Kirklees Metropolitan Council

Milldale

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

Overall summary

The inspection took place on 16 January 2015 and was unannounced.

Millldale provides respite accommodation and personal care for up to eight people over the age of 18 who are living with a learning disability and/or autism. Seven people were staying at the facility at the time of our inspection.

The home had a registered manager who had been in post since 2010. 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 service had effective systems in place to monitor the quality of care provided to ensure the smooth running of the service.

People told us they felt safe at the home. Risks to people were managed well and gave people freedom, yet kept them safe. Staff had received training in how to recognise and report abuse. All had a good understanding of safeguarding and knew what to do should they suspect any form of abuse occurring.

Summary of findings

No one at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People told us they were happy staying at Milldale and their relatives told us staff were kind and caring. One person told us “I’ve been coming here for a long time now and I feel at home here”

Throughout the day we saw staff interacting with people who were staying at Milldale in a caring and professional way. We saw a member of staff supporting one person whilst having a friendly and meaningful conversation about holidays and football matches.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs, which enabled them to provide personalised care.

Staff told us they were happy, the management were supportive and listened. They said changes in care practice were implemented if any concerns had been raised

There was a strong emphasis on promoting and sustaining improvements at the service with the introduction of a new comprehensive quality assurance system and continual assessment of staff competencies. Good leadership was evident from the registered manager and the area manager with regular visits and checks on quality assurance.

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 safe.

Systems were in place for recording and managing risk, safeguarding concerns, whistleblowing and incidents and accidents.

Records showed recruitment checks were carried out to ensure suitable staff were recruited to work with people who stayed at the home.

Staffing was arranged to ensure people's needs and wishes were met promptly. Experienced bank staff were used if additional staff were needed to meet the needs of people who received respite.

Good

Is the service effective?
The service was effective.

No one at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People who used the service and their relatives told us the staff were kind and caring.

Records showed that staff received a thorough induction, regular supervision, performance appraisal and training. This ensured they had the skills and knowledge to meet the needs of the people who stayed at the home.

Good

Is the service caring?
The service was caring.

Staff had a personalised approach to their work and were passionate and motivated about the care they provided for people.

Staff spoke with pride about the service being a 'home from home' and how they wanted the facility to promote the wellbeing of those who stayed. Staff explained their emphasis was to enable people to maximise their independence.

Good

Is the service responsive?
The service was responsive.

People received individualised and person centred care which had been discussed and planned with them.

People had access to activities which were important to them.

The home had received one complaint in the last twelve months and had an effective system in place to investigate complaints.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The registered manager had been in post since 2010 and had developed a strong and visible person centred culture in the service.

The service sought the views of people who used the service and their relatives and compiled a 'you said, we did'. This demonstrated what actions they had taken following suggestions and comments received.

The registered manager continually strived to improve the quality of the service and had introduced a system of audits to monitor and report on quality within the home.

Milldale

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 16 January 2015 and was unannounced.

The inspection team comprised of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of supporting and caring for someone who lives with a learning disability.

Before the inspection we reviewed the information we held about the home, the previous inspection reports, and notifications received from the service. We had not asked the provider to complete a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We contacted the commissioners of the service and the local authority safeguarding team. We also contacted Healthwatch, who did not raise any concerns about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with three people who were used the service and a relative who was visiting the service on the day of our inspection.

We spoke with the service manager, the registered manager, the deputy manager, and two support workers. We spent some time looking at two people's care records and a variety of documents which related to the management of the home. We reviewed the records relating to the management of the service, maintenance records, on line staff training records and a selection of the home's audits.

We randomly selected seven names from a list of all the relatives of people who used the service and telephoned these relatives on the day of the inspection to obtain their views of the service provided.

Good

Is the service safe?

Our findings

People and their relatives described the service as 'very good'. They said of the staff 'They're brilliant'. `No complaints at all'. Relatives told us `staff seem very kind and caring'. Two people we spoke with who used the service said they felt safe and secure. One person said "I like it here. I can do what I want". Another person who was staying on an emergency placement said "It's good here. I've no complaints but 'm not staying here. I want to move back to my own house". A relative who was present during the inspection said "It's very good here".

Staff had received up to date safeguarding training and had a good understanding of the procedure to follow if they witnessed abuse or had an allegation of abuse reported to them. The four staff we spoke with were able to describe the signs of abuse and what actions to take to ensure people remained safe.

Safeguarding posters were sited on the walls outside the communal areas. These were themed to the activities of that room. For example, outside the dining area there was a safeguarding poster themed to supporting people with eating and drinking. We also saw information about how to make a safeguarding referral and how to raise a whistleblowing concern which was displayed outside the main office. This helped to ensure staff were aware of the process. We saw safeguarding was discussed with staff in supervision and at team meetings to ensure the information was embedded.

People were safe because systems were in place reducing the risk of harm and potential abuse.

Staff told us risk assessments were carried out to ensure people's needs were identified and care and treatment was planned to meet those needs. There were a number of risk assessments in the care files we reviewed. For example, we saw risk assessments for community participation, moving and handling, and personal care. One member of staff told us "We do risk assessments around promoting independence but helping them keep safe and minimising risk. It's about getting a balance so they do things safely". This showed us the management of risk was proportionate without negatively impacting on people's activities.

We reviewed three staff recruitment files which showed us there was a thorough recruitment and selection process. This ensured staff recruited had the right skills, experience and behaviours to support the people who used the service.

The registered manager told us they had core staffing levels but these would change depending on the needs of the individuals at the respite facility. They also said they had a bank of experienced staff who they used if the people required additional support. This ensured that there were suitable numbers of experienced staff to keep people safe. Staff also told us that they had the right amount of staff to meet the needs of the people on respite.

The environment was well maintained and the documentation confirmed that regular servicing and maintenance checks were carried out and recorded. The home had a part time handyman, and we viewed records detailing that repairs were usually completed within 24 hours of a repair request. This ensured people were cared for in a suitably maintained environment.

As part of our inspection we looked at how the service managed people's medicines. We saw people's medicines were stored safely. We reviewed a random sample of three people's medicines. In each case we found the stock tallied with the number of recorded administrations. This showed people were protected against the risks associated with medicines because the registered manager had appropriate arrangements in place to manage people's medicines. Staff told us that they had all received training in administering medicines, and we reviewed this in the staff training matrix.

The management team at Milldale had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

Good

Is the service effective?

Our findings

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. Staff told us they ate their meals with people who used the service and mealtimes were a social event. We were told that as the cook is only there during the week, they prepared food during the week which could be heated up at the weekend by the staff, this ensured people who had special dietary requirements had their needs met at all times. One relative we spoke to told us “Staff have been very good at administering (my relative’s) very special diet”. This showed us that Milldale met the nutritional requirements of people who stayed there.

Staff told us people were encouraged to eat healthy meals and the menus were planned to include healthy options. Staff told us the cook was in the process of photographing all dishes to put on a new menu board. This was to assist people who may have limited verbal communication to make a choice based on pictures. We observed a support worker asking a person who used the service what they would like to eat for their tea. They did not want what was on offer and therefore the member of staff offered an alternative that they were happy with which showed us that people were offered choice outside the menu.

We looked to see how new members of staff were supported in their role. Staff told us new members of staff had an induction and all the staff supported them, sharing their skills to support new staff. The registered manager told us new staff had a six week induction. The first day was spent with the deputy manager and covered essential information such as infection control, hand washing, keeping self and service users safe, notice boards, and use of facilities. We were told before staff started their induction they shadowed shifts to gain an understanding of the role and to prepare for induction. We reviewed the induction documentation and probationary reports in the three staff files we looked at which evidenced that staff had the knowledge and skills to carry out their role.

We were told that staff have supervision once a month and the maximum length of time between supervision sessions is six weeks. Staff also received an annual performance appraisal and these were due in August 2015. The appraisal goals and outcomes were discussed during supervision. We looked at one supervision file and saw it contained information around targets, service users, safeguarding, policies and procedures, team working and complaints and compliments. Regular supervision and appraisal ensured that staff continue to develop in their roles to provide a good quality service.

The registered provider had a comprehensive training programme in place which also utilised the training offered by the local authority. We asked three members of staff to describe the training and development activities they had completed. All the staff we spoke with told us they had received training in infection control, mental capacity and moving and handling. They all spoke positively about the training they had received. One support worker told us, “the (local authority) are very good for training. I have done an autism course. That was brilliant the way she described things to you, it really opened your eyes” These examples demonstrated staff were being supported to complete training and development that would assist them in delivering effective care to people who stayed at Milldale.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us there were no people staying at Milldale during our inspection who were subject to a DoLS authorisation.

The registered manager demonstrated an understanding and knowledge of the requirements of the legislation and told us that capacity assessments were recorded in people’s care files. There were detailed capacity assessments in the two care files we reviewed with evidence that staff had supported people to make decisions using different methods such as pictures.

The deputy manager told us that as the home was a respite facility generally people’s health needs and appointments were made by families outside the respite break. However, the deputy manager told us that they support one person to attend hospital appointments, as their relative can no longer support the person to attend hospital. One relative told us “Staff keep us in touch with any medical appointments our (relative) has". In people’s care records

Good

Is the service effective?

we saw plans on how to support the person if they needed to attend hospital. This showed us that Milldale was supporting people who stayed their to have access to healthcare services.

Milldale was purpose built to accommodate people with both a physical and a learning disability. The property consisted of two corridors each having four wheelchair accessible bedrooms, seven with an ensuite level access shower, a toilet and wash hand basin. One bedroom had an ensuite bath. Two of the bedrooms had single track ceiling hoists leading from the bedroom to the bathroom which minimised the amount of manual handling required to access the facilities.

The home had two kitchens, two communal lounges/ games room, two dining rooms, and a snoozelen room. Snoozelen is multi-sensory environment therapy for people with developmental disabilities. There was also a communal bathroom with an assisted bath. We saw people who used the service had unrestricted access throughout the home. The registered manager told us that access to the kitchen was sometimes restricted when the cook was preparing food. This was dependent on who was staying at the home. There was an enclosed garden with raised beds and sitting areas to the rear of property with access from various communal areas. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who lived at the service.

Good

Is the service caring?

Our findings

People and their relatives were very positive and complimentary about the staff. Two people who used the service told us staff were nice and kind to them. One relative interviewed over the telephone said “They’re brilliant. No complaints at all.” Another relative said, “Staff seem very kind and caring. In time they got to know all (my relative’s) needs. (My relative) has complex health needs that staff deal with appropriately”. A member of staff told us they would be happy for a member of their family to stay at Milldale. Another told us “Staff are really caring and considerate people. I think people are safe here. It is a really nice place to be, home from home”. The registered manager told us how they wanted the facility to promote the wellbeing of those who stayed and explained their emphasis was to enable people to maximise their independence.

We observed people were treated with empathy and respect during our inspection. We saw that staff interacted with people in a caring, positive and friendly manner. For example, we saw one person hug the registered manager as they were showing us around. They responded by reciprocating the hug, and speaking with the person in a professional but friendly manner. We asked staff to explain their understanding of person centred care. One member of staff told us “Person centred care is about trying to do everything around the individual, try to aim things around what they want to do”. Staff we spoke with knew the people they were caring for and their preferences. One staff member told us that they gained an understanding of people’s likes and dislikes by sitting and talking with the person.

Relatives we spoke with by telephone told us they had unrestricted contact with their relatives and could visit the home freely. The deputy manager told us relatives do not visit as much as in other facilities because the whole ethos of the service was to support the people they cared for in order to give families a break. At the same time giving people who used the service an opportunity to have an experience away from their normal environment.

We observed staff upholding people’s privacy and dignity by knocking on people’s doors and asking permission to enter. Staff told us they ensured people’s privacy and dignity during personal care by ensuring curtains were drawn, doors closed and people were covered up with towels or clothing.

During our inspection we observed the cleaner offer a person the opportunity to help with cleaning. The person declined, but the interactions were friendly and appropriate to the situation. We overheard several conversations between staff and people using the service and observed these were friendly and caring.

The registered manager told us that people had access to an advocacy service but explained that there was not much uptake of this due the nature of the service, as a short term respite facility.

Good

Is the service responsive?

Our findings

We found the care planning process centred on individuals and their views and preferences. The two files we reviewed showed us people were fully involved in the compilation of their care files and each section had been signed by the person. Where appropriate we saw the views of other people important to the person had been sought. One relative we spoke with told us "I know my relative has a care plan. I helped to compile it". This helped to ensure important information was communicated effectively and care was planned to meet people's needs and preferences.

Entries recorded in people's care plans confirmed their care and support was being reviewed on a regular basis with the person and their relatives. In one care plan review we saw documented comments from a relative which stated their relative enjoyed accessing Milldale, they liked the staff and enjoyed coming as they met up with friends and had some social time. The seven relatives we spoke with said they were all actively involved in reviews and meetings. However, one relative told us they had not been to a review meeting for their relative. We discussed this with the registered manager on the day of the inspection. They told us that the review was due and that the relative would be contacted ensuring they were fully involved in the review process.

The registered manager told us a new system of care plan review has been introduced, with more pictures to support the person to be more involved in their review and to include information such as 'what works, keeping safe, routines and rituals'. This showed us that Milldale understood how important it was to find a meaningful way for the people who stay at the home to take part in the review of their care.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs, which enabled them to provide personalised care.

We asked the registered manager and deputy manager how people were assessed to be able to access the respite facility at Milldale. They told us the local authority assessed the person in the first instance and following this, Milldale staff developed the care plans which detailed the care, treatment and support needed. This thorough process ensured personalised care was provided to people who used the service.

The people who stayed at Milldale decided what activities to do at a meeting held every month. The registered manager told us they tried to accommodate the activities people requested. Recent activities included trips to the pantomime, a Christmas market, and to the wildlife park. All activities undertaken were recorded in a photographic scrap book.

Some of the relatives we spoke with reported they would like their relative's to do more activities out of Milldale during their stay. When we raised this with the registered manager, they told us people who stayed often did not want to go out, but preferred to stay in and do activities with their friends. They said this concern had also been raised in feedback questionnaires. As a result, Milldale now sent a feedback form with the person at the end of the stay, which detailed what they had done whilst at Milldale. This showed us the management listened to the concerns of the relatives regarding activities whilst balancing the choices and preferences of the people who used the service.

We saw systems were in place for recording and managing complaints. The home had received only one complaint over the last 12 months and this had been investigated appropriately although the outcome was not the desired outcome of the complainant. We were satisfied that due process had been followed in the investigation and the conclusion of the complaint handling.

Good

Is the service well-led?

Our findings

We asked the registered manager how they gained the views and opinions of people who used the service. The manager told us they had recently undertaken two surveys. One for people who used the service and one for their relatives and carers. Some of the comments included, 'Mill Dale has been a lifeline!' 'More trips needed at weekends'.

From the comments and feedback received the management team collated a 'you said, we did' response detailing actions resulting from the survey. This included a focus on activities away from the home and the introduction of a 'feedback stay form', which detailed what the person had done whilst at Milldate and was returned with the person at the end of their stay. This example showed people who use the service and their relatives that Milldale had listened to their concerns and actioned changes to ensure the service continually improved.

The registered manager had been in post for two years during which time they had focussed on developing a culture which promoted enablement and person centred care. They told us their vision was to "Support people to do as much as possible for themselves, enabling rather than keeping at the same level". This was done through a process of assessment, the identification of goals, key workers and good support plans which ensured the best outcome for the people who used the service.

The registered manager told us "The culture is good here. We have a caring team that will do anything for each other and the service users. They know each other's strengths and weaknesses". The staff we spoke with told us that they felt supported by both the management team and the service manager. One staff member said "They listen and support you".

The registered manager was supported by four deputy managers. We spoke with the deputy manager who was on duty at the time of our inspection. They told us that a new Quality Audit Framework had been introduced at the start of January 2015, and some of the responsibility for the audits passed to the deputy managers. Each deputy manager had an area of responsibility plus three people's files to audit each month. We were able to compare the old style audit to the new style audit and could see the level of detail assessing quality, monitoring and identifying areas where practice could be developed. This example showed us the service had effective systems in place to monitor the quality of care provided at the home

Medication audits were done weekly and staff competencies checked regularly against agreed standards. A hand washing audit took place once a month with a member of staff chosen randomly and observed. Training was provided to those not meeting the expected standard. This ensured appropriate standards of practice were constantly maintained and action was taken if staff were not meeting these requirements.

The registered manager continually strived to improve the behaviours and culture of the service. Each month focussed on different behaviours which the staff were expected to exhibit. These were communication, supportive, respectful, flexible, positive and honest. The theme for January was 'good communication' and we saw a poster on the notice board with advice and guidance for staff about this subject. The topic was also discussed at team meetings and during supervision to ensure the knowledge was embedded into practice.