

Milewood Healthcare Ltd

Vincent House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Vincent House is a large terraced house which is registered to accommodate a maximum number of six people with a learning disability. There is a dedicated male and female unit each with three en-suite bedrooms. The property is within walking distance of the beach, town centre and many local amenities, including transportation links to nearby towns. There were five people using the service at the time of inspection.

At the last inspection in January 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

There were sufficient staff on duty to meet the needs of people who used the service. Staff were available to provide one to one support and with visits out in the community. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A comprehensive training plan was in place and all staff had completed up to date training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to choose meals of their choice and staff supported people to maintain their health and attend routine health care appointments.

Care plans detailed people's needs and preferences and were person-centred. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People were actively involved in care planning and decision making. People who used the service had access to a wide range of activities and leisure opportunities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager and registered provider, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met. Feedback was sought from people who used the service through regular meetings. This information was analysed and action plans produced when needed.

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.

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.

Vincent House

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 comprehensive inspection took place on 7 February 2017 and was announced. We informed the registered provider of our inspection the day before. We did this because people who use the service are often out and we needed to be sure somebody was in.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider. We emailed the local authority commissioning team and the safeguarding team at the local authority to gain their views; we did not receive a response.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included two people's care records including care planning documentation and medicines records. We also looked at three staff files, including recruitment, supervision, appraisal and training records. We look at records relating to the management of the service and a wide variety of policies and procedures.

We spoke with five members of staff which included the registered manager, deputy manager, an acting deputy manager a senior support worker and a support worker. We spoke with three people who used the service and spent time observing staff interactions with people throughout the inspection.

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "I do feel safe here because the staff keep me safe."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with people.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. We found detailed risk assessments to demonstrate people's involvement in risk taking. For example, when using kitchen equipment, self-harm and going out into the community.

The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we look at were completed correctly with no gaps or anomalies.

There was enough staff to support people's needs, with dedicated numbers on each of the units. The ground floor accommodated three people and staffing levels during the day were a senior support worker and a support worker. Overnight there was one support worker. The first floor accommodated two people and staffing levels during the day was one senior support worker. Overnight there was one support worker on duty who went to sleep when people who used the service went to bed.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "They [staff] help me with everything I need. [Name of staff member] helps me get a shower and do my hair."

Care workers were well supported in their role. The registered manager had an annual planner in place for staff appraisal and monthly supervision. We found records to demonstrate staff received their appraisal every 12 months and had supervision on a regular basis. Supervisions provided staff with the opportunity to discuss any concerns or training needs. One staff member said, "Every month I get supervision. This helps if you are struggling with anything and helps my progression."

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included health and safety, safeguarding, first aid, infection control, moving and handling, medication and fire training. Staff told us they had enough training to enable them to support people and meet their needs. One staff member said, "We get so much training. I have just finished a training qualification in team leading and before that I did my NVQ level 3. Any training we want we just have to ask." Specialist training had also been completed for Management of Actual or Potential Aggression (MAPA). This training helps staff deal with people's aggression in a calm way and keep people safe.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, MCA and best interest decisions were visible in care records. The registered manager kept a tracker of all DoLS authorisation so these could be renewed in a timely manner.

We looked at the home's menu plan. The menus provided a varied selection of meals and choice. Staff supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. People told us they were involved with some food preparation. One person said, "Yesterday I helped make pancakes with [name of person who used the service] and we enjoyed it."

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. However, staff were not using a recognised nutritional screening tool that monitored any weight loss and which could be indicative that the person was ill. This was pointed out to the registered manager at the time of the inspection who told us they would take immediate action to address this.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist and their doctor. The registered manager said that they had excellent links with the doctors and community nursing service. Visits from professionals were recorded in care records and detailed outcomes of these visits.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

People we spoke with during the inspection told us that they were very happy and that the staff were very caring. One person said, "They give me a cuddle if I am upset." Another person said, "They [staff] are really kind and help me to tidy my bedroom." Staff told us they enjoyed working at the service. One staff member said, "I love working here. It's nice to make a difference in someone's day and make them smile. We all work so well as a team."

Observations throughout the inspection showed staff were caring and respected people's privacy. One person became upset and staff comforted and supported them to a quiet area of the lounge where they could chat. Another person had chosen to stay in bed later and staff respected this person's decision and did not disturb them. Staff were extremely polite, friendly and caring in their approach to people. Staff were patient when speaking with people and took time to make sure that people understood what was being said. We saw staff were affectionate with people and provided them with the support they wanted and needed.

There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. This showed us that that people were treated with dignity and respect and this promoted their well-being.

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

It was clear staff knew people's care needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. Information on advocacy was available for anyone who required this and was displayed around the service.

The registered manager and staff told us how they promoted equality and diversity. They told us the importance of treating people as individuals and everyone having the same chances in life. There was an easy read, pictorial guide on equality and diversity for people who used the service. This guide enabled people to understand that everybody has the right to be treated fairly.

Is the service responsive?

Our findings

People told us they felt the service provided personalised care. One person said, "I have lived here a long time and the staff know what I like." Another person said, "I'm happy. I go out all the time."

People visited the service on many occasions to have their needs assessed before they moved in. This enabled people and staff to get to know each other and to determine if the placement was suitable.

We saw people received person centred care. This meant the service put people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome. During discussion, staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. During our visit we reviewed the care records of two people. We saw people's needs had been individually assessed and plans of care drawn up. The care plans included people's personal preferences, likes and dislikes. For example the care plan for one person described in detail the type of clothes the person like to wear. On the day of the inspection we saw that this person wore the clothes described in their care records. The care plan also detailed how the person took pride in their appearance and liked to visit the hairdressers on a regular basis. The person who used the service confirmed this when we spoke with them. A detailed monthly review of people's care, achievements and health was completed.

People were supported to access activities in the community which included visits to shopping centres, cafés, pubs and the cinema. Representatives from The Coatham Memorial Hall in Redcar contacted the service on a regular basis to inform people of upcoming events. People told us they had been to bingo sessions and coffee mornings. In house, people told us they liked to do arts and crafts. On the day of the inspection one person went shopping with staff and came back with lots of accessories to make Easter crafts. They showed us everything they had bought and told us they enjoyed crafts very much. One person said, "I like to go to [the local pub]. I like a burger and chips." They also said, "I went on holiday to Blackpool and we [people and staff] went out for an Indian meal."

The registered provider had a complaints policy that was also available in an easy read and picture format so that people could understand what they should do if they wanted to make a complaint. People confirmed they knew how to make a complaint. One person said, "I would tell [name of registered manager]." There have not been any complaints since we last inspected the service in January 2015.

Is the service well-led?

Our findings

People who used the service spoke highly of the registered manager. One person said, "I really like [pet name they used for the registered manager]. They are so nice."

Staff told us the service was well-led and the registered manager was extremely approachable and supportive. "[Name of registered manager] is so approachable. She makes you feel comfortable. She doesn't speak to you as a boss; she speaks to you as an equal. I wouldn't be a senior if it wasn't for her and she encouraged me loads and I'm glad she did." Another staff member said, "This is a great place to work and everyone works as a team and supports each other."

The service has a registered manager. They were also responsible for the management of three other nearby care homes owned by the registered provider. Since the last inspection of the service deputy managers had been recruited and supported the registered manager in the effective running of services. They had been registered manager at Vincent House since April 2014.

The registered manager and other senior staff carried out a number of quality assurance checks, in areas including medication, care planning, health and safety and staff files, to monitor and improve the standards of the service. Action plans were produced when required and these were reviewed by the registered provider's senior management team to ensure all actions had been completed. The senior management team also completed their own quality audits every month to ensure the effective running of the service.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service and to provide feedback on recent inspections or compliance visits. Meetings for people who used the service had also taken place. These were used to discuss menu choices, activities, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.