

Stepping Stones Resettlement Unit Limited

Milestones

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

Milestones is a residential care home for four people with learning disabilities. At the time of our inspection there were four people using the service.

At the last inspection on 30 April 2015, the service was rated Good. At this announced inspection we found the service remained Good.

We found improvements to staff recruitment procedures and to records about people's medicines.

We heard positive comments about the service such as, "I like living at Milestones." and "A nice place to work."

Staff and management understood how to protect people from harm and abuse. Risks to people's safety were identified, assessed and appropriate action taken.

People were supported by a small staff team who had training and support to maintain their skills and knowledge to meet their needs. 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 support this practice.

People were treated with dignity, respect and kindness and were involved in the planning and review of their care and support. People were supported to maintain and develop their independence.

People received individualised care which reflected their personal preferences, wishes and routines. There were arrangements to investigate and respond to complaints.

Quality checks were made with the aim of improving the service in response to people's needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The safety of the service has improved.

We found improvements to staff recruitment procedures.

Medicines were safely managed and there had been improvements with records for giving people their medicines.

People were protected from abuse because staff understood how to protect them.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Milestones

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.

This comprehensive inspection took place on 5 October 2017 and was announced. The provider was given 72 hours' notice because people are often out of the care home with staff and we needed to be sure that someone would be in. The inspection was carried out by one inspector. We spoke with two people using the service, the new manager and a member of staff. In addition we reviewed records for two people using the service, toured the premises and examined records relating to staff recruitment, staff training and the management of the service. Following the inspection we spoke with a member of staff and a person's relative on the telephone.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

At our previous inspection in April 2015 we found robust recruitment procedures were not being used. Required checks had not been made on the previous employment of a staff member. At this inspection we found improvements to staff recruitment procedures had been made. The provider had completed the required checks in relation to staff's previous employment involving care and support to people. Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Identity checks and health checks had also been made.

At our previous inspection we also found medicines were generally well managed although some handwritten directions for giving people their medicines were not signed to indicate they had been checked for accuracy. At this inspection we found there were no handwritten directions for giving people their medicines, all directions had been printed by the pharmacy supplying the medicines. Medicine audits included checks on any hand written directions. Medicines were stored securely and records showed correct storage temperatures had been maintained. During hot weather in the summer of 2017 remedial action had been taken to ensure correct storage temperatures. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording on the MAR charts we examined.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly. Contact details were available for reporting any safeguarding concerns to the local authority. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People had individual risk assessments in place. These included risks from the home environment, physical health, external activities and holidays. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People had personal fire evacuation plans in place; these included important information about people's needs for staff reference. Information had also been recorded for use in the event of people going missing.

People were protected from risks associated with fire, legionella, hot water and electrical and gas equipment through regular checks and management of identified risks. Fire safety training had been provided for people using the service. We found the care home was clean. The latest inspection of food hygiene by the local authority was in January 2017, the score achieved was the highest possible.

Adequate staffing levels were maintained. The manager explained how the staffing was arranged to meet the needs of people using the service. Staff were supported by an on-call system and arrangements to receive staff support from other care homes operated by the provider if the need arose. The manager was responsible for two care homes operated by the provider and generally based themselves at Milestones

during the morning.

Is the service effective?

Our findings

People were cared for and supported by a small staff team with appropriate knowledge and skills. The Provider Information Return (PIR) stated, "Milestones has a consistent staff team who understand the complexities of the individuals living in the home, the low incident rate is reflective of good practice and the use of low arousal techniques being used." Staff received training in subjects such as food hygiene, infection control and first aid. They also received training specific for the needs of people using the service such as epilepsy, autism and managing people's behaviour. Staff told us the training they received was adequate for their role and training was kept up to date. One staff member told us, "all training is up to date". A new staff member had completed an induction relevant to the provider organisation and the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff meetings provided an opportunity to discuss staff training achievements and needs.

Staff had regular individual meetings called supervision sessions with the registered manager as well as annual performance appraisals. One member of staff told us they had "Really good support." and another said, "The support you get is really good." People told us they thought the staff were well trained.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments had been completed of people's capacity to consent to receive care and support such as personal care and support with taking medicines. There were no restrictions on people's liberty that would have required an application under DoLS. Staff had received training about the MCA and demonstrated their knowledge based on this.

People were supported to eat a varied diet suitable for their needs. The new manager described how people were asked their meal choices for the menu although individual choices could also be catered for. In addition people's preferences and ideas for changes to the menu were discussed at regular meetings. Minutes showed how people put ideas forward for their favourite meals to include on the menu. There were no special dietary needs for the people using the service.

People's healthcare needs were met through regular healthcare appointments where necessary and an annual health check by people's GPs. People had health action plans and hospital assessments. These were written in an individualised style and described how people would be best supported to maintain contact with health services or in the event of admission to hospital. Records showed people had attended dental appointments, eye tests and received flu vaccinations. They also recorded the outcomes of any health appointments, future appointments and observations such as weight recording.

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with respect and kindness. People had members of staff allocated to work closely with them known as keyworkers. One person commented about staff, "they are kind people", another person said, "I get on ok with staff." We observed staff speaking respectfully to people and taking time to respond to people's requests for support or information. Information was available about how people communicated for staff reference. In addition Information related to people's needs was available in an accessible format using pictures words and plain English. Staff responded calmly and effectively when one person became distressed. People confirmed staff were kind and polite to them. A relative of a person told us staff were "very friendly".

People were involved in decisions about the care and support they received. The Provider Information Return (PIR) stated, "Milestones is a home which reflects the involvement of the people that live there" and "All individuals living in the home are actively encouraged to have input in to their care plans, risk assessments, health action plans and behavioural guidelines; documents remain live and change as and when required." Annual reviews of people's support needs were held with their relatives invited if appropriate. On a more regular basis reviews were conducted with an approach called 'Imagined futures'. This concentrated on people's wishes and aspirations by discussing and planning for them to experience and achieve these often through activities.

Information was available about advocacy services in people's support plan folders. At the time of our inspection visit there were no people with a need to use these services.

People told us they were able to maintain their privacy and staff would always knock on the doors of their individual rooms. Staff described the actions they would take to ensure people's privacy and dignity was respected and this was reflected in people's support plans. People were independent with their personal care needs.

People's independence was actively promoted. People had keys to the front door of the home as well as keys to their individual rooms allowing them to come and go as they wished. People had access to the local community both on their own and with staff support. One person liked to visit a café in the local town on a daily basis. Another person made use of public transport to travel independently to visit places of their choice. People had responsibility for household tasks to do such as cleaning their individual rooms and communal areas. The new manager told us how this had been particularly successful for two people using the service. They had been rewarded for their efforts in keeping the care home clean.

People were supported to maintain contact with family in response to their wishes. Support plans detailed the arrangements for visits and contact with people's relatives. Some people made regular visits to relatives or spoke with them regularly on the telephone. People's relatives could visit with no restrictions. People's plans for the end of their life had been discussed with them and recorded where people felt able to do this.

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their needs. We saw people had detailed support plans to guide staff in providing personalised support. People had individual plans to guide staff in supporting them when they became anxious. Staff described personalised care as, "being led by them (the person) and what they want to do" and "being led by them, their input as opposed to what we think they should do." Staff also described the importance of choice when providing support. People had personalised their individual rooms according to their tastes and interests.

People were supported to take part in activities and interests both in the home and in the wider community. Activities included, carriage driving, gardening, watching rugby and playing pool.

One person, made use of use of the gym and took part in drama at another of the services operated by the provider. People told us about the activities they enjoyed. One person described how they liked baking cakes in the kitchen at Milestones. Another person told us, "I like to walk up the town." Under the 'imagined futures' approach regular review meetings were held between people and their key workers to discuss possible new activities and interests. Staff provided people with information about the arrangements for activities so they could decide if they were interested.

A room in the basement had been recently developed with an additional television, this was also used as a space for one person to play the piano and guitar. People had support plans describing any cultural or spiritual needs. One person chose to attend a religious service each Sunday with transport provided by staff. People also worked and attended college courses. One person worked in a café for two days of the week. Another person was attending college for a woodwork course. People had also been on an annual holiday as well as a day trip to an amusement park.

There were arrangements to listen to and respond to any concerns or complaints. The Provider Information Return stated, "There is a robust complaints policy in place, each person using the service has a copy in their personal file and discussions are held at house meetings to ensure people are confident in raising a complaint if needed". One complaint had been received since our previous inspection. Records showed how this had been investigated and a response provided to the complainant. Information about how to make a complaint was available in each person's file in a suitable format using pictures, symbols and plain English. Minutes of the house meeting for August 2017 showed that the complaints procedure had been discussed with people using the service. This was also discussed with people during an inspection of Milestones by a manager from another of the provider's services.

Minutes of house meetings demonstrated how people using the service were able to express their views. People gave their views and there were discussions on meals, activities and cleaning the care home. At one meeting there was a discussion about the fire drill. Where people did not attend the meetings, there was a record of an individual discussion with them about the relevant issues.

Is the service well-led?

Our findings

Milestones had a registered manager in post. However they were not present at the inspection. A new manager was in post who had started the process of applying for 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 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 registered manager and the new manager were aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The new manager was approachable to people using the service and staff. The Provider Information Return (PIR) stated, "Manager has an open door policy, people in the home and staff are encouraged to visit if there is anything they wish to discuss or request." We saw how people were comfortable approaching the registered manager during our inspection visit. A member of staff described the new manager as "really supportive". Regular meetings ensured staff were kept up to date with important information and developments about the service such as the keyworker role, people's care plans and record keeping.

The provider had a clear set of values setting out the aims for the organisation as a whole. These were set out in a values statement and a mission statement. The new manager described their current aims for developing the service including more involvement from people's relatives, to this end a newsletter had been produced and there were plans to invite relatives to social events at Milestones.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Managers from other care homes operated by the registered provider visited on a six monthly basis. The most recent visit had taken place in June 2017. Reports of these visits included findings and any actions needed in response to these. Areas covered included safeguarding, staff training, menus and activities. The concluding remarks in the report stated, "Overall the home was well kept and very clean, decorated with the input and thoughts of the individuals in the home. I felt welcomed and the staff were approachable I was asked to sign in and was explained where the fire exits and fire point was in case of an emergency." Regular audits were in place as part of the service's 360 degree audit programme. Areas audited included staff supervision and training, care plans, incidents and accidents and health and safety. These resulted in compliance reports produced each month.

A survey of people's views about the service had been carried out in May 2017. There were no areas identified for improvement as a result of this survey. The manager reported surveys were planned to gain the views of people's relatives and health and social care professionals.