

Milestones Trust

35 Cranbrook Road

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: 35 Cranbrook Road Care Home is registered to provide personal care and accommodation for up to five people. The service supports people with complex mental health needs. We met four people who were living at the home on the day of our visit.

People's experience of using this service and what we found

The staff who supported people were not always being properly supervised and supported in their work. This meant there was a risk staff could be providing care that was not safe or suitable for people. We asked a senior manager about this. They recognised there was work needed to ensure all supervisions were completed.

Some care plans and risk assessments had not been updated and reviewed to make sure they were accurate and up to date. There were audit systems in place however the registered manager's audits had not identified the shortfalls we found. These audits were meant to be completed to improve the care and service.

People felt they were well supported and their full range of needs had been assessed.

Care plans and risk assessments were in place to support staff so people's individual needs could be met and risks minimised.

People's medicines were managed safely by staff who were trained and competent to do this. To support staff there were medicines policies and procedures. This information was up to date and easily available for staff. There was also good practice guidance.

If there was a major emergency there were procedures and contingency plans in place. Staff had plenty of personal protective equipment (PPE) such as gloves and aprons. An infection control policy and procedure were in place and staff had completed training in this area

People told us positive things about life at the home. One comment was "It's nice." Safe recruitment procedures were in place and staff were supported to fulfil their role with training and learning updates. The staff and management team worked with other health and social care professionals. For example, when needed community psychiatric nurses supported people at the home.

People knew about their care plans. No one we asked said they wanted to be included in regularly reviewing and updating them with the staff. However, records showed some people had been involved in this process.

People were supported by a staff team who had built up positive relationships with people and their relatives. They understood how to meet each person's needs and knew their wishes and preferences. There

was rare use of agency staff and this was to ensure people received continuity of care.

People's privacy and dignity was respected and staff were kind and caring.

People's dietary needs were identified and met. People spoke positively about the meals.

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

People took part in range of activities and spoke positively about these. People were encouraged to maintain contact with relatives and friends.

There was a complaints procedure in place .People knew how to make their views known if they were unhappy in anyway.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good, (report published March 2017)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up - We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 35 Cranbrook Road on our website at www.cqc.org.uk.

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 service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive .

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.□

35 Cranbrook Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector

Service and service type

35 Cranbrook Road 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met four people who lived at the home to talk to them about their experience of the care provided.

We spoke with four members of staff including a senior manager, a team leader and two support staff.

We reviewed a range of records. This included one person's care records and three medicine records.

We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported to be safe in the home and away from it. Risks were minimised because staff knew what to do to reduce the risk of avoidable harm.
- To support people to be safe in the home there were systems and checks to monitor the safety of the environment and equipment.
- People had individual risk assessments in place. Each assessment had identified their specific needs. The assessments contained guidance to staff to minimise or reduce risks.
- Regular fire safety checks were undertaken and a fire risk assessment was in place.
- Staff received training around fire safety and how to reduce health and safety risks.

Systems and processes to safeguard people from the risk of abuse

- Everyone told us they felt safe living at the home. Comments included, "Of course I feel safe."
- Staff received safeguarding training and had access to a whistle blowing policy.
- Staff knew how to safeguard people from abuse and were confident to raise any concerns they had.
- The registered manager sent us statutory notifications to inform us of any events where people were placed at risk of harm.

Staffing and recruitment

- Recruitment procedures continued to be safe. Pre-employment checks were always completed.
- There was a regular staff team and no use of agency staff. There was enough staff on duty at any time and they knew people well and had a good understanding of individual needs and routines.

Using medicines safely

- People received support with their medicines from trained and competent staff.
- We saw people received their medicines on time and staff explained what their medicines were for.
- There were effective systems in place to ensure medicines were ordered, stored, administered and disposed of safely.
- Policies and procedures for the management of medicines were available to staff along with up to date good practice guidance.

Preventing and controlling infection

- People were supported to live in a clean and hygienic home.
- Staff and people at the home worked together to maintain a safe and clean environment to live in.

- The home was clean and free from any offensive odours.
- Staff used personal protective equipment (PPE) including disposable gloves and aprons.
- Infection control procedures were followed and staff had been on training.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. This ensured the overall quality of care and service continued to be improved.
- Accidents and incidents were regularly reviewed by the registered manager to identify any trends or patterns within the service.
- Analysis was completed to minimise future risks and occurrences. Information was used to ensure care was updated to help to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff did not receive appropriate formal support to ensure they understood what they were accountable for or to allow them a time to ask for any additional support. Staff had not been receiving regular supervision. The provider's policy was for one to one support in a formal way at least every eight weeks
- The provider had recognised there was a need for extra support at the home for the staff team. They had recently introduced an extra role of a team leader to give more support. The team leader had been working at another service run by the provider. The staff said the extra team leader working at the home had given them more support.
- The team leader told us part of their role was to address the shortfall in regular meaningful staff supervision meetings.
- When staff started in post they received an induction to their role. This was to help them understand their roles and responsibilities.
- Staff attended staff meetings where they said they could raise matters with management openly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Everyone we spoke with had been involved in the development and review of their care plan. People told us they felt fully involved in their care and were happy that staff understood their needs very well.
- People's needs were fully assessed. This process fully considered mental health, physical and social needs prior to moving in to the service. Staff worked closely with health and social care professionals in the development of these plans.
- Care plans reflected people's individual needs, preferences and personal choices. They included guidance for staff to follow.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to plan menus, buy food and cook meals based on their personal preferences.
- Guidance was available for staff to follow which included risk assessments around nutrition.
- Staff had a very good understanding of people's food and drink likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care

- People told us they went to see their GP and other healthcare professionals as required. They said staff gave them support if needed.

- Staff worked with outside agencies and professionals, including the commissioners of the service
- Records were kept of all healthcare visits to make sure staff had access to the most up-to-date information to support people with their health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one living at the home who was subject to a DoLS application.
- Staff had been on training in the MCA and DoLS and were aware of the importance of assuming a person has capacity to make decisions unless it had been assessed that they did not.
- The team knew if people had been assessed to not have capacity to make specific decisions, systems were put in place. This would be to ensure they retained maximum choice and were supported by staff in the least restrictive way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said the staff team treated them well and were respectful. One person said, "Of course" when we asked if the staff treated them well. Another person told us, "All right" when we asked the same question.
- Staff were observed speaking to people in a way that was very supportive and very respectful at all times.
- Staff told us one way they ensured they always treated and supported people respectfully was always to use a very calm approach with people.

Respecting and promoting people's privacy, dignity and independence

- We saw staff treat people with respect by the way they spoke to them and engaged them in conversations. We heard staff offer people choices, such as what people wanted to eat, and how did they want to spend their day.
- Staff supported people to choose what they wanted to wear and ensured clothes were suitable to the season. We heard staff discreetly prompt people to make sure they wore warm enough clothes when they went out.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to express their views and opinions through regular house meetings.
- Every person also told us the staff were approachable and they could speak to them at any time about anything.
- People's specific communication needs were clearly documented, and guidance was in place for staff to meet these needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained clear information about people for their individual needs to be met. For example, information about likes, dislikes and what was important to people. However, some parts of a person's care plans we read had not been formally reviewed or updated for over 12 months. This meant there was a risk that the care plans were not current and staff may not know how to properly support this person with those range of needs.
- People told us they knew the staff very well. Staff understood people's needs very well. The staff were able to tell us about people's life histories, families, as well as their care needs and how they liked their care to be delivered.
- Assessments and care plans took account of people's protected characteristics. Information about people's preferences relating to culture, religion and sexuality was included. Staff told us many examples of how they supported people using the information in people's assessments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were well supported to develop and maintain relationships and to take part in activities that were socially and culturally relevant to them.
- There was a regular walking group that took place on the day of our visit. One person told us they were going for a pub lunch after the walk with the staff.
- People were supported to take part in arts and crafts sessions in the home and in the community. There were a number of paintings on display painted by a person from the home.
- Some people chose to keep close contact with family and friends. We met one person who was going out to see family that day.
- People also went out to the shops and cafes in the nearby areas. One person told us they liked to go to a coffee shop every day. We saw them go out for their daily visits.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us they had been given information in format they could read. This meant their

communication needs were well met.

- There was clear guidance on how best to communicate with each person recorded in their care plan.
- Staff understood how people communicated and used sensitive methods when communicating with them.

Improving care quality in response to complaints or concerns

- People we met told us they had no complaints or concerns about the service. However, they also said they would go straight to the manager if they did.
- There was a complaint policy and procedure available in different formats.
- Complaints were investigated and responded to in line with the service's policy.
- Any complaints were analysed and used as opportunities to further improve the service.

End of life care and support

- At the time of the inspection no-one was receiving end of life care, so this was not reviewed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has been rated as Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to check the quality of the service. For example, there were checks in place to make sure people had their medicines safely and to check on the overall quality of service. However, the registered manager's audits had not picked up that staff supervision was not taking place regularly. Nor had it picked up that certain care plans needed to be reviewed to make sure they were still up to date.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks on other areas were completed daily. This included checks on the building, cleanliness and care plans. There were also regular spot checks carried out on staff which were effective in driving improvements.

- Accidents and incidents were analysed to look for actions needed to prevent reoccurrence. For example, one person's risk assessments had recently been updated when they were out in the community.

- The registered manager ensured notifications to the care quality commission (CQC) were completed. These were to inform us of certain events, in line with the requirements of their registration.

- The last CQC report was displayed in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff and management team had developed positive relationships with people they supported and their relatives.

- Staff told us how they valued their work and enjoyed working closely with people to achieve good outcomes for them. For example, staff were always calm and patient with people and took plenty of time to interact and engage with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear vision for the service. They said this was to empower and enable people to live independent lives. Staff understood and embraced this value. This meant they provided people with the support they needed to live a fulfilling life.

- The senior manager who assisted us conveyed a full understanding of the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. They were very open,

clear and transparent in their responses to the matters we found at the inspection.

- The rating from the last inspection was on display in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the registered manager spoke to them daily about the service and how they felt about matters at the home. Care plans included people's responses, and these were positive and action plans were developed when needed.
- Staff told us there was excellent collaborative team work. They said the registered manager worked alongside them on daily basis. The staff said the registered manager always engaged the team when making decisions about the service. This was also confirmed in recent staff meetings records.

Working in partnership with others

- The registered manager worked in partnership with other agencies and sought advice about people's care from health professionals. They also worked with health specialists to ensure people had the right help and support.
- Staff supported people to take responsibility for their health and wellbeing. When any concerns were noted, staff supported people to contact relevant professionals. This helped ensure matters were resolved as quickly as possible.
- People and staff told us, and records showed there were other health professionals involved in their care. We saw guidance in place written by other healthcare professionals.