People in Action

People in Action - Milverton Terrace

Inspection report

4 Milverton Terrace
Leamington Spa
Warwickshire
CV32 5BA

Tel: 01926882831
Website: www.people-in-action.co.uk

Date of inspection visit:
28 June 2017

Date of publication:
04 August 2017

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

Milverton Terrace is an assessment centre that provides short term accommodation and personal care for up to eight younger adults who may have learning disabilities or autistic spectrum disorder, a physical disability or sensory impairment. People live at the home for a short time period to develop their skills to assist them to live as independently as possible when they move to a permanent home.

At the last inspection, the service was rated good. At this inspection we found the service remained Good.

Two weeks prior to our inspection visit, the previous registered manager of the home had moved to a different role within the organisation. The new manager was in the process of submitting their application to be 'registered' with us. 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 and relatives were complimentary and satisfied with the quality of care they received. People received care that enabled them to live their lives as they wanted and were able to make choices about maintaining their independence. People were encouraged to make their own decisions about the care they received and care was given in line with their expressed wishes. People were supported to maintain relationships with people who were important to them.

Care plans contained accurate and detailed relevant information for staff to help them provide the individual care people required. People and relatives were involved in making care decisions and reviewing their care to ensure it continued to meet their needs.

For people assessed as being at risk, care records included information for staff so risks to people's health and welfare were minimised. Staff had a good knowledge of people's needs and abilities which meant they provided safe and effective care. Staff received essential training to meet people's individual needs, and used their skills, knowledge and experience to support people effectively and develop trusting relationships.

Medicines were stored and administered safely and as prescribed.

People's care and support was provided by a caring staff team and there were enough trained and experienced staff to be responsive to meet their needs. People told us they felt safe living at Milverton Terrace and relatives agreed. Staff knew how to keep people safe from the risk of abuse. Staff and the manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety. They took immediate action when we found an incident had not been reported to the local authority.

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 received a choice of meals and drinks that met their individual dietary requirements at times they wanted them.

People and relatives knew how to voice their complaints and felt confident to do so.

People. relatives and staff were encouraged to share their views of the service through regular meetigs and surveys. The manager had an 'open door' policy for people, relatives, staff and visitors to the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

People in Action - Milverton Terrace

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.

This inspection visit took place on 28 June 2017. It was a comprehensive, unannounced inspection and was undertaken by one inspector.

We reviewed the information we held about the service and we looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the provider information return (PIR). The PIR 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.

We spoke with four people who lived at the home, but they were not all able to tell us about their care and support in detail because of their complex needs. We observed how people were supported to maintain their independence and preferred lifestyle. We also spoke with two relatives over the phone following our inspection visit.

We looked at three people's care records and other records including quality assurance checks, training records, observation records for people, medicines, and incident and accident records.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

When we asked people if they felt safe living in the home, they said, "Yes." One person nodded their head. Relatives also felt people were safe, telling us they never had any concerns about people's safety and well-being. One relative commented, "I am quite happy with things. [Person's name] has room to move around safely which is a good thing."

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. The provider's whistleblowing policy gave staff confidence to challenge poor practice and to share any concerns with the manager. One staff member told us, "You might notice changes in behaviour if someone was experiencing abuse. We build up a good rapport with people so should notice any changes. If I was concerned I would report any concerns through to management immediately." They added, "There is the option to go higher if people aren't taking action, or I could contact the CQC, police or the local authority."

Care plans included risk assessments related to people's individual needs and abilities. The care plans explained the equipment, number of staff and the actions staff should take to minimise identified risks. Staff knew about risks to people, and we observed how they followed plans in place to keep people safe. For example, when leaving the lounge area for a short time, we observed staff ensured kitchen drawers were secured, in line with risk assessments in place.

Other risks, such as those linked to the premises, or activities that took place at the service, were also assessed and actions agreed to minimise the risks. Routine maintenance and safety checks were carried out, such as checks of gas and electrical items. This ensured people were safe in their environment. Everyone living in the home had their own fire evacuation plan which contained details of the support they would need to evacuate the home in the event of an emergency.

The provider used risk assessments, care plans and their detailed knowledge of people's needs, to make sure there were enough skilled and experienced staff on duty to support people safely. We observed staff were on hand to support people as needed with day to day support, as well as being able to respond should someone want to go out.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

People received their medicines when required. Medicines were managed, stored and administered safely, in accordance with best practice guidance. Medicines were audited regularly, and records showed that

where, for example, a care worker had administered medicines but not signed the person's Medicines Administration Record (MAR), this was identified quickly and action taken to ensure safe practice was followed.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The provider had effective systems to ensure staff were trained and new staff employed at the home had an induction that equipped them with the necessary skills and support. Newly recruited staff told us their induction programme included training and 'shadowing' (working alongside) experienced staff, before working independently with people. The provider's induction was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff had regular opportunities to meet on a one to one basis with the manager or the assistant manager, which helped them to develop their skills. One staff member said, "We talk about how we are getting on. We also talk about the customers, health and safety, also safeguarding. Staff told us their competency to deliver care safely and effectively was regularly assessed.

Relatives told us staff were well trained. One relative said, "They really know how to meet [Name's] needs." Staff spoke with us confidently about training they had received, and about being able to request specialist training if required. One staff member commented, "The intensive support team came in recently to talk about how to manage one person's behaviours. We have recently requested diabetes training, and that is being organised at the moment."

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).

Staff and the manager all understood their responsibilities under the Act, and people's care records included information about the support they needed with decision-making. One staff member said, "People have a right to make their own decisions. But, if it is assessed that the person doesn't have capacity, we might call a best interests meeting involving the person, the family, maybe an advocate, so we can ensure people get the best." Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe.

People told us staff sought their consent before supporting them. One person said, "When I get upset, they [staff] ask me if I think I need a tablet." We observed staff seeking people's consent before supporting them during our inspection visit.

People told us the food was good and they always had a choice. One person commented, "The food here is

great." Over lunch time, we observed people were eating different meals of their choice, and staff ensured people had a choice, for example by offering people different salad options. Where people's assessment indicated they wanted to build their independent cooking skills, plans were in place for staff to help them achieve this.

Records showed people were supported to access medical professionals if they needed staff to help them with this. People were supported with day to day ongoing health appointments, as well as when their health fluctuated or deteriorated suddenly. We observed one person who lived with diabetes getting ready to go out with a health professional. A staff member said to the professional, "I'll just get you a bottle of Lucozade to take in case [name's] blood sugars drop."

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People told us staff continued to be considerate, kind and caring, and that the home offered them a 'homely', family-type atmosphere. One person said, "If I get upset, they talk to me, they help me. I've made lots of new friends here, I didn't think I would. The staff are polite, I like all of them." Relatives also spoke positively about the caring attitude of management and staff, as well as the atmosphere in the home. One relative said, "Yes, I think they [staff] are caring. They seemingly have a lot of care and thought for people." Another relative commented, "I've watched interactions with staff. They are very positive, so we feel comfortable."

Relatives told us they were always made to feel welcome, and could visit whenever they wanted. This helped people maintain important relationships while they stayed at the home.

There was a calm and relaxed atmosphere in the home. Staff spoke to and about people in a caring and respectful manner, and people responded positively when staff interacted with them. We asked care staff what delivering a 'caring' service meant to them. One staff member responded, "It is about being with people, taking them at face value. We are all different. It's a kind of a friendship. If I had to think about it I'd question why I did the job." Another staff member told us, "I get to meet people with difficult pasts. Sometimes it is difficult to hear that. But, I try to listen, show empathy and support people to look after themselves."

People were supported to be as independent as possible, by encouraging them to be involved in the day to day running of the home. For example, we observed one person sat with a staff member looking at new furniture on the internet. Care plans included personalised information for staff on how they could help people achieve things for themselves, and plans were in place to help people achieve their aims with a view to moving on to a permanent home. Staff understood how important it was to help people be as independent as possible. One staff member said, "Everyone has an assessment book as part of their records. We encourage people to do things for themselves, It's great to give people that chance."

We observed staff ensured people's privacy and dignity was respected, by taking people to private areas of the home if they needed help with personal care for example. One person had their own room key, and we saw they locked their door before coming to speak with us.

Good

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and responded as their needs changed. The home continued to operate an open, honest culture, and people had the opportunity to maintain any hobbies, interests or activities they wanted to. The rating continues to be Good.

One person told us how staff had responded to their needs and helped them progress while they had been staying at the home. They said, "I am very proud of the staff for what they are doing for me. Without their help I would still be in hospital."

People's care plans were personalised to their needs, and were regularly reviewed. People told us they knew about their care plans, and were involved in ensuring they remained accurate. Relatives told us they were also involved in care planning where appropriate.

People's care records, risk assessments and staff knowledge about people's care needs was consistent. Care plans contained personalised information to help staff respond to people's needs as effectively as possible. For example one person's care plan gave staff guidance on how they could support to manage their mental health. It read, "Deep breathing can help [name] when they become anxious." During our inspection visit, the person spoke about a group they had been supported to access by staff, which helped them learn relaxation skills to remain calm.

Staff were confident that they provided person-centred care, and offered choice. One staff member commented, "We start from scratch. We have our own generic assessment form, which we will then adapt to people's needs. We concentrate then on what we can do to help and what people need. It is all really individual, because everyone is different." Throughout the day of our visit, we observed people exercising choice and control over the support they received.

Staff were quick to respond when people needed extra support, or when their needs changed. For example, one person had recently experienced a number of incidents of anxiety over a relatively short period of time. These incidents had been recorded and analysed, which helped staff to respond by contacting health professionals, who ensured staff had guidance on how to help the person manage this. Daily records showed how staff used this guidance and the techniques recommended to support the person.

People told us they had not needed to complain, but knew how to do so. One person said, "I would speak to [senior staff member] if I was not happy about something." The person told us they felt sure the staff member would listen and take action. There was a complaints procedure which advised people and visitors how they could make a complaint and how this would be managed. Each person had a copy of the complaints procedure in their care plan. No complaints had been made over the past 12 months.

People were supported to maintain any hobbies or activities they enjoyed, and we saw people went out according to their preferences throughout the day during our inspection visit.

Good

Is the service well-led?

Our findings

At this inspection, we found the staff were well-led and the home was managed effectively. The rating continues to be Good.

Relatives were happy with the quality of the service. One relative told us, "I cannot complain about anything. They [staff] always keep us informed about what is happening." Another relative said, "On the whole I have been really happy with the home. They have always kept me informed of plans for [Name] to move on."

People and relatives spoke highly of the manager, and told us the home was well managed. One person explained, "[Manager] is very nice." A relative commented, "When the new manager took over recently, they phoned me and gave me their number."

Staff told us they felt well supported by the manager, and that the home was managed and led effectively. One staff member told us, "The transition to [new manager] has been really easy. [Name of manager] has made every effort possible to find out about the customers and talk to staff. The support is fantastic."

Staff told us they were supported through regular team meetings, which gave them the opportunity to share their views, hear about progress made on any issues raised, and for the registered manager to share important information. One staff member commented, "We usually have these once a month. We are given any information we need to know, then each keyworker updates the team on people. We all have a chance to input."

The provider asked people, relatives and staff for their views of the service through regular surveys and meetings. The last surveys conducted in summer 2016, showed people and relatives were happy with the service provided. The manager told us surveys were due to go out again in July 2017. The provider also supported people to meet as a group to share their ideas and views on the service. This meeting was scheduled for the day of our inspection visit and went ahead as planned. One staff member commented, "There is a residents meeting today. It gives us the chance to hear what people want and how they are feeling."

There was a programme of audits and checks such as fire safety, care plans, medicines, health and safety, infection control and equipment checks. Records showed these were undertaken by both the home manager and the provider. There was an action plan in place to ensure any issues identified through the checks was acted upon. For example, one recent provider audit had identified all medicines competency checks were up to date except for one care staff member. The action plan had been updated to ensure this check was undertaken.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. We found one concern had been reported to the previous manager by a staff member. Whilst action had been taken to address the concern, which ensured people remained safe, the provider had not notified the local authority.

The provider had not followed their own policies and procedures, or those locally agreed to safeguard people. Following our inspection, the new manager raised the issue with the local authority, and had made arrangements for training to be given to relevant staff, so the service could learn from what had happened.