Milewood Healthcare Ltd

Oxbridge House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on the 20 November 2017. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on the 3 November 2015 and we rated the service as Good. At this inspection we found the service remained Good.

Oxbridge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Oxbridge House accommodates up to 13 people in one adapted building providing support for people with learning disabilities who may also experience mental health needs. At the time of our inspection visit there were eight people using the service.

The care service had been developed and designed in line with the values that underpin the Building the Right Support and other best practice guidance. It underpins principles of choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were living as ordinary a life as any citizen.

There was 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.

We saw for two people who had moved to the service in 2017, they did not have Health Action Plans in place. A Health Action Plan is a requirement from the Department of Health for people with a learning disability and it supports people to remain healthy. We were contacted straight after the inspection by the team leader at the service who informed us these were now in place.

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. People told us they felt safe living at and receiving from the service.

Accidents and incidents had been appropriately recorded and monitored and risk assessments were in place for people who used the service and staff so that they remained as safe as possible.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety standards were maintained. We also witnessed staff using appropriate personal protective equipment and cleaning schedules were in place so that risks relating to infection control were well managed.

There were sufficient staff on duty to meet the needs of the people and the staff team were trained and

supported to manage any behaviour that may challenge. Medicines were stored and administered in a safe manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people who used the service such as positive behaviour support (PBS) and diabetes.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development. However, some records in relation to staff induction and mandatory training were not instantly accessible as they were in different locations and although we saw staff were trained, records required collating to show they met the regulations.

We saw people's care plans were person centred and had been well assessed. The home had developed care plans to help people be involved in how they wanted their care and support to be delivered. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home, from going to work placements to helping to do household cleaning tasks.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists demonstrating that people's physical health was supported.

The service encouraged people to maintain their independence. People were supported to be involved in the local community as much as possible and were supported to independently use public transport and access facilities such as the local G.P, shops and leisure facilities.

We also saw a regular programme of staff meetings where issues were shared. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. This showed the service listened to the views of people.

The service regularly used community services and facilities and had links with other local organisations. Staff told us they felt very supported by the registered manager and team leaders and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. People told us that management were approachable, supportive and understanding.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Oxbridge House and actions plans and lessons learnt reviews were part of their on-going quality review of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Oxbridge 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 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.

The inspection visit took place on 20 November 2017. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider 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. The registered manager provided this to CQC and it was used to help plan this inspection. We also contacted Healthwatch and the local commissioners for the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

We also reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed on spending time with five people who lived at the service and observed how they were supported. We undertook an in-depth review of support plans for three people to check their care records matched with what staff told us about their care and support needs.

During our inspection we spoke with four care staff, a team leader and the registered manager. We observed support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission. We also spoke with a community nurse via telephone following our visit.

Good

Is the service safe?

Our findings

People at the service appeared comfortable and happy with the staff supporting them. People we spoke with told us they felt safe at Oxbridge House. We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One staff member said; "We encourage people to speak up about anything they are not happy about," and another staff member told us, "I would feel happy reporting anything at all I was concerned about." One person told us, "I'd tell the staff if I was bothered about anything." Another person told us; "I feel safe here, I talk to staff if I have any problems."

We looked at the safeguarding file and saw records of safeguarding incidents, including those reported to the police, and saw that CQC had been notified of all the incidents. We found the registered manager understood the safeguarding procedures, followed them and had a positive working relationship with the local authority safeguarding team. The registered manager regularly reviewed and updated any safeguarding alerts so any learning or actions were immediately addressed by the service.

We saw all staff were trained in a conflict management strategy called MAPA (Management of Actual or Potential Aggression) that included the use of physical restraint as a last resort. One staff member expressed some concern regarding the response of other stakeholders to incidents of behaviour that challenged, which they felt could have been better. We fed this back to the registered manager who stated they would interview the staff member who raised the concerns further. A community nurse we spoke with told us, "I have conversations with the service after any incident and they do ask for advice and support. My client's incidents have reduced significantly since they have been at Oxbridge House."

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We saw there were cleaning schedules to show that all areas were deep cleaned regularly and these were monitored by the registered manager.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff responsible for the administration of medicines to people who used the service had been trained. Policies were in place for medicines and these were very specific including a protocol for each person who used the service around the support they needed with medicines, and we observed an accompanying risk assessment was in place. The service had also sought the GPs written permission for individual homely remedies to be in place for each person. One person told us, "I know my medicines and when I have them."

The registered manager told us that staffing was provided flexibly by the team as it was dependent upon activities that were planned for people. At the time of our inspection there were three care staff, a team leader and the registered manager on duty. Staffing was rostered so that support was available at key times in the evenings, mornings and weekends. Staff and the registered manager told us that they provided cover amongst themselves where possible or used the staff from the provider's nearby services and had no need to use agency staff.

The provider had effective recruitment procedures to ensure new care workers were suitable to work at the home. These included carrying out a range of pre-employment checks. For example, requesting and receiving two references and Disclosure and Barring Service checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with vulnerable people.

We saw that the registered manager had shared learning from feedback and safeguarding events with the staff team through meetings. We saw in a staff meeting in August 2017 that the registered manager raised with staff that accident forms were not being completed properly. They went on to describe the set process that should be followed and then added that if anyone needed to be shown further, if they asked it would be shown to them. All staff had to sign the meeting minutes. This showed the service was willing to listen and take on board feedback and to make improvements.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to reduce as much as practicable the risk of them coming to any harm. Risk assessments were personalised and were regularly reviewed.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested.

Good

Is the service effective?

Our findings

We saw that two people who had recently moved to the service did not have Health Actions Plans in place. A Health Action Plan is a document recommended by the Department of Health to support people with a learning disability to have their healthcare needs recorded and monitored. We saw both people had been supported to attend healthcare appointments and key indicators such as their weight were being monitored. Following the inspection, the team leader contacted us and told us these were now in place for both people.

The registered manager told us they worked closely with community nurses and care managers, as well as relevant healthcare professionals, who regularly visited and supported people who used the service. We saw records of such visits to confirm that this was the case. We spoke with one community professional who told us, "The service is very supportive of my role and are very collaborative. Staff are very engaged with what I have put in place and keep me updated."

People were supported to have annual health checks and were accompanied by staff to hospital appointments. One person had just returned from a doctor's appointment during our visit and they fed back to the registered manager that they would like to have staff member accompany them on their next visit. We saw this was arranged. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

The service carried out thorough assessments before people moved to the service as staff members told us that ensuring the right people moved to the service was critical in terms of the mix of people living together. We saw that people were usually supported to visit and have short stays before moving to the service permanently.

We saw that people were supported to use technology and one person showed us how they liked to watch programmes online using their tablet computer. The service enabled people to access Wi-fi.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. Five people at the service currently had a DoLS authorisation in place. Staff had all been trained in the MCA/DoLS and appropriate authorisations and requests for authorisations had been undertaken and records were well maintained.

We saw that other restrictions that were in place at the service such as the front door and garden gates being locked for security reasons were also recorded and evaluated with each person on a monthly basis to ensure people's rights were supported and peoples consent was sought for these infringements. This showed the service upheld people's rights to freedom of access.

We spoke with staff about how they supported people in relation to promoting equality. Staff we spoke with told us how they promoted people's right to education and employment opportunities as well as sensitively discussing with us how they supported people in relation to issues of sexuality.

Records we viewed showed regular supervision sessions with staff were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements. Staff informed us that they felt supported by the management team. One staff member said, "I feel very supported. The senior checked I was ok after someone called me a name and everyone has shown me the ropes."

New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs, and that they had up to date training, including training specific to people's needs, such as psychology and autism, and Asperger's syndrome. Staff mandatory training was up to date. Mandatory training is training the provider deems necessary to support people safely. This included health and safety, food hygiene, first aid, safeguarding, mental capacity, medicines, fire safety, infection control, and confidentiality. One new staff member told us, "We have a training manager and I have loved all the training I have done. I found the medicines unit really interesting." We saw that some staff records were held in different locations so it was difficult to confirm that staff had all received induction training. We asked the registered manager to ensure records relating to staff were all held centrally and they agreed this would be a better arrangement.

Staff told us they met together on a regular basis. We saw minutes from regular staff meetings, which showed that topics such as the day to day running of the home, training, activity planning and any health and safety issues were discussed.

The home had a domestic kitchen and dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes. We saw that menus had been developed with the people using the service. One person told us; "I am helping doing the shopping today, I'm going to buy some chocolate buttons too."

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. We saw there was lots of information around the service about eating healthily. This showed that people's nutritional needs were monitored and promoted. The staff team had undertaken training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored.

There were several communal areas such as the kitchen, dining room, laundry and lounge, where people spent positive time together with staff. People told us they also enjoyed the privacy of their own rooms which they decorated in their own individual style.

Good

Is the service caring?

Our findings

Staff had developed positive relationships with people. People showed that they valued their relationships with the staff team. We observed this through people's facial expressions and body language that they responded positively to staff who were supporting them. Staff were comfortable in displaying warmth and affection toward people whilst respecting their personal space. One staff member was supporting someone to use the hoover. We heard them giving lots of encouragement and saying, "Wow that's fabulous, you have done a brilliant job."

We were shown around the service by the registered manager who demonstrated a good knowledge of people using the service, describing their personalities, likes and dislikes as well as their care and support needs. They had worked at the service for over five years. We were shown people's rooms (with their permission) which were all very different and reflected their individuality. The registered manager who showed us around was able to point out items that particularly reflected the individual's personality and explained what was important to each person. The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. When asked, staff could tell us about the needs of an individual for example they told us about their life history and their likes and dislikes, they could also tell us about people's families. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. One staff member told us, "I can make a difference to someone's day and that's really important. I enjoy spreading fun and laughter."

Staff respected people's privacy. They made sure people had the opportunity to have time in their own rooms during the day that was undisturbed. Staff members were careful to protect people's dignity by making sure all personal care took place in private, behind closed doors. People's personal records and information was stored securely and kept confidential. This showed that people's right to privacy was respected.

Staff members told us that in their role as keyworkers, they reviewed care plans on a monthly basis with the person. The keyworker meetings followed a set agenda that covered choice, behaviour, complaints, safeguarding and mental and physical health amongst other things. This showed the service was seeking views from the person about how they felt living at Oxbridge House and the support they received.

Posters were on display at the home about advocacy services. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The management team were aware of how to contact advocates if they were required to support people, but currently no-one had any advocacy support in place.

Good

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. This information was also supplied to people who used the service in an easy read format. Complaints were often informal and involved interpersonal issues between people living at the service [such as someone making too much noise], but records demonstrated that the service took these issues seriously as all were investigated and responded to appropriately. Every person we spoke with said they knew how to make a complaint.

Care plans were comprehensive and contained up to date, accurate information. There was a range of care plans in place for each person that addressed people's identified needs and these were based on outcomes. We saw care plans were regularly reviewed to ensure people's changing needs were identified and met. There were detailed plans in place relating to positive behaviour support for people that gave very clear strategies for supporting people when they became anxious. We saw that specific physical intervention protocols were signed by the registered manager so that they confirmed the least restrictive interventions to maintain someone's safety. We spoke with a community nurse who told us, "The positive behaviour support plans have been followed to a 'T'. The service has worked with the person's triggers and have supported [name] to have their independence."

People using the service also met together on a monthly basis and we saw people had recently discussed activities, meals, and personal comments. We saw that the service worked with people to encourage understanding and respect of each other. We also saw the service had facilitated methods of communication to help people share their feelings or views and one person had a communication book with signs that helped the person record their feelings.

On the day of our inspection, one person was out food shopping with a staff member. On their return they told us they had enjoyed their trip out. Other people attended work placements, college and other activities. One person told us, "I am going to the shop on my own." They then showed me their care plan and protocol in place to ensure they remained safe. They also said, "I like living here, I've done really well."

We asked how staff would support people if they were unhappy with the service. One staff member told us, "We know people that well, we can tell when someone gets up if they are feeling ok or not."

Staff told us that activities were based around people's needs and likes as well as encouraging people to be involved in the day-to-day running of the home such as food shopping. We saw that activities were decided with the person and included accessing the community as much as possible on evenings and weekends as well. People were supported to spend time with their family and friends and people were supported to maintain these relationships with staff support.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager had worked at the home for over five years and had recently been promoted to this role. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; "I don't think the manager and team leaders get enough praise for what they do, they are superb."

Staff told us how the service's aim was to enable people to lead a positive and independent lifestyle and we saw that the service had successfully transitioned people into their own flats or less supported accommodation. One healthcare professional we spoke with said, "They provide the structure and emotional support for people whilst promoting their independence."

We spoke with a team leader who told us they felt supported by the registered manager and organisation. They said, "Oxbridge House feels like an extended family, we give people lots of support to keep their family relationships going and we care not just for the people who live here but the staff too."

Staff told us that staff meetings took place regularly and that they were encouraged to share their views and to put forwards any improvements they thought the service could make.

We looked at the arrangements in place for quality assurance and governance. The service carried out a wide range of audits as part of its quality programme. The registered manager explained how they routinely carried out audits that covered medication, the environment, health and safety, accident and incident reporting as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled.

We saw the service sought the views of relatives. Where relatives had made any comments, the registered manager had replied to them via a letter to clarify any concerns and to offer them a meeting if they wished to discuss anything further.

We saw that the staff had regular monthly meetings with people who used the service to seek their views and ensure that the service was operating in their best interests. Surveys carried out every six months were in an easy read format and talked about whether the service was person centred, as well as questions about the friendliness and professionalism of the staff and the environment. One person had written, "The staff support me to see who I want."

During the last year, the registered manager informed CQC promptly of any notifiable incidents that the provider was required to tell us about in line with the legal requirements of regulations.