

Stepping Stones Resettlement Unit Limited

Milestones

Inspection report

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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

The inspection took place on the 30 April 2015 and was unannounced.

Milestones is a home for up to four adults. People living at the home have a range of needs including learning disabilities. At the time of our inspection there were four people living at the home.

The home had a registered manager. 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.

People were not protected from the risk of being cared for by unsuitable staff because robust recruitment practices were not operated. Medicines were generally well managed although checks had not been made on the accuracy of hand written directions for a person's medicine. People were supported by sufficient numbers

Summary of findings

of staff who received appropriate training and had the right knowledge and skills to carry out their role. People were protected from the risk of abuse by staff who understood safeguarding procedures.

People were supported by staff with the knowledge and skills to carry out their roles, including knowledge of the Mental Capacity Act 2005. People were active in choosing menus and received support to eat healthily. People were supported to maintain their health through support in accessing healthcare.

People were treated with respect and kindness, their privacy and dignity was respected and their desire for independence understood and promoted.

People received individualised care through regular review and consultation by staff. People were enabled to engage in a range of activities of their choice. There were arrangements to respond to any concerns and complaints by people using the service.

The vision and values of the service were clearly communicated to staff. Quality assurance systems taking into account the views of people using the service were in place to monitor the quality of care and safety of the home.

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 fully safe.

Although there were sufficient numbers of staff, people were not protected from the risk of the appointment of unsuitable staff because robust recruitment practices were not operated.

Medicines were generally well managed although checks had not been made on the accuracy of hand written directions for a person's medicine.

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

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff with the knowledge and skills to carry out their roles.

People's rights were protected by staff's knowledge of the Mental Capacity Act (2005).

People were able to plan menus and meals and were supported to eat a healthy diet.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Good



Is the service caring?

The service was caring.

People valued their relationships with staff in a small and familiar team.

People's privacy and dignity was understood, promoted and respected by staff.

People's choice to be as independent as possible was accepted and actively supported by the service.

Good



Is the service responsive?

The service was responsive.

People received individualised care and were regularly consulted to gain their views about the support they received.

People were enabled to pursue their interests in the home and the community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good



Summary of findings

Is the service well-led?

The service was well led.

The vision and values of the service were clearly communicated to staff.

Staff were kept informed about developments with the service and were clear about their roles.

Quality assurance systems were in place to monitor the quality of care and safety of the home.

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 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 30 April 2015 and was unannounced. Our inspection was carried out by one inspector. We spoke with two people who use the service. We also spoke with the registered manager, the deputy manager, the human resources manager and two members of support staff. We carried out a tour of the premises, and

reviewed records for two people using the service. We also looked at one staff recruitment file. We checked the medicine administration records (MAR) for all the people using the service.

Before the inspection, the provider completed 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 improvements they plan to make. Before the inspection we looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

Following our inspection we received information from a health care professional who had been involved with people using the service.

Is the service safe?

Our findings

Robust staff recruitment procedures were not being used, there was a risk of unsuitable staff being employed to support people. We checked the recruitment file for one member of staff; this was the only member of staff appointed in the last twelve months. Information about their conduct in the two most recent posts working with vulnerable adults had been checked. However there had been no checks on their conduct in two earlier posts working with vulnerable adults and children. Their reasons for leaving previous employment which involved caring for vulnerable adults and children had also not been checked. The registered provider's recruitment policy did not reflect the regulations relating to employment checks for staff working with vulnerable adults at the time the person was employed despite a review date of July 2014. We discussed the issue with the registered manager and the provider's human resources manager. 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.

People's medicine records were not always managed safely. Hand written directions for giving one person's medicine had recently been written on the medicines administration record (MAR) by staff. However there was no signature for the staff who entered the directions on the administration chart and a second member of staff had not signed these directions to indicate they were checked and correct. This could have resulted in errors in how people are given their medicines. One of the checks detailed in the monthly medication audit was for two staff to sign any hand written entries on the medicine charts. We discussed this with the deputy manager and the registered manager. The medicines audit was planned to take place the day after our inspection visit.

There were appropriate records of medicines received into the care home and of medicines returned to the pharmacy. Procedures were in place for dealing with any medication errors or instances of medication not being given. Where this had occurred a comprehensive record had been made of the event and any remedial action and the incident

discussed at staff meetings. People's medicines were stored securely and storage temperatures were monitored and recorded. During summer months ice packs had been used to maintain correct storage temperatures.

People were protected from the risk of abuse by staff with the knowledge and understanding of safeguarding policies and procedures. Information given to us at the inspection showed all staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Discussion about safeguarding scenarios formed part of staff meetings. People using the service said they felt safe living at Milestones. One person described the home as "very safe". Information about safeguarding was available to people using the service in a suitable format using pictures and plain English. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

Risk assessments were in place for the risks to people associated with electrical appliances, systems, and fire. Personal fire evacuation plans were in place for people using the service should they need to leave the building in an emergency. However there was no risk assessment completed for any risks to people using the service from legionella. We discussed this with the management who stated that the legionella policy had been identified for review when policies were discussed at a managers meeting on the day of our inspection. A risk assessment was due for completion in the near future with action for cleaning shower heads to minimise risks from legionella.

People had individual risk assessments in place. For example there were risk assessments for activities, the home environment and leaving the home. 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. Information had been prepared for use in the event of a person going missing.

People told us they felt there were enough staff to meet their needs. The deputy manager explained how the staffing was arranged to meet the needs of people using the service. Staff at Milestones were supported by management and by an 'on-call' system covering three

Is the service safe?

homes operated by the registered provider. During our visit we observed there were enough staff to meet people's needs. A member of staff told us they felt staffing levels were safe.

Is the service effective?

Our findings

People using the service were supported by staff who had received training for their role. They confirmed staff knew what they were doing when giving care and support. A health care professional visited by people using the service commented “The carers that accompany them seem knowledgeable about their clients and are helpful”. Staff told us they had received training in positive behaviour management, fire safety and health and safety. They told us they felt the training provided by the service was enough for their role. One member of staff told us “if our training has run out we are put on a new course straight away”. Information given to us following the inspection visit confirmed the training that staff had received. Induction training in line with national standards had been completed by one member of staff. In addition the service was making preparations for the new Care Certificate qualification. Staff had regular individual meetings called supervision sessions with the manager every six weeks. One member of staff described the support and training they received as “fantastic”.

Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and demonstrated knowledge of the need to assess people’s mental capacity around specific decisions. No occasions had arisen where the MCA had needed to be used around any specific decisions for people using the service. One person’s support plan recognised that they could give consent to most lifestyle decisions and also stated, “Should a more complex issue arise, a capacity assessment may need to be carried out”. Staff training records confirmed staff had received training in MCA and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. The

DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. People at the home had not required any authorisation for restricting their freedom.

People were regularly consulted about meal preferences. Minutes of house meetings showed how people were asked for their opinions on menus and their views noted for action by the manager. One person told us the meals were “very good here”. Another described the meals as “brilliant” and also described how they were free to make their own drinks when they wished. They also told us how they enjoyed takeaways and the all-day breakfast on a Saturday. The current menu for Milestones had been produced with input from all of the people living at the home. The menu offered choices of meals over a five week period. People were reminded at the house meetings that an alternative meal could be chosen if they did not like the meal on the menu for the day. One person told us how they had been able to follow a diet to reduce weight which enabled them to take part in a favourite activity.

People’s healthcare needs were met through regular healthcare appointments and liaison with health care professionals. Records had been kept of people’s attendance at healthcare appointments. One person told us how they had visited their doctor and the dentist. People attended their GP surgeries, dentists and appointments with the chiropodist. A health care professional visited by people using the service commented, “Our input on oral hygiene and dental care seems to be heeded”. People had health action plans and hospital assessments. These were written in an individualised style. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital. Staff told us how they supported people to access health care appointments through ensuring that appointments were attended and providing practical support such as transport.

Is the service caring?

Our findings

People we spoke with told us staff treated them with kindness. One person told us staff were “always kind” and commented “if there is anything we need they get it for us”. The person praised the efforts staff had made to enable them to attend a funeral. They were impressed that a staff member had taken time on their day off to drive the person to the funeral. People benefited from consistency of support provided by a small staff team who knew people well. Agency staff were not used as there was a bank of staff available to fill any absences. One person told us “I like my keyworker” and confirmed they had a good relationship with them. They were also able to name all the staff that supported them. A health care professional commented on their experience of treating people from Milestones “they appear well cared for, and seem happy when they attend here” and “Milestones seems to care for it’s clients well”.

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. The person usually attended a local church although staff respected their wishes to attend other churches or on occasions to be taken as far as Gloucester for a Cathedral service. People’s plans for the end of their life had been discussed with them and recorded where people felt able to do this.

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of house meetings demonstrated how people using the service were able to express their views. At the meetings people were asked if there was anything they would like to discuss and led the meeting, discussing choices of holidays, activities, the environment of the home and any changes to staffing. People had been involved in

choosing the decoration of the home. Meetings were held on a monthly basis. Information about local advocacy services was available at the home although people had not had cause to use these at the time of our inspection.

People’s privacy and dignity was respected and promoted. Both people we spoke with confirmed that staff knocked on their door before entering their room. Staff gave us examples of how they would respect people’s privacy and dignity when providing care and support. For example by ensuring people were reminded about their privacy and ensuring appropriate doors were closed when people were attending to their personal care. Support plans reflected staff’s approach to preserving people’s privacy and dignity. Staff told us how when they accompanied a person to a healthcare appointment such as with a GP the person would see GP alone if this was their request. One person we spoke with confirmed that this was the normal practice when visiting their GP. We observed staff treating people respectfully during our inspection visit and explaining to them the purpose of our visit. This matched the approach described by the registered manager that staff should consider themselves guests in the home of people using the service.

Milestones actively promoted people’s independence. One person described to us their chosen routine for the week involving activities and maintaining social contact with a friend. Another person spent long periods out of the home most days pursuing their interests. Some people had bus passes enabling them to travel independently to destinations of their choice. 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 were able to engage in activities independently. One person would go swimming on their own with staff involvement limited to taking the person to the swimming pool and collecting them afterwards.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. When asked about their understanding of individualised care, one member of staff told us “it’s tailored to what their needs are and their wishes and choices”. The PIR stated, “we involve service users in the development of their care plans and health action plans”. Support plans contained detailed information for staff to follow to support people and demonstrated an in-depth knowledge of the person’s needs and how best to communicate with them to achieve positive outcomes. One person’s support plan detailed the best way to communicate with the person in order to enable choice and a positive attitude to taking part in activities. Support plans had been kept under review through monthly meetings with people and their key workers.

People were supported to take part in activities and interests both in the home and in the wider community. Activities included swimming, gardening, playing snooker, trips to cafes, horse riding and carriage driving. People spoke with enthusiasm about the activities they took part in. One person was particularly looking forward to going out that evening to play snooker. Some people attended courses at a local college. The offer of paid employment

was being considered for one person following completion of a baking course at the college. Monthly activity charts had been prepared in a suitable format using pictures and symbols and plain English as a reference for people.

People were also supported to maintain contact with family in response to their wishes. Specific support plans were in place to guide staff with this. Some people paid visits to family while others received them as visitors to Milestones. One person took annual holidays with their family.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was displayed in the home, including a format suitable for people using the service with pictures, symbols and plain English. Information from the PIR stated “During service user house meetings we ensure understanding of complaints procedures is understood and questions asked such as. Do they feel safe, supported and do they know who to go to with any concerns they wish to raise”.

Minutes of the house meeting for February 2015 showed that the complaints procedure had been discussed with people using the service. One person told us their experience of raising concerns, “it’s been sorted out with a good outcome”. No complaints had been received by the service in the twelve months prior to our inspection.

Is the service well-led?

Our findings

The provider had a clear set of values and a mission statement setting out the aims for the organisation as a whole. For Milestones the registered manager described their vision for the service as “the best we can be for the people we care for”. The PIR stated “The home is run with an emphasis on continually improving our service, this is reflective in supervision and appraisals which also shows empowerment of staff.”

The vision and values of the service were clearly communicated to staff. Minutes of staff meetings demonstrated that staff were kept informed about developments in the service. There was discussion around meeting the needs of people using the service, staff roles and inspections. One member of staff told us “the communication between staff and management is very, very, good”. Staff demonstrated a clear awareness of whistleblowing procedures within the provider’s organisation and how to contact outside agencies such as the local authority with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The home had a registered manager who had been registered as manager of Milestones since December 2013. The manager was 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 when they occurred.

Staff gave positive views about the management of the service. One told us “if I ever have a problem I ring them

and they are there for me”. Another staff member told us Milestones was “well managed” and commented “we do have a lot of support”. When asked about the management, people using the service commented, “very, very good” and “really good, doing a great job”. In addition the home had a deputy manager.

People benefitted from checks to ensure a consistent service was being provided. A quality assurance tool was in use on a six monthly basis that examined various aspects of the service provided. Quality assurance checks were carried out by the management of Milestones and reports forwarded to the provider for their information. These included health and safety, medicines and care and support documentation. A report was produced detailing any areas identified for improvement. Incorporated into the quality assurance check were the latest views from people using the service taken from house meetings and survey forms. A compliance report action plan had been produced detailing progress with any issues identified. The latest audit in March 2015 had identified a number of areas for action such as maintenance to areas of the garden which had started and updating details in care plans which had been completed. Another action for hanging pictures in communal areas of the home had been recorded as completed and was evident during our inspection visit.

Milestones had actively sought feedback from healthcare professionals and relatives of people using the service and had received positive comments from this. Surveys sent to relatives of people were accompanied by a six monthly newsletter detailing events and achievements at Milestones.