The Aldingbourne Trust

Milton Lodge

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

The inspection of Milton Lodge took place on 27 March 2017 and was announced. We gave the provider 48 hours' notice because this was a domiciliary care serviced and there were times when the manager was out of the office supporting staff or visiting people who used the service. We needed to be sure that someone would be in the office.

Milton Lodge is based in Bognor Regis and is registered to provide personal care to people in their own homes. When we inspected the service there were 19 people receiving support in five properties. 18 of which, received personal care. There was a main building containing five flats, two studios and two bungalows. The office was based on the same site as people's homes. Each person held a tenancy with their landlord. The service is registered to support people who have a learning disability and people who live with autism.

At the time of the inspection, there was no registered manager at the service. However, there was a manager in post, who commenced in January 2017; they had submitted an application to register with the Care Quality Commission (CQC). 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.

Risks to people's wellbeing and safety had been effectively mitigated. We found individual risks had been assessed and recorded in people's care plans. Examples of risk assessments relating to personal care included moving and handling, nutrition, falls and continence support. Health care needs were met well, with prompt referrals made when necessary.

People told us they felt safe receiving the care and support provided by the service. Staff understood and knew the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk.

Robust recruitment and selection procedures were in place and appropriate checks had been made before staff began work at the service. There were sufficient levels of staff to protect people's health, safety and welfare in a consistent and reliable way.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed safely.

The management team and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had made appropriate applications to the relevant authorities to ensure people's rights were protected.

People chose their own food and drink and were supported to maintain a balanced diet where this was

required.

People said staff were caring and kind and their individual needs were met. Staff knew people well and demonstrated they had a good understanding of people's needs and choices. Staff treated people with kindness, compassion and respect. Staff recognised people's right to privacy and promoted their dignity.

We looked at care records and found good standards of person centred care planning. Care plans represented people's needs, preferences and life stories to enable staff to fully understand people's needs and wishes. The good level of person centred care meant people led independent lifestyles, maintained relationships and were fully involved in the local community.

Staff felt supported by management, they said they were well trained and understood what was expected of them. Staff were encouraged to provide feedback and report concerns to improve the service.

There was a complaints policy and information regarding the complaints procedure was available. Complaints were listened to, investigated in a timely manner, and used to improve the service. Feedback from people was positive regarding the standard of care they received.

The manager had developed an open and positive culture, which focussed on improving the experience for people and staff. She welcomed suggestions for improvement and acted on these. Staff were supported and listened to by the manager and were clear about their responsibilities.

There was an effective quality assurance system. Audits were analysed to identify where improvements could be made and these were implemented. There was an on-going development plan for the service to ensure it continued to develop and sustain improvements made.

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.

People had detailed care plans, which included an assessment of risk. These contained sufficient detail to inform staff of risk factors and appropriate responses.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place.

There were enough staff to cover calls and ensure people received a reliable service. Safe recruitment systems were in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training and supervision to carry out their roles.

Staff protected people from the risk of poor nutrition and dehydration.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People involved in all aspects of their care and in their care plans.
People were supported to make decisions about their individual goals to promote their independence.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People were encouraged to express their views and to make choices.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information to staff on people's care needs and how they wished to be supported.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint. Concerns and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture, which focussed on providing high quality support for people.

Staff were supported and listened to by the manager. They were clear about their responsibilities.

Audits were undertaken and analysed to identify where improvements could be made. Action was taken to implement improvements.

Milton Lodge

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 took place on 27 March 2017. This was an announced inspection. The provider was given 48 hours' notice because the service provided domiciliary care in people's homes and we wanted to make sure the manager was available at the agency's office. Two inspectors completed the inspection.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection. In addition, the Care Quality Commission had sent questionnaires to 14 staff and five healthcare professionals who work in and with the service to gain their views on the care being delivered. Two questionnaires from staff and one from a healthcare professional returned completed. We used all this information to decide which areas to focus on during our inspection.

During our inspection, we went to the office and spoke with the manager, the head of support (who was a senior manager who supported the manager) and the quality manager. We also met six people who visited the office, with the staff member who was supporting them and observed interactions between people, staff and the management.

We reviewed the care records of four people. We looked at four staff files, supervision and training records and systems for monitoring the quality and safety of the service.

Between 28 March and 2 April 2017, we made phone calls to three people to request their feedback about what it was like to receive care from the staff at Milton Lodge. We also contacted four staff for their feedback.

They agreed for their comments to be included in this report.

Milton Lodge was registered by the Care Quality Commission on 23 March 2015. New services are assessed at the point of registration to check they are likely to be safe, effective, caring, responsive and well-led. This was the first inspection of Milton Lodge since their registration.

Good

Is the service safe?

Our findings

Risks to people's wellbeing and safety had been managed effectively. We found individual risks had been assessed and recorded in people's care plans. There were comprehensive risk assessments, which covered the internal environment of the person's home, moving and handling risks, risks of falls, nutrition and hydration, and continence information. Visual checks were completed on equipment such as bathing and shower equipment. Additional risk assessments were completed in relation to people's specific needs. For example, there was a risk assessment which outlined the risks to a person who was diagnosed with diabetes. There was sufficient guidance for staff to support the person safely. The care plans were reviewed if there were any changes in the person's care needs.

Care plans showed that each person had been assessed before care and support started so the service could be sure they were able to provide the right support. A member of staff told us, "I definitely have enough time to do my job. We are a small service with a great team. We help each other if we need to". Another member of staff said, "There is enough time. Some people need more support than others but that's not usually a problem". A third staff member said, "It's not like we're a big service. We know the tenants really well and what they need from us". People's care documentation contained assessments including of health risks, mental health and sensory needs.

Accidents and incidents were recorded and the manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred, they would inform the office and an accident form would be completed. We looked at the accidents and incidents for 2016 and 2017. These records clearly stated what actions were taken to keep the person safe. Accidents and incidents were analysed and learnt from. Records demonstrated what preventative measures had been put in place to prevent a re-occurrence and protect the person.

People told us they felt safe receiving support from Milton Lodge. One person said, "I like the staff. They are like family to me. I feel safe". Another person told us, "The staff look after me really well". A third person told us, "I do a lot of things for myself but they [staff] are there if I need them".

Safeguarding policies were in place with additional policies on entering and leaving people's homes, handling their monies and property, confidentiality and dealing with emergencies. Training records showed all staff had attended safeguarding training annually. People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect people from the risk of abuse or harm. Staff told us all concerns would be reported to the manager. If concerns related to the manager, they would report them to the appropriate local safeguarding authority or the CQC.

Staffing levels matched what was planned on the staff rota system. People told us their care worker arrived on time and that they were informed if there were any delays. There were sufficient staff employed and deployed to deliver the care hours planned for people. The office was open between 9am and 5pm from Monday to Friday with on-call cover 24 hours, seven days a week, in case of an emergency.

People were protected, as far as possible, by safe recruitment practices. Staff files confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People's medication administration records (MAR) were accurate and clear. Staff told us they had attended training in medication. They were aware of the provider's policies on the management of medicines and followed these. Training records confirmed that all staff received medication training. Staff had a good understanding of why people needed their medicines and how to administer them safely. There was clear guidance in the MAR charts on 'as required' medicines for occasional symptoms such as pain relief or anxiety.

Good

Is the service effective?

Our findings

People were happy with the care and support provided by Milton Lodge. One person told us, "I am impressed by the service; they [staff] never forget a thing. It must be the training." Another person told us, "They [staff] know what they're doing". A third person told us, "They [staff] are always making sure I'm okay".

Staff received regular supervision and appraisals, this gave staff an opportunity to discuss people they were supporting, their own support needs, areas for development and any further training. Staff also received a 'Support Observation Evaluation' when they were observed by a senior staff member, working directly with people. During a 'Support Observation Evaluation' staff competencies were observed in relation to the support provided. Records demonstrated the manager gave staff feedback on the spot if anything could be improved to their practice.

All new staff completed an induction, which included all generic and specific training to enable staff to carry out their role. New staff shadowed staff that were more experienced and did not work on their own until they were competent and confident to do so. New staff were enrolled on the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It offers an opportunity for providers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. Staff were also encouraged to complete various levels of National Vocational Qualifications (NVQ) or more recently Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff received mandatory training in first aid, health and safety, infection control, safeguarding, moving and handling, medication, mental capacity, equality and diversity, autism, diabetes, food and nutrition. Training was refreshed as needed and certificates in staff files confirmed the training staff had completed. A computer system held details of what courses had been completed by staff and notified the manager when updates were required. A staff member told us, "The training is really good, yes. I think they [the provider] are keen on that". Another staff member said, "I've done quite a bit of training. I think it's the sign of a good employer".

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Care plans contained mental capacity assessments. Staff had a good understanding of mental capacity and put this into practice to ensure people's rights were respected. A staff member told us, "I know from training and experience with the tenants who needs help (with decision making) and who can manage certain things on their own". Another staff member told us, "Everyone can make decisions one way or another. How much they need help

varies and we know the tenants well enough to decide". Another staff member said, "It helped me [the MCA training] understand about whether people can make their own decisions or not".

People told us, they felt involved and that their views and decisions were respected by staff. One person told us, "They always ask me before they do something". Another person told us, "I don't feel restricted. I do what I want really. The staff are there to support me".

At the time of the inspection, the manager had not needed to notify the local authority about anyone who lacked capacity and needed their liberty restricted for their own safety. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The manager demonstrated to us that she had a good understanding of this legislation.

Where people were supported with their meals, they said staff helped them in the way they needed, and showed a flexible approach. Staff said people chose what they wanted to eat and were assisted to prepare meals and drinks depending on their capabilities.

The care plans included key contact details of people's next of kin, social worker, GP, district nurse and relatives. People with more complex needs had additional contact details of healthcare professionals such as occupational therapists, dieticians and the Speech and Language Therapy (SALT) team. Staff said and records confirmed, that any changes in a person's behaviour or if someone was ill when they arrived would be reported to the office immediately to obtain advice and support from relevant healthcare professionals.

Good

Is the service caring?

Our findings

People told us they had good relationships with the staff. One person told us, "They [staff] treat me like one of their family. I don't want to be anywhere else". Another person told us, "I love them [staff]. They are great". A third person said, "They [staff] are really nice to me".

The manager and head of support told us they understood why it was important to interact with people in a caring manner and to ensure that people were informed of any changes to visit times or any delays. One person told us, "They [staff] let me know if there are any changes. They wouldn't do something and not tell me".

People said they felt comfortable with their care workers, and were treated as individuals. Staff knew people well; they had a good understanding of people's needs, choices, likes and dislikes. One staff member told us, "I have done training in this [equality and diversity] but I think a lot of it comes down to common sense. I try to treat people like I would want to be treated". Another staff member told us, "I think it's another thing that comes with experience. These are people just like us". A third member of staff said, "I think you have to like people and to be able to understand what they need. If you don't have that, then the job isn't for you".

People told us that they were involved in planning their care on a day to day basis and that staff listened to them. People told us they were given choices on a daily basis for example, how they wanted their care to be given and what they wanted to eat or drink. Staff were given enough time to get to know people who were new to the service and read their care plans and risk assessments. Staff told us, although they knew what care people needed, they continually asked people what they wanted. The service encouraged people to express their views as much as they were able. People were provided with opportunities to talk to staff including their key workers and the manager about how they felt on a daily basis. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan. One person told us, "My keyworker meets me quite a lot and we go through things together. I like that". To ensure that all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. Without exception, staff told us that it was important to promote people's independence, to offer choices and to challenge people where needed help them achieve their goals.

Each person had a communication care plan, which gave practical information in a personalised way about how to support people who could not easily speak for themselves. The care plan gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, thirsty, angry or in pain and how staff should respond. On the day of our visit staff communicated with people in an appropriate manner according to their understanding.

People's privacy and dignity were respected and promoted. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity and staff described how they put this into practice. Staff talked to people whilst they were supporting them. They gained their consent and people knew what was happening. All staff members we spoke with told us how they would draw people's

curtains before supporting them with personal care. Staff we spoke with told us that it was important to ensure people had the privacy they needed and that they had their own space.

Good

Is the service responsive?

Our findings

People were involved in decisions about their care and support and in reviewing their care needs. One person said, "I'm involved in decisions. They [staff] are great like that". A staff member told us, "Some tenants need more support than others but we always make sure they're involved in any service changes". Another member of staff told us, "The support plans are reviewed regularly with the tenants".

People's needs had been assessed before they began using Milton Lodge. People said the care plans reflected their support needs. The manager told us the assessments were carried out to ensure the service could provide the support people needed and they were used as the basis for the care plans. Care plans included a detailed assessment of people's needs and included people's preferences and routines. They had been completed with each person and their relatives where appropriate. Staff were able to provide examples of how they provided personalised care and support, which responded to people's needs.

Care plans were informative, comprehensive, and included people's religion, medical histories, social histories, health details and medical condition. Each care plan had additional policies, guidance and best practice documentation, which related specifically to the person's condition such as 'diabetes' guidelines. People's daily care notes were completed and returned to the office monthly. They provided clear details of the care and support provided for people in a person centred way.

Care plans showed that people had been involved in their care planning. Reviews were completed where people's needs or preferences had changed and these were reflected in their records. This showed that people's comments were listened to and respected. One member of staff told us, "We review the tenant's needs every year and they and their families are involved. Of course day to day we talk with them also". A person told us, "I can ask to speak to anyone. They all know me really well".

People said staff arrived on time and no one we spoke with had experienced missed visits. The manager told us they informed people if staff were likely to be late. One person told us, "They [staff] will always tell me, if they are running late, as they know I can become anxious". Staff told us they felt supported by the office staff and by the information available in people's homes, which included the care plan, daily notes, protocols and guidance.

People were provided with a 'Tenants Information Booklet' which contained information about the provider, including the values and who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

People knew how to make a complaint and felt that they were listened to. The procedure to make a complaint was clearly outlined in the complaints procedure and the 'Tenants Information Booklet', which had been sent out to all the people who used the service. The service had received five complaints, which were recorded as being resolved in the last 12 months. The complaints were acknowledged, investigated in a timely manner and a full written response sent out. Complaints were used to improve the service and to

prevent similar issues from reoccurring.

Good

Is the service well-led?

Our findings

Feedback about the management of the service was positive. The staff team knew each other well and worked as part of a supportive team. All staff said they felt supported by the manager and could talk to them at any time. A staff member said, "I wouldn't have said that it's been well-led last year. We went without a manager for quite a while. There was someone we could go to but it is not the same. Now we have a new manager and things are getting sorted out". Another staff member told us, "It [leadership] has been an issue in the past. I think the new manager has started to turn things around". A third staff member said, "I think the manager is getting to grips with things. It's much better than it was". The head of support told us, "I am pleased to have [manager], her background experience is outstanding and what she has to offer is brilliant."

There were effective systems in place to monitor the quality and safety of the service and make continuous improvements. There were monthly audits and these included care plans, staff files, medicines and training. Where shortfalls were identified, action was taken to address this and followed up at the next audit to check it had been completed appropriately. Incidents and accidents were recorded and these were then analysed to identify any themes or trends. Records and support plans we saw were up-to-date and contained information about people's current support needs. A quality manager from the provider undertook regular monitoring visits to examine and improve the quality of the service and their monitoring processes.

A 'Support Observation Evaluation' took place whereby unannounced checks were made on staff when they were delivering care in people's homes. During these visits, people were asked their views about the care they received and their views were documented. All views and comments were positive.

There was an open and positive culture which gave staff confidence to question practice and report concerns. The manager told us that staff meetings were held monthly. We looked at the minutes from January 2017. Discussion included tenant's needs, incident learning outcomes, safeguarding, MCA and DoLS practice, new policy and procedures, staff sickness, staff holiday, and professional conduct. The manager told us, they felt there was a lot of value in the team meetings.

Views of people using this service were sought through an annual questionnaire, which a member of staff, an advocate or relative supported them to complete. Relatives were also asked for their feedback. The feedback from people and their representatives in all of the recent questionnaires was positive. Monthly one to one key worker meetings took place. This is when a allocated staff member meets with the person each month to discuss their views on the care they received, activities they would like to do in the future and discuss any changes occurring in the service, for example, staffing. This empowered people to contribute towards decision-making and make choices.