors when supporting them with personal care or knocking before entering people's bedrooms.
- One person's relative told us that the service was flexible to preserve the person's dignity. The relative told us, "She now has a commode in her room which is really helpful. They give her additional personal hygiene support when she goes out, this is a great help".
- Staff encouraged people to be as independent as they wanted to be. Care plans included information on what people could do for themselves and guided staff to help people keep and enhance their skills. One person's relative told us, "Staff always give help where this is needed, but encourage and support as much independence as possible, too".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person-centred and gave staff information in areas such as people's background history, likes and dislikes, healthcare needs, care outcomes, and how people would like to be supported.
- People's care was continually reviewed and updated according to their changing needs. For example, as people grew older their needs changed and their care was amended in response to this. Guidance was also updated in care plans for staff to refer to.
- The provider identified people's information and communication needs by assessing each person. Staff understood the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. People's communication needs were identified, recorded and highlighted in their care plans. We saw evidence that information about people's needs was shared appropriately with others in order to meet people's communication needs.
- People's interests were well documented and there were systems in place to support people to attend leisure activities of their choice within their local community. We saw that people attended activities they had chosen and were supported to try new activities and experiences. Each person had a weekly activity plan of activities as per their choice.
- People were supported to plan trips and staff accompanied them on holidays. On the inspection day we saw people were supported with indoor and outdoor activities. For example, one person went for personal shopping and another person went to a hairdresser.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record complaints and address them in a timely manner.
- People and their relatives told us they knew how to complain but they had no reason to do so. There were no complaints received since our last inspection in March 2017.

End of life care and support

- The provider had a policy and systems in place to support people with end of life care and meet their palliative care needs. People's wishes in relation to their end of life care and funeral were recorded in people's care plans.
- At the time of the inspection, no one was being supported with end of life care and palliative care needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- 3 Ferrers Drive was led by a motivated provider and a registered manager whose aim was to provide good person-centred care.
- People and their relatives told us the service was well-led. One person told us, "I like [the registered manager]". One person's relative told us, "The manager is quiet and calm. This really helps relationships and the environment in the house. I can always ask her anything".
- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when needed. The registered manager understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management had a clear vision of how they wanted the service to be and put people at the centre of what they did.
- Staff had a clear understanding of their roles and their day to day work was steered by people living at the home. Staff were continuously supported to develop their skills to ensure provision of better quality of care.
- The provider had quality assurance systems in place which were used effectively to monitor the key aspects of the service. The registered manager completed audits and checks on a regular basis and acted to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was positive staff morale with staff saying they felt very well supported in their roles. Staff told us there was effective teamwork and the registered manager set an example by being open and supportive.
- The registered manager had an open-door policy and people and their relatives were encouraged to visit the office and express their opinions either in person or via the telephone. Other ways of gaining feedback from people and relatives were by surveys and regular reviews. We saw results of the last survey and both people and their relatives gave the service the highest marks praising their leadership and effectiveness.

Working in partnership with others

- The provider and the registered manager worked closely with other stakeholders to ensure people received high quality care. These included health care professionals, commissioners of the service and

safeguarding team.

- The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies, people responsible and partners involved.