

Chartwell Care Services Limited

Milligan Road

Inspection report

244 Milligan Road
Leicester
Leicestershire
LE2 8FD

Tel: 01162442004

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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?	Requires Improvement ●

Summary of findings

Overall summary

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

Milligan Road accommodates up to ten people in one adapted building. At the time of the inspection there were nine people in residence, of which two people were in hospital. Milligan Road supports people with a diagnosed mental health need, learning disability and whose behaviour can be challenging. Some people also have Autism.

This inspection took place on 7 February 2019 and was unannounced. We returned, announced on 8 February 2019.

Milligan Road had a registered manager in post. 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.

Milligan Road was previously inspected by the Care Quality Commission on 24 and 26 May 2017 and was rated good. This inspection found the key question is the service safe to have been revised to good. The service did not retain the rating of good to the key question is the service well-led and was found to require improvement.

The overall rating following this inspection remains good.

The provider had recently appointed a head of operations for adult services who had taken over the role of registered person. The registered person had undertaken a range of audits in key areas for the purposes of monitoring the quality of the service. The audits undertaken had identified key areas of improvement were required and an action plan had been developed by the registered person. As with the registered manager, a registered person has a legal responsibility to meet the requirements in the Health and Social Care Act 2008.

Improvements identified including the decorating and replacing of floor coverings in communal areas of the service. The work to bring about improvement had started.

Opportunities to learn from accidents and incidents to improve the support people received were not fully utilised. Some staff had not completed or renewed their training in key areas to promote people's welfare.

People's views and that of family members were sought through meetings and the completion of surveys. People's comments were not always followed through to ensure they received a response to requests they had made.

We found one area in which people were not fully supported to have maximum choice and control of their lives. The registered person and registered manager said they would review the restriction placed on people's access to the kitchen. People's capacity to make informed decisions had been assessed. Referrals had been made to relevant organisations to deprive people of their liberty which complied with the Mental Capacity Act.

People's safety was promoted. People received their medicine as prescribed. We recommended that the provider access good practice guidance in relation to use of medicine for people with a learning disability and or autism.

People accessed a range of health care services with the support of staff. Staff and people using the service worked together to improve and maintain the health of people. People's dietary needs, including specialist diets were catered for.

People were supported by sufficient and skilled staff to meet their individual needs. Potential risks to people were assessed and information as to how to reduce the risk were in place. This covered a wide range of topics to ensure people's needs were met safely. Risk assessments were understood and implemented by staff.

Staff had a good understanding of people's needs and had developed positive relationships with people which meant they were able to respond when people became upset or anxious. People were supported by staff to access the community for health care appointments and recreational events and activities. Staff supported people to maintain contact with family members.

Staff supported people to gain independent living skills, which included cooking and cleaning. For some people this was to help them in to achieve their goal and aspiration to move out of the service and to live independently.

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 were safeguarded from abuse as systems and processes were in place, which were understood by staff and referrals made. A system of staff recruitment was in place to ensure people were supported by suitable staff.

Assessments to reduce risk were in place and implemented by staff.

There were sufficient skilled staff to meet the individual needs of people both in the community and within the service.

People received the appropriate support from staff who had received training in medicine management.

Is the service effective?

Good ●

The service was effective.

Staff had undertaken training to enable them to support people effectively.

People's capacity to make informed decisions had been assessed as part of people's assessment of needs. Referrals had been made to relevant organisations to deprive people of their liberty as per the Mental Capacity Act.

People's health and welfare was promoted. Staff supported people to attend health care appointments and encouraged people to exercise and eat a healthy diet.

People's dietary and nutritional needs were catered for.

Is the service caring?

Good ●

The service was caring.

People spoke positively of the support provided by staff. The atmosphere of the service was relaxed. People and staff spoke with each other in a familiar manner, sharing jokes and laughter.

People received emotional support when they needed it, which included talking about issues which were important to them.

People's choices were respected by staff. People's support plans reflected the role of staff in promoting people's independence and choice.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to work towards their aspirations and goals and to talk about their plans.

People's support plans provided clear information as to people's needs both within the community and at the service. Support plans were understood and implemented by staff.

People had access to information to help them understand their rights, which included how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had appointed a head of operations for adult's services and was the registered person.

Audits undertaken by the registered person had identified improvements were needed. To ensure all staff had completed the relevant training along with improvements to the décor, fixtures and fittings of the service. Plans were in place to bring about the required improvement.

Opportunities were available for people and their family members to comment about the service. Information gathered from resident's meetings and the completion of surveys had not consistently been acted upon or used to bring about improvement.

All staff worked in partnership with other agencies to promote people's health and welfare to ensure information about people's needs was shared to ensure the best possible outcome.

Milligan Road

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.

We inspected Milligan Road on the 7 February 2019 unannounced. We returned announced on 8 February 2019.

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Leicester City Council, who commission services from the provider.

We spent time with and spoke with six people who used the service.

We spoke with the registered manager, deputy manager, head of adult operations (registered person), two team leaders, a support worker and a student nurse who was on placement.

We reviewed the care records of three people who used the service. We looked at three staff records, to evidence their recruitment. We looked at staff training records. We examined documents which recorded how the provider monitored the quality of the service being provided.

Is the service safe?

Our findings

People were supported to take their medicines safely by staff who had undertaken training in the medicine management. People's capacity had been assessed as to their knowledge, ability and willingness to manage their own medicines. One person told us, "Staff look after my meds. I take medication for my [medical condition]." We were told no one managed any aspect of their medicine independently by choice. This was confirmed by the documentation we read. People's care plans provided information as to the medicine people were prescribed. There was clear guidance for staff to follow on the use of medicines to be given as and when required (PRN).

The registered person and registered manager were not aware of STopping the Over-Medication of People with a learning disability, Autism or both (STOMP). STOMP is an initiative that has been set up by NHS England. We recommend that the provider finds out more about the good practice guidance in relation to STOMP and the potential of its implementation on people who use the service.

We found the laundry room contained a significant amount of laundry. An explanation for this could be that the service had one washing machine and one tumble dryer to manage the laundry of eleven people.

Policies and procedures relating to the promotion of people's safety, which included safeguarding were available for people to see. Safeguarding and how to raise concerns was discussed at residents' meetings to raise the awareness of those using the service. The registered manager reported any safeguarding concerns to the relevant authorities to promote people's safety and welfare. This was confirmed by a person who told us they had sometimes felt scared, due to the behaviour of another person who used the service. The person told us, following an incident the Police had visited the service and spoken with them and another person. The person told us, the Police told [person's name] to write a letter of apology, which they had done. They expressed satisfaction with the action taken.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There were a range of risks assessments in people's care records, which included how and when staff were to use equipment such as a hoist to move people safely. Risk assessments also focused on activities such as swimming. For example, risk assessments stated staff were to alert lifeguards of their presence and to stay within the shallow areas of the swimming pool.

Risk assessments were in place detailing the approach of staff to minimise risk when a person's behaviour became challenging. In some instances, where people's behaviour that challenges could not be managed by diversion techniques, guidance was provided as to how staff were to physically intervene in a safe and controlled measure to keep the person and others safe. Staff had received training on how to restrain people safely.

People had an individual risk assessment for the evacuation of the service in an emergency, known as PEEP's (personal emergency evacuation plan), which highlighted the support each person would require. We noted instructions were displayed on what to do in the event of a fire. The information provided simple

instructions, that upon a fire, people were to leave their things behind and go outside to the meeting place.

We found there were sufficient staff to meet the needs of people safely. People using the service were individually funded to receive one to one, or two to one care from staff for a set number of hours each day, dependent upon their needs. People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, they had an enhanced Disclosure and Barring Service (DBS) check, two references and health screening. (A DBS is carried out on an individual to find out if they have a criminal record which may impact on the safety of those using the service).

Is the service effective?

Our findings

Staff's competence was being assessed in a range of topics by providing a written account as to their understanding in key areas which included, equality and diversity, safeguarding, care planning, health and safety and the mental capacity act.

Staff spoke positively of the recent training they had had in positive behaviour support (PBS), they told us the implementation of this approach had reduced the incidence of people demonstrating behaviour that challenges. Staff spoke of the need for a consistent approach to the support provided to ensure better outcomes for people.

One member of staff spoke of how staff's approach to people was a key factor in the implementation of PBS. The staff member spoke of the importance of how they communicated with people., "If someone is showing behaviour that challenges, it's not what you say it is how you say it." This was reflected in people's support plans, which focused on the importance of effective communication. For example, one person's support plan detailed how staff were to approach the topic of personal care so it was a positive activity for the person, which meant they were more likely to consent to support with their personal care.

Staff told us they were confident in the use of ECCR (Ethical Care Control and Restraint). Staff used this approach when people's behaviour was challenging and required physical intervention to reduce the risk to the person and others. A member of staff spoke positively about recent training in autism awareness they had attended. The member of staff could tell us how this training had helped them to understand how a person that had made some distressing comments may not have understood what the comments had meant.

Staff told us and records showed staff were supported through regular supervision and attendance at staff meetings. Staff told us the registered manager and senior staff were very approachable.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found DoLS had been granted by the appropriate legal authority and where conditions had been made these were being met.

People were restricted from accessing the kitchen as it required a keycode to be entered for the door to open. People were seen accessing the kitchen, however they had to ask staff to open the door for them. The

registered manager told us some people would be at risk if they were not supervised when entering the kitchen. We found mental capacity assessments had not been undertaken with regards to people's access to the kitchen. The registered person and registered manager confirmed they would ensure assessments were undertaken and individuals' needs considered to ensure people were not unnecessarily restricted. Risk assessments had been carried out to ensure people were safe when they accessed the kitchen.

People's capacity to make informed decisions about all aspects of their care had been undertaken. The mental capacity assessment process to determine people's capacity had been clearly documented, including where and how the assessment had been undertaken and by whom. Questions posed to determine people's capacity were recorded along with their responses. Where it had been found people did not have the capacity to make an informed decision, then a best interest decision had been made.

A person we spoke with told us they had some understanding of the management of their medicine and finances, however they were reassured that staff continued to support them in these areas.

People's needs were initially assessed by the funding authority, who shared their assessment with the registered manager. The registered manager upon receipt of the assessment reviewed the information to decide whether they could potentially meet the person's needs. One person told us, "I've been here for a few years. I came from hospital and the staff brought me here to visit. Staff from here visited me at hospital."

People's dietary and health care needs were met. We spent time with people at lunchtime. People ate sandwiches and could choose their preferred filling. One person told us they were on a diet and therefore eating salad. A member of staff told us a person had been referred by their doctor to a local gym, which they preferred as it was small and quiet. They said they had also been referred to a 'lifestyle coach' and that staff supported them to attend these sessions. The person was proud of their weight loss over several weeks.

People's weight was monitored where assessments had identified potential concerns and any action taken by staff to ensure people's health was promoted. One person told us how staff encouraged them to eat healthily as they had a medical condition, which meant they needed to be extra careful. People's health care needs were recorded within their support plan and health action plan.

People's health care and support was managed well by staff. One person, with the encouragement of staff, told us how they had stopped smoking. They told us, "I've stopped smoking and vaped now." Staff supported people to access appointments where the person had asked for staff involvement. The person told us, "The staff and me together made my appointment at the doctors. I'm not very good at using the phone." We found staff responded to people when they raised concerns about their health. For example, during the inspection a person was supported to make an appointment with their doctors.

Records showed people accessed a range of health services, which included hospital, doctor, optician and dental appointments. Records highlighted that staff worked closely with a wider multidisciplinary team of healthcare professionals to provide effective support. This included specialist health care teams, and speech and language therapists (SALTs). SALTs had been involved when a person had become at risk of choking when eating and drinking. The person's support plan provided clear guidance on the use of thickeners to be added to drinks and the need for the person to have a soft diet.

Is the service caring?

Our findings

People shared their views with us about the staff. One person said, "The staff are very caring. They always care for me, they're friendly people." A second person told us, "The staff are alright. I've lived here a long time." We noted a friendly and relaxed atmosphere, with people using the service and staff sharing jokes and laughter with each other. Caring relationships between people using the service were clearly noticeable. A person told us they missed their friend who was poorly in hospital. A member of staff asked the person if they would like to visit the hospital to see their friend, they person said they would.

Staff told us how a person who used the service had recently passed away. Some people using the service had attended the funeral of their friend. Staff told us some people had spoken with them about the person's death and that they had supported people in talking about how they missed their friend.

People's support plans provided guidance for staff to help them know the best way to listen and talk with people to ensure they understood information. For example, one person's support plan said that the person did not process information when they were agitated and staff were to use positive communication. The person's support plan also referred to the use of pictures and Makaton to support verbal communication.

People's records included information about their personal history and background, which meant staff could understand why people behaved or reacted in certain situations. For example, their lack of confidence and mistrust of people 'in authority'. One person spoke with us about how they now had confidence in people in authority, which they didn't have previously due to an experience they had many years ago.

People were supported by staff to maintain contact with family members, in some instances this meant staff accompanying people when they visited their relatives.

Staff were seen providing encouragement to people to take part in planned activities, however where people chose not to do so their choices were respected by staff. For example, one person had declined to go college. The person had stated they were tired and we saw them having a sleep on the sofa. We saw staff encouraging a person to have a shower, however the person declined saying they weren't ready yet, their decision was respected by staff.

A person we spent time with showed us their room. A member of staff told us initially they had been reluctant to leave their room but now with the encouragement of staff they went out into the community, which had included going on holiday. The person asked us to enter their bedroom, we found it sparse, which was how the person liked their room. This was a further example of people's views being listened to and respected by staff.

Information about advocacy services was displayed on the notice board. One person told us, "I've got an advocate, who talks on my behalf, they've just started and are very good." An advocate offers independent support to those who feel they are not being heard to ensure they and to ensure they are taken seriously and have their rights respected.

People were aware that information about them was securely stored in the office. One person said, "They (staff) keep my information in the office and the office gets locked." The person went onto tell us about their support plan and their plans for their future.

A person spoke of what was important to them, which included their food, favourite television programmes and choices with regards to their room. They told us they had made a trifle in the kitchen and said, "I chose pink (bedroom) All my bedroom is pink. It looks nice." This showed that people's choices were respected.

Is the service responsive?

Our findings

People's aspirations and goals had recently been discussed with them. One person spoke of the support staff were providing in helping them to develop their confidence as they would be moving out of the service and into supported living. The person told us, "My goals are to get out of here and into supported living sometime this year. The person told us they were anxious to leave the service without staff support. A programme of 'shadowing' had been introduced, whereby the person walked to the local shops and staff followed a short time later. This provided both reassurance to the person and supported the person with their independence. The person told us, "I do go out to the charity shop on my own. I can go out on my own but not into town. I'm happy to stay around here."

We saw that staff support had a positive impact on people. For example, a person when they returned from a trip into the community appeared much less anxious than before their trip out. The person now relaxed, shared some information with us and smiled at their support worker whilst they spoke with us. They told us, "Nice at Milligan Road. I've been out. My room smells nice now, it's been hoovered."

People's support plans provided clear information as to people's needs, which included the support they required when they displayed behaviour that may challenge. The implementation of the approach of positive behaviour support meant people were encouraged to focus on positive things, which included what they enjoyed doing. This meant people were supported by staff to take part in a range of activities, which included swimming, bowling, shopping, going to the cinema and eating out.

People had been encouraged by staff to talk about their wishes regarding end of life care or what they wanted to happen upon their death. One person's views had been recorded within an 'End of Life Book'. The information stated they wished to go to hospital if they were poorly. They had recorded that upon their death wished their belongings to given to a relative, and that their grave was marked with stones. The person had detailed the flowers they wanted at the funeral. They had stated they wished for people to pray for their soul and to have a party, and not to cry.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. We found the service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. For example, people's assessments had identified any communication needs.

Information about key areas which included consent, safeguarding, deprivation of liberty and how to raise a concern was provided in in the form of an easy read booklet and displayed on the notice board.

We spoke with people and asked them if they had any concerns or complaints. One person told us, "I've no complaints, the staff are good."

Information as to who people could contact should they have any concerns was displayed on the notice board, which included the photographs, names and contact details of the registered person and others who worked for the provider.

Information about how to raise concerns and who people could speak with were discussed in resident meetings. We saw there were positive relationships between people and that they were confident to express their views and opinions with staff. The minutes of resident meetings recorded people had said if they had any concerns they would speak with the manager, their doctor or a relative.

Records showed there had been no complaints or concerns raised in the last twelve months.

Is the service well-led?

Our findings

Milligan Road had a registered manager in post at the time of the inspection. 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.

The provider had recently appointed a head of operations for adult services who had taken over the role of registered person. The registered person had undertaken a range of audits in key areas for the purposes of monitoring the quality of the service. The audits had identified key areas of improvement were required. A plan had been put into place to bring about the required changes, which was being implemented by the registered manager and overseen the registered person.

The registered person had identified some staff had not updated their training. This had been discussed with the registered manager and a plan put in to place to ensure staff completed the training in a timely manner.

A further area for improvement was improvements to the environment. A plan of improvement was in place to bring about the required changes and work to bring about the required improvements had commenced and were on-going.

The registered manager and staff said they were glad to see the improvements to the environment, which they had they raised with the provider were at last being implemented.

People's views had recently been sought through surveys. The opinions of people's family members about the service had recently taken place through telephone interviews. We looked at the completed surveys and information gathered from telephone interviews, which were mainly positive. Information from these had yet to be collated and analysed and used to develop and make improvements.

The format of resident meetings had changed with a focus on seeking people's views and driving improvement across the service. Resident meetings focused on encouraging people to share ideas about the service and what they would like to see happen within the service. However, we found an action plan was not always developed or a response to people's request followed up and shared with them. For example, a resident meeting held in December 2018 recorded how people had requested a larger television for the lounge. The meeting in January 2019 recorded no response to this request. We shared this with the registered person who said they would order a larger television for the lounge.

We found there was a lack of consistent managerial oversight of accidents and incidents, specifically those incidents where people's behaviour had become challenging. Documents were not always completed comprehensively, there was limited evidence to support debriefings had taken place with a view to improving staffs' response to these incidents.

The registered person told us they attended the Board of Trustee Meetings as part of their role as the registered person and head of operations for adult services. The registered person told us these meetings provided an opportunity for them to share key information as the quality of the service and improvements required following their audits and visits to the service.

Staff meetings had been held to speak with staff about the improvements required. Staff we spoke with showed a genuine eagerness to further develop the service and were interested to listen to where they could access information to develop their skills to benefit people using the service. For example, information provided by NICE (National Institute for Health and Care Excellence) on supporting people with a learning disability whose behaviour challenged.

Staff's understanding of promoting people's independence and their role in supporting people's dignity in a safe way to promote their well-being was understood by all staff we spoke with. The registered manager and staff were heard throughout the inspection liaising with others involved in people's care, which included social workers, advocating on behalf of people and sharing key information as to people's health and well-being.

A reward scheme 'employee of the month' had recently been introduced to provide a financial reward for staff who showed they went above and beyond their role in supporting people. Staff spoke positively of the support of the registered manager and team leaders and shared with us that the registered manager went out of their way to support people using the service and staff, as they were always approachable. One staff member said, "We have the best team leaders and management. I can put my hand on heart and ask where does [registered manager] get their energy from."

The provider is required to display the rating from inspections awarded by the Care Quality Commission (CQC), both within the service and where applicable on their web profile. We found the provider had displayed their rating.