

Voyage 1 Limited

Milehouse Lane

Inspection report

25 Milehouse Lane
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Tel: 01727835413

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16 August 2017

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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

The inspection took place on 9 and 16 August 2017 and was unannounced. When we last inspected the service on 31 March 2016 we found breaches with regulations 11, 12 17 & 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to manage people's medicines safely and people were placed at risk due to staff not having a full understanding or knowledge with regard to how to obtain consent from people. We also found there was a lack of effective leadership and governance and deficiencies in the monitoring and auditing of the service placed people at risk of not receiving proper care and treatment. The staffing levels on the day of the inspection were also found to be inadequate to ensure people's health and safety were maintained.

Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found that the provider had made the necessary improvements and therefore improved the quality of the service provided at Milehouse Lane.

Milehouse Lane provides accommodation and personal care for up to seven people who have a learning disability and the home was fully occupied on the day we inspected.

Accommodation is provided over two floors. All bedrooms are for single occupancy and there are separate toilets and bathroom/shower facilities. There is a kitchen, communal areas, including a dining room, a lounge and a conservatory for people and their visitors to use.

There was a new manager in post who was in the process of applying to become the registered manager of the service. A registered manager is a person who has registered with the CQC 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.

The majority of people who lived at the home were unable to communicate verbally but we observed staff supporting people with a range of communication aids, which included signing and interpreting people's body language with regards to meeting their needs and wishes. People welcomed us into their home and told us they felt safe and happy living at Milehouse Lane.

We found that people were supported to take their medicines by trained staff. We saw that staff followed safe practices and medicines were accurately documented and stock levels checked were correct.

People felt safe living at Milehouse lane. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated a thorough recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so.

We found that staff received regular one to one supervision and felt supported and valued. People received the support they needed to eat and drink sufficient quantities and their health needs were catered for with appropriate referrals made to external health professionals when needed.

Relatives complimented the staff team for being kind and caring. Staffs were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The manager had arrangements in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. There was an effective system in place for people to raise complaints about the service they received.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the manager if they had a concern. The manager had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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.

Staff knew how to recognise and report allegations of abuse.

Staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs).

People's health and nutritional needs were effectively met.

Is the service caring?

Good ●

The service was caring.

People said staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

A choice variety of activities were available within the home provided by staff, and also people were supported to attend local community groups.

People were supported to make meaningful decisions about how they lived their lives.

Is the service well-led?

The service was well led.

There were opportunities for people and staff to express their views about the service via meetings, discussions with the manager and through surveys.

A number of systems were in place to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Good ●

Milehouse Lane

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 9 and 16 August 2017 by one inspector. The inspection was unannounced.

Before the inspection, we reviewed the information we held about the service. This includes the Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. However on this occasion a PIR had not been requested from the provider prior to the inspection taking place.

We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal lounges, and also met with individual people in the privacy of their own rooms.

During the inspection we observed staff support people who used the service, we spoke with two people who used the service, five staff members, the manager, two representatives of the provider and three relatives to obtain their feedback on how people were supported to live their lives.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality monitoring audits.

Is the service safe?

Our findings

At the previous inspection in March 2016 we found that people were placed at risk of harm from medicines not being managed or administered effectively or safely and people's individual risk assessments had not been regularly reviewed or updated. We also found there were inadequate staffing levels to ensure people were kept safe from harm. At this inspection we found that this had improved.

We were unable to seek the views of everyone who lived at Milehouse Lane due to their complex needs. However with the support of the staff on duty and the use of both sign and body language we were able to establish that each person at the home felt safe and happy. We saw people were relaxed and related comfortably with staff throughout our visits. There was a calm friendly atmosphere. We spoke with three relatives who told us they were confident about the care their relative received, that it was safe and there were sufficient staff available to keep people safe at all times. One relative said, "Things have improved a lot recently and I can see some changes have been made, for the better." We spoke with staff members who told us that were confident that they provided people with safe care. One staff member told us, "The people who live here are the reason I love this job so much, each day is different and we have fun with people."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were clear about what constituted abusive practice and were able to describe how they would report concerns both within the organisation and externally. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example we saw a risk assessment for one person whose behaviour challenged, and another for a person who was at risk of choking and the risks associated with taking a person out of the home who had epilepsy. We found all these risk assessments had been updated and reviewed within the past six months.

Safe and effective recruitment practices were followed which helped make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of three staff members and found that all the required documentation was in place which included two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked the medicine administration records [MAR] for all seven people and found that these were all up to date with no gaps or errors found. We found that boxes of tablets were dated to indicate when they had been opened and the amounts held agreed with the amount recorded on the medicine administration record. We saw that when medicine errors had occurred they were thoroughly investigated and effective steps taken to reduce the risks and likelihood of

reoccurrence.

We asked four staff if they thought there were enough staff provided to do their job effectively and safely. All four told us that there was. The manager confirmed that there was always a minimum of three to four staff provided throughout the day time which ensured people had the opportunity to go out on social trips but this also meant that for people who chose to remain at home, the staffing levels were also adequate. One staff member told us "I feel the calibre of staff we have now is much improved from when you last came and people are now cared and supported by staff who are competent and committed to improving the lives of everyone who lives here."

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. Everybody who lived at the service had personalised guidance in place to help staff evacuate them quickly and safely in the event of an emergency situation.

Is the service effective?

Our findings

Although the majority of people who used the service were not verbally able to tell us about the care and support they received, we were able to observe some positive interactions between staff and people who used the service throughout our inspection. We saw that staff met people's needs in a competent manner which demonstrated that they knew the people well. For example one person had become very anxious due to their clothes being uncomfortable and soiled. We saw that the staff member approached the person in a calm manner and gently assisted the person towards the privacy of their own bedroom. We saw the response by this staff member respected their dignity and helped the person become less anxious.

At the previous inspection in March 2016 we found that although staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards they did not know what steps were required to protect people's best interests. In addition we found staff members were unclear on how to ensure that any restrictions placed on a person's liberty were lawful. We also found that staff had not been provided with regular supervision or support from the registered manager. At this inspection we found that this had improved. We spoke with three staff members and asked them to provide an example of how a person's liberty may be restricted. All three gave examples of where a person's liberty was restricted at Milehouse Lane. These examples included the use of a lap belt for one person, the use of bedrails and a key code for the front door. We saw evidence that DOLs application had been made to the local authority for all these restrictive practices.

Staff understood the importance of choice. They were able to verbally demonstrate how they offered people choice. One staff member said, "People have the right to choose." One staff member confirmed, "We cover this issue in our induction and it's also covered in our Mental Capacity training so we know and fully understand what is meant by capacity and how that is incorporated into our everyday work." We saw from the four care plans we looked at that where people's photos had been taken or personal information had been shared with other professionals involved in their care, consent had been obtained and documented within the person's plan of care.

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. The manager confirmed that on a day to day basis they observed staff interactions which ensured best practice was followed. Staff received training and regular updates in a range of subjects designed to help them perform their roles and meet people's needs effectively. This included areas such as moving and handling, safe handling of medicines, infection control, safeguarding and fire safety.

Staff confirmed they had completed inductions. One staff member said, "I had a good induction when I started at Milehouse Lane and it helped my confidence to feel that I knew each person in detail and how to care for them." Another staff member confirmed that they had received a full induction when they started and was shown where the fire exits were and what to do if the fire alarm went off as well as training in health and safety and infection control.

Staff confirmed they felt supported by the manager and were encouraged to have their say. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. One staff member said, "We have regular formal supervisions now but we also have informal chats if we are worried about anything. The manager's door is always open."

Another staff member told us "We get feedback on our work and we are recognised for doing a good job." Another staff member commented, "The new manager is very approachable, always there if you have any concerns."

We saw staff used visual aids to support people with different choices. For example we observed staff asked people what they would like for their meal; they used pictures to support people with making their choice.

We saw people were provided with food and drink throughout the day. At lunchtime we saw people were given the meals from the menu displayed in the kitchen and that they had chosen. We observed people were supported to eat their lunch, where required. We spoke with the staff member who was in the process of preparing the mid day meal. We saw that there were several different meals offered to people which was reflective of their choices and preferences. We also saw that people were supported with special dietary requirements where required, for example some people received a soft diet due to swallowing difficulties.

We saw in people's care plans that people received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. For example we saw from one person's care plan that they had recently been visited by the community nurse. This information was well documented, with the date and the advice and action taken. We also saw from the four care plans we looked at that people were supported to attend regular visits to the dentist and community learning disability team.

Is the service caring?

Our findings

At the last inspection we found that staff used inappropriate language when they supported people and care plans did not always record people's likes and dislikes or individual preferences with regard to how people liked to spend their leisure time. At this inspection we found this had improved. We found that the manager and staff had worked hard to improve people's care plans which now contained detailed records of people's preferences, for example when people liked to get up and go to bed and also a full activity programme had been developed for each person.

People and their relatives had been invited to take part and contribute to regular reviews of their care. There was good use of photographs and also a profile of people that stated what people liked, what was important to them and how they wished to be supported. We saw that each person's plan of care was produced in a pictorial format and with the involvement of the person and their family. Where possible this document had been signed by the person themselves. This meant that people received care that met their needs and took into account their individual preferences ?

Throughout our visit we saw kind and caring interaction between staff and the people who used the service. People we spoke with were complimentary about the staff, we were told by one relative, "Staff are kind, friendly and know what they are doing." One person who lived at the home told us that "Staff are nice."

We saw that staff helped and supported people with dignity and respected their privacy. For example when staff entered people's rooms they were seen to knock on the door. We saw throughout the inspection the staff approach was calm, caring and respectful of people's needs. For example, we observed staff discreetly asked people if they wished to use the lavatory. One relative said, "They never raise their voices and talk to people in a very caring way, which in my book is the most important thing in care homes."

We saw that staff listened and responded clearly. For example one person wanted staff to do something with them immediately by grabbing their arm even though this staff member was busy supporting someone else. We saw that the staff member responded in a calm and patient manner and explained they would help them once they had finished what they were doing. We saw that the level of support offered helped the person remain calm until the staff member was available to join them.

We found that staffing levels were adequate in order to support people's individual needs. One staff member told us that they felt staffing levels and training were appropriate and this meant that they were not rushed and could provide good support and care. In particular they felt the service encouraged people to access local community events and trips out to the local shops and restaurants. One professional we spoke with said, "I feel that the staff who are employed at Milehouse Lane are the right kind of staff and a good gender mix of female and male staff which is important."

We were invited to look around some people's bedrooms and found these to be well maintained and personalised with items that reflected people's interests and hobbies.

People were supported to have regular contact with the family, where possible. Family and friends were welcome to visit at any time and during our discussions with staff in the home it was evident that they knew people's families well.

Confidentiality was maintained throughout the home and information held about people's health, support needs and medical histories were kept secure. Information about advocacy services was made available to people and their relatives should this be required. We were told by the manager that advocates were used although nobody currently had requested to use this service.

Is the service responsive?

Our findings

Milehouse Lane provides a service to people with both complex and challenging needs. People, and their family members, said that they considered staff met their [relatives] care needs. One relative told us, "The staff are friendly and approachable and if ever I need to know anything any one of them will know about it."

The manager met people before they moved into the home and they carried out a 'pre-admission' assessment. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. We saw that people were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with care planning.

We observed the interactions between staff and people who lived at Milehouse Lane. We saw that staff were consistent and kind when they related to people. They listened and responded clearly. For example we saw one staff member checked to see if a person who was seated in the lounge was warm enough as they had noticed that their hands were cold. They then proceeded to go and get a blanket and a pair of their slippers and then wrapped them up and made them more comfortable.

People's care plans had been improved since the last visit took place and were now more person centred. For example each care plan now provided a 'one page' profile on each person, which gave an insight into the person's preferences, likes and dislikes. This included one record that stated 'When I need help I will take your hand'. I like to carry around a toothbrush'. Another care plan provided guidance for staff on how to support a person when they became anxious or angry. The guidance stated 'When I am frustrated don't be angry with me, leave me for five minutes to calm down and then come back to see me.' This meant that people were provided with care and support that was individual and person centred.

We saw that daily records contained step by step information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

We spoke with five staff who were all knowledgeable about the people they supported. We saw from the information provided during our visit that all staff had undertaken training which ensured that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation.

Staff demonstrated that they were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One member of staff said, "I have worked in other places but feel that at Milehouse Lane people are provided with care that is individual and person centred and I think we can do this because the home is small."

One person we spoke with was able to communicate through their body language and through signing that they were happy and pointed to a staff member and saying "friend" and gestured to this person with a smile.

Another person was able to show a member of staff what they wanted help with by taking their hand and leading them to the kitchen.

We saw that staff supported people to follow their own interests and hobbies. Records showed that people were being supported to visit the local shops, pubs and cafes. People also attended local daycentres where they enjoyed art and craft sessions, gardening and music therapy. We saw that each person had an individual pictorial activity plan in place which helped people make informed and personal choices about how they spent their leisure time.

Each person had their own bedrooms and had been encouraged to personalise them. We saw that this included pictures, photos, televisions and music centres. The environment was maintained to a satisfactory standard. There were several communal areas where people could relax and socialise, watch television or take part in activities supported by staff.

The service had a complaints policy in place. This had been produced in both a written and pictorial format which ensured people who were unable to fully understand the written word could gain a full understanding of how to make a complaint. There were no formal complaints made to the service in the last year.

Is the service well-led?

Our findings

Although the majority of people who used the service were not verbally able to tell us about the care and support they received, we were able to observe people's body language and their interaction with staff confirmed that people were happy living at Milehouse lane and with the care provided.

Relatives and staff were all positive about how the home was run. They were complimentary about the new manager who they described as being approachable and supportive. One relative told us, "The manager has a relaxed manner and is welcoming".

Although the manager had only been in post for two weeks we found that they had worked hard to familiarise themselves with each person who lived at Milehouse Lane, their complex needs, personal circumstances and relationships. We found that staff understood their roles, responsibilities and what was expected of them. A staff member commented, "The new manager is very approachable, they are part of the team." One relative said, "[name] is very friendly and I think they will do a good job." As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported.

Due to the size of the home the manager had a very 'hands-on' approach with both the people who lived at Milehouse Lane and the staff team. We saw that they had an open door policy and the atmosphere throughout our visit was both relaxed and welcoming.

The manager was supported by their area manager and had regular monthly meetings. These were also used as learning events, to discuss any relevant changes. There was sharing of information from the providers of other services within the organisation to support their learning. The manager told us that they could just pick up the phone day or night for support.

We observed and staff confirmed that the managers led by example and demonstrated strong and visible leadership. One staff member said, "The [manager] is always around and very approachable and I have good relationships with everyone who works here and I feel supported."

Information gathered in relation to accidents and incidents that had occurred were reviewed by the manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect, for example one person who had behaviour that challenged, where the home and outside professionals had worked collaboratively to reduce the number of incidents, to the benefit of both the person themselves, the other people who lived at the home and the staff who supported them.

We saw that people, their relatives and staff views, experiences and feedback had been actively sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent out annually and the responses used to develop and improve the home. We saw from the outcome of

surveys that people and their relatives were positive about their experiences, the services provided and how the home operated.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as medicines, infection control, care planning and record keeping. The manager was required to gather and record information about the homes performance in the context of risk management and quality assurance and prepare a monthly summary and progress update for the provider. The manager had recently performed unannounced night visits at the home and as a result had taken the necessary action following two incidents where staff members were found asleep on duty.