

Marran Ltd

Miltoun House

Inspection report

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Date of inspection visit: 31 March 2015
Date of publication: 05/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Miltoun House on 31 March 2015. This was unannounced which meant that the staff and provider did not know that we would be visiting.

Miltoun House is located in Guisborough and provides services to people with mental health conditions. The service can accommodate up to eighteen people. All rooms are single occupancy and have en suite facilities. It is situated close to the centre of Guisborough and has

easy access to shops, local amenities and public transport. The service provider is the long standing Miltoun House Group, which became a limited company and re-registered as Marran Ltd on 31 December 2014.

The service has a registered manager, who has been registered with us in respect of the service's new registration since 08 January 2015. Prior to this they were registered as manager for the service's previous registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We observed that some windows on the first floor of the home had not been restricted to ensure the safety of people who used the service. We asked the registered manager to check all of the windows on the first and second floor to ensure that they were all restricted to 100mm or less. The registered manager told us that this would be done as a matter of priority and in the interim windows would be locked. We were contacted after the inspection to be informed that restrictors had been fitted to all windows on the first and second floor of the service.

The service's fire risk assessment had not been reviewed since 2011. We did not see any formal risk assessments documented in the individual care files we looked at, although some care plans did comment briefly on relevant risks. The registered manager assured us that people were safe. However there was a potential risk of people not being kept safe because the provider had not identified, assessed and managed risks relating to the health, welfare and safety of people who used the service.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action to take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Staff told us that they felt supported. There was a regular programme of staff supervision and appraisal in place. Records of supervision were detailed and showed the registered manager worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met. Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. However risk assessments were not in place for those people who were administering their own medication.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, caring and gave encouragement to people.

People's nutritional needs were met, with people being involved in decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted. Staff told us that they closely monitored people and would contact the dietician if needed. However, staff did not complete nutritional assessment documentation.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and if needed were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's health and support needs. Person centred plans were developed with people who used the service to identify how they wished to be supported.

People's independence was encouraged. People were encouraged to pursue their hobbies and leisure interests. Staff encouraged people to participate in the local community to prevent social isolation.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Summary of findings

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 was not always safe.

People were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing. Systems were in place for the management and administration of medicines. Processes were in place to assess people to make sure that they were safe to administer their own medicines however, risk assessments were not in place.

The service didn't have an up to date fire risk assessment or person centred risk assessments relating to the care of individuals using the service. The registered manager assured us that people were safe. However, there was still a potential risk of people not being kept safe, because the provider had not identified, assessed and managed risks relating to the health, welfare and safety of people who used the service.

At the time of the inspection some windows on the upper floors of the service had not been restricted to ensure the safety of people who used the service. The registered manager contacted us after the inspection to inform that all windows on the first and second floor had been fitted with window restrictors.

Requires Improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People who used the service told us that staff were caring and treated them well, respecting their privacy and encouraging their independence.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were individual to the person and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities and access the local community.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Good



Is the service well-led?

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The service had a registered manager and supportive management structure. People who used the service knew who the registered manager was and had various opportunities to give feedback or raise issues.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Good



Miltoun 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.

We inspected Miltoun House on 31 March 2015. This was unannounced which meant that the staff and provider did not know that we would be visiting. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information we held relating to the service's recent registration process.

The provider was not asked to complete 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 improvements they plan to make.

At the time of our inspection visit there were 15 people who used the service. We spent time talking with eight people. We spent time with people in the communal areas and observed how staff interacted with people. We also spoke with two relatives. We looked at all communal areas of the home.

During the visit, we also spoke with the registered manager, house manager, senior support worker and support worker.

We reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. There were no formal risk assessments in the care files we looked at despite staff having worked hard with people positively to take risks and gain increased independence. Some of the care plans included comments about relevant risks and measures that had been put in place to manage these. However, but this was not part of a robust and formal risk assessment process that fed into the development of people's care plans and supported them in positive risk taking. For example, one person who used the service had limited communication and as such was at risk when they went out alone. Staff told us of measures that were in place to help keep the person safe, but there were no details recorded about the assessment of the associated risks or the measures that had been put in place to manage them. We discussed this with the registered manager at the time of our visit.

We found evidence of a breach of Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [Now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.]

The service's fire risk assessment was dated January 2011. The risk assessment stated that a review was due in January 2013. The registered manager told us that the provider was in the process of updating and reviewing the service fire risk assessment, however this was not complete. The registered manager assured us that people were safe. However, there was still a potential risk of people not being kept safe, because the provider had not identified, assessed and managed risks relating to the health, welfare and safety of people who used the service. We discussed this with the registered manager at the time of our visit.

We found evidence of a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [Now Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.]

The service had a Health and Safety policy that had been reviewed and updated in October 2014. This gave a brief overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. The provider had reviewed the service's general health and safety risk assessment. The risk assessment was general and covered all four of the provider's services, but with service specific comments included. On viewing the draft we had some concerns that this overall approach to risk assessment may not adequately recognise and address key differences in the provider's four services. This was discussed this with the registered manager. They confirmed that the new risk assessment was being developed with input from a specialist health and safety consultant and that, where necessary, the final risk assessment would include service specific control measures. In addition they planned to develop detailed documentation in the form of specific policies and procedures where appropriate.

Personal emergency evacuation plans (PEEPS) were in place for one of the fifteen people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. We asked the registered manager about this and they explained that the majority of people who used the service were all able to evacuate using the service's standard evacuation procedure, so individual PEEPS had not been judged to be necessary. This meant that people knew what to do in the event of a fire and individual PEEPS were not necessary at this time.

We observed that some windows on the first floor of the home had not been restricted to ensure the safety of people who used the service. We could not check all windows on the first and second floor of the home as some people who used the service were out for the day and as such we did not have permission to look at their bedroom. We asked the registered manager to check all first and second floor rooms to ensure that they were restricted to 100mm or less. The registered manager told us that they would take immediate action to ensure that all windows on the first and second floor were restricted (in the interim windows would be locked to ensure safety). The registered manager contacted us after the inspection to inform that all windows on the first and second floor had been restricted to ensure safety.

Is the service safe?

We asked people who used the service if they felt safe. Everyone told us that they felt safe at Miltoun House. One person said, "I feel the safest when I am in bed." Another person said, "Why wouldn't you feel safe here. The staff are really good and this is a good place to be."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training within the last three years. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. There have not been any safeguarding concerns raised since the service re registered in November 2014.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a monthly basis to make sure that they were within safe limits. We saw that water temperatures were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, gas cooker, fire, fire alarm and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises. We saw that fire alarms were tested to make sure that they were in safe working order.

We saw records which confirmed that the periodic hard wire and fixed wire testing was in June 2007. This testing is required every five years. The registered manager told us that there had been a periodic hard wire and fixed wire testing after this date but was unable to find the certificate.

The registered manager contacted us after the inspection to inform that as they were unable to locate the certificate and to ensure safety a further test had been arranged for 5 May 2015.

Records showed that regular evacuation practices had been undertaken, including the people who used the service and staff. The most recent practice had taken place in January 2015.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that they carried out a monthly check of accident and incident forms to ensure that all accidents and incidents had been reported and that appropriate actions had been taken. The registered manager also told us that any accidents and incidents were considered and discussed during senior management team (SMT) meetings, to look for trends and any further actions that may be needed. Due to the current client group and scale of the home, accidents and incidents were not common occurrences.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. The service had a very stable staff team with the permanent staff having been in post for a long time.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. At the time of the inspection there were 15 people who used the service. During the day there was a house manager, a senior support worker, a support worker, a cook and a cleaner on duty. On an evening there were two support workers on duty one of which was a senior. On night duty there was two senior support workers who went to bed and slept from midnight until 7am, however, could be called upon if needed. All people who used the service were able to go out independently. On some occasions staff accompanied people to hospital

Is the service safe?

appointments and other appointments in relation to their health. Staff told us that staffing levels were flexible and could be increased if needed. From our observations we saw when people needed help or support that staff were visible and available to provide the help and support.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

Those staff responsible for the administration of medicines had been trained.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way. However the service did not have any external preparation application records (EPAR) which detailed any creams to be applied, guidance notes and area for application. The registered manager said that they would ensure that such records were obtained and completed. Arrangements were in place

for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Discussion with the house manager highlighted that some people who used the service administered their own medication. The house manager told us the process that they used to assess the person to make sure that they were safe. They told us how initially they would give a 24 hour supply of medicines to the person and then build up the amount over time. During this time staff would check on people and do counts of their medicines to ensure that they were being taken as prescribed. However risk assessments were not in place.

We found evidence of a breach of Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [Now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.]

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided good quality care and support. They said, “I have been very unwell and this is a place to become well again.” Another person said, “Everybody is good to me.” Another person said, “The staff are good people.”

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. The registered manager explained how training in these subjects was considered ‘mandatory’ and was renewed on a three yearly basis. The training plan for 2015 showed that the training updates that would be due during 2015 were planned. The registered manager told us that sourced Level 2 training in Working with Learning Disabilities from the Skills Network which was to be offered to staff over the next few months. We were also informed that they had booked training for staff in June 2015 for behaviour that challenged specifically for those people with mental health conditions and / or a learning disability.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We saw records to confirm that staff had received an annual appraisal. Induction processes were available to support newly recruited staff. This included reviewing the service’s policies and procedures and shadowing more experienced staff. The registered manager told us that induction packages were to be reviewed to link to the new care certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the principles and their responsibilities in

accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked capacity to make ‘best interest’ decisions. The house manager told us that all people who used the service had capacity.

At the time of the inspection there wasn’t any person who used the service who was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had an understanding of DoLS.

Staff told us that menus and food choices were discussed with people who used the service on a monthly basis. The house manager told us that up until recently the cook had prepared all of the meals for people who used the service. The house manager told us how they were trying to change the culture of the service. They told us how they wanted meal times to be relaxed with people eating at different times and preparing their own food. They told us how breakfast times had changed. They told us how people helped themselves to cereal and toast from a small kitchen area. People were also able to make their own cups of tea and coffee whenever they wanted. The house manager told us how other meal times were to change to encourage people to be independent and promote people’s recovery.

People told us that they liked the food. One person said, “The food is good. This morning I had bacon sandwich with an egg in it.” They also said, “I asked for bigger portions on an evening and that has increased. We do all right.” Another person said, “I like the food, I have no complaints there.”

We saw that staff monitored people’s weight for losses and increases. We asked the staff what risk assessments or nutritional assessments had been used to identify specific risks with people’s nutrition. Staff told us that they closely monitored people and would contact the dietician if needed. However, staff did not complete nutritional assessment documentation. A discussion took place with the registered manager about the Malnutrition Universal Screening tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority.

Is the service effective?

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and when needed were accompanied by staff to hospital. We saw that people had been supported to make decisions about the health checks and treatment options. We saw records to confirm that people visited the GP, dentist, optician and chiropodist. We saw that those people who required to have their blood checked on a regular basis were supported by staff to attend

appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed. On the day of the inspection two staff were supported by staff to go and get their blood taken. One person who used the service told us how they were attending physiotherapy following surgery. Another person told us how they were being monitored for diabetes. This meant that the provider supported people maintain good health

Is the service caring?

Our findings

People who used the service told us that they were very happy with the care, service and support provided. One person said, "All the staff are alright and they are kind and respectful." Another person said, "You can talk with any of the staff they are all great."

During the inspection we sat in the lounge so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with encouragement, support and advice. Staff treated people with dignity and respect and encouraged people to make their own decisions. For example one person asked staff if they thought they should get a haircut. Staff responded by asking the person if they wanted a haircut. The person made their own decision to wait a couple more weeks. On many occasions during the day people who used the service asked staff for their opinion. Staff were good at turning the question around and encouraging the person to make their own decisions and choices. We saw that staff took time to sit down and communicate with people in a way that people could understand. This showed that staff were caring.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. One staff member said, "We talk to people about how they are feeling or if they have something on their mind." This staff member told us how they had got to know everyone so well that they knew when they were mentally unwell. This showed that staff were caring.

There atmosphere was relaxed. Staff we spoke with told us they worked as a team and enjoyed supporting people. One staff member said, "I actually look forward to coming to work." We saw that people had free movement around the service and could choose where to sit, what they wanted to do and how to spend their recreational time.

One person who used the service told us how staff were supporting them to move onto independent living. They told us how staff had been caring and kind when they had been unwell.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about how they wanted to spend their day, what they wanted to eat and drink and when they wanted to go out and more. One person who used the service said, "It's nice at Miltoun. There are lots of nice people to talk to. It's a nice warm place to come home to."

Staff told us how they respected people's privacy. They told us the importance of encouraging people to be independent and make their own choices. People who used the service told us that they could spend time in their rooms and that staff respected their privacy at this time. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process and action to take should an advocate be needed.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them.

Is the service responsive?

Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "I'm out all of the time. Pinchinthorpe is my main venue and I like the café there." They also said, "I'm a member of the RSPB but I haven't been for a while." Another person said, "I like to spend time on my computer and I often go into Middlesbrough. I often go on the train to York. I'm going to Whitby tomorrow."

One person told us how they enjoyed listening to their music. They said, "I have SKY TV. I have the music and sport channels. I am a Middlesbrough fan."

Everyone told us how they were free to come and go as they pleased. On the day of the inspection two people who used the service told us that they were looking forward to going on a nine mile walk with staff to Comondale. One person said, "I used to walk all the time but haven't done so for a while. I'm looking forward to it." Another person told us how they liked to go shopping in Guisborough and have their lunch out. One person told us that they didn't go far but staff encouraged them to at least go out to the local shops on a daily basis.

During our visit we reviewed the care records of two people who used the service. People had an assessment, which highlighted their needs. Following assessment person centred plans had been developed with people who used the service. Person centred plans provide a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect their care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about care and support and developing the person centred plans.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn't like. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service.

People who used the service told us they knew how and who to raise a concern or complaint with. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. Staff also told us that people who used the service were always asked if they had any problems and reminded what to do if they were unhappy during residents' meetings. The records of residents meetings we saw confirmed that people were asked their opinions and asked if they had any problems. The registered manager told us how they were making changes to the way residents meetings were organised, to make it easier for people to raise concerns if they needed to. Residents meetings would now be chaired by someone familiar to the people who used the service but who did not work in the service, rather than the service's own staff, so that people would hopefully feel more comfortable raising any issues they had. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously.

We looked at the record of complaints and saw that there had been one complaint made in the last 12 months. We also saw that the registered manager had made a complaint on behalf of people who used the service. The complaint was in relation to improving access to health services. Some people who used the service have their bloods taken on a regular basis. Previously they would have their bloods taken in Miltoun House, but now they had to go to Foxrush in Redcar (Foxrush is the base for Redcar and Cleveland intensive home treatment / crisis resolution team.) The registered manager made it clear that this was not a problem for the service but people had expressed dissatisfaction with this new arrangement. The registered manager told us the importance of ensuring that people who used the service have a voice.

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. The registered provider of Miltoun House had recently changed and was now a limited company, called Marran Ltd. The provider informed us of these changes and made sure that the required changes were made to their registration. The business remained a family run organisation with the same people in charge and carrying on the service as before.

At the time of our inspection visit, the service had a registered manager in place. The registered manager of Miltoun House was also the registered manager for three other services in the local area, sharing their time between them. As the registered manager spent their time between four services a house manager was appointed at each service. People who used the service knew who the registered manager was and said that they saw them regularly at the home. Comments made about the registered manager by people using the service included, "X (the registered manager is a nice guy." Another person said, "He (the registered manager) always comes and sees us and asks if we are alright." People also spoke highly of the house manager. One person who used the service said, "X (the house manager) is good he has been here a long time. He takes time to listen to you."

Staff and people who used the service told us that the registered manager was supportive and approachable. A staff member we spoke with said, "This is a lovely place to work. X (the registered manager) is really supportive. We are all supportive of each other."

Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. The house manager said, "We are always talking about safeguarding. We have always been encouraged to speak up if we were unhappy about something."

Observations of interactions between the registered manager and house manager and staff showed they were both open, inclusive and positive. We saw that they both provided both support and encouragement to staff in their daily work.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us the formal quality audit programme for 2014 and 2015. There was a rolling programme of audits planned for 2015, including medication, health and safety, finances, housekeeping, catering, care plans, policy and procedures, annual development plans and staffing. We saw records of the medication audit and health and safety checks completed during January 2015. Records also showed that audits of catering, medication, housekeeping, staffing, finance and health and safety had been completed during 2014. Some of the completed audits we viewed identified areas for minor improvements, but not all had space to record action plans or the dates that the improvements had been made. This meant that it was not always clear from the audit records if the improvements had been implemented. However, the registered manager was able to tell us how they had improved documentation for the 2015 audits to improve this. We had some concerns that the providers quality assurance systems that were in place had failed to pick up breaches highlighted in relation to risk assessments and records.

Staff told us the morale was good and that they were kept up to date about important matters. They told us that staff meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case.

We saw records to confirm that meetings for people who used the service were held in October and November 2014 and March 2015. Records confirmed that people were encouraged to share their views and opinions. Notes within meeting minutes highlighted the importance of people who used the service attending meetings as it was their chance to say if something was not right so that changes could be made.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with unsafe care and treatment by ensuring that the premises used by the service provider are safe for their intended purpose and are used in a safe way.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected against the risks of unsafe care and treatment by means of assessing the risks to the health and safety of service users of receiving the care or treatment.