

Milestones Trust

6 Northumberland Road

Inspection report

Redland
Bristol
BS6 7AU

Tel: 01179423628

Website: www.milestonetrust.org.uk

Date of inspection visit:
10 August 2021

Date of publication:
17 September 2021

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

6 Northumberland Road provides accommodation and support for five people with acute mental health needs.

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

Risks to people in their daily living had not always been assessed and risk assessments updated. Incidents were not always being reviewed for lessons learned and shared with the staff team to improve safety. For one person there was a lack of suitable pre-admission planning and liaison with the organisation the person came from. This could have put people, staff and others at risk if the staff team were not made aware in detail of the person's needs and any risk management strategies in place.

Quality assurance systems were in place, but these failed to identify or address the shortfalls found during the inspection. This placed people at risk of receiving a poor-quality service. While the provider and registered manager had an action plan to improve the service, some concerns had not been recognised until we provided feedback.

People were supported by a staff team who understood safeguarding and how to report concerns. There were enough suitably trained and skilled staff to support people safely. People were supported safely with their medicines.

Staff cared for the people they supported and valued their roles. One staff member said, "The staff that work here are amazing." Another staff member told us "We are a good team and we always do our best for the guys and I like the team I work with."

Rating at last inspection:

At the last inspection the service was rated good (report published December 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

You can read the report from our last comprehensive inspection, by selecting the 6 Northumberland Road link for on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified two breaches in relation to: safe care and treatment and good governance at this inspection. We have also made a recommendation around how the service could improve its pre assessment processes.

Follow up

We will request an action plan for 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.

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

You can see what action we have asked the provider to take at the end of this full report.

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 always safe

Requires Improvement ●

Is the service effective?

The service was effective

Good ●

Is the service caring?

The service was caring

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well led

Requires Improvement ●

6 Northumberland 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 team consisted of one inspector, one pharmacist inspector and two assistant inspectors.

Northumberland Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The registered manager for the service is also an area manager for the provider. The day to day management of the home has been delegated to a day to day manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people receiving a service and two staff. We spoke to the registered manager by phone. After our site visit, we spoke to four staff by telephone interview.

Records we looked at included two care plans, four staff files and a range of documents relating to medicines, accidents, incidents and complaints, satisfaction surveys completed by people who used the service and their relatives and quality assurance reports.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. As a number of documents were not available to us on the day of the site visit, they were reviewed afterwards.



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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management and Learning lessons when things go wrong

- Risks assessments were not always completed to guide staff in how to safely support people. One person had been at the home for five weeks. Staff had identified risks to others and had recorded these in detail in the person's daily records. These risks could have impacted on the safety and wellbeing of staff and other people. However, there were no assessments to help recognise what may trigger these risks and how to manage them. Staff were expected to record any accidents and incidents and report them to the manager and the provider. In the last five weeks there were no incident records in place for a person who was expressing regular verbal anger and posed risks to others by their actions. This meant there was a lack of structured learning when things go wrong in the home. We told the registered manager of our findings during a phone call to them when we were at the home. After our site visit the registered manager told us that these had now been put in place. They also acknowledged this short fall in risk management processes.

This was a breach of Regulation 12 of the Care Standards Act 2014 around safe care and treatment.

- The provider had forms to be completed at the initial assessment. The forms were meant to be used to identify specific needs and risks. Wherever possible this was always done with the person and family members. There was detailed information about how to keep people safe with their physical needs and their complex mental health needs.
- Staff conveyed an in-depth knowledge of approaches and ways to manage risks. For example, when people expressed anger due to their mental health needs. We saw two staff apply these approaches when a person was angry in mood towards them.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable and confident in safeguarding people from abuse.
- Staff had received training about abuse and understood their safeguarding responsibilities. They were aware of different types of abuse, understood the signs to look for and knew to report their concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- There were safe systems in place and suitable procedures were followed to minimise the risk of unsuitable or unsafe staff working at the service.
- All new staff had references taken up from previous employers as well as a Disclosure and Barring Service (DBS) check. A DBS check identifies whether a person is barred from working with vulnerable adults or has any convictions that might affect their suitability for the role.

Using medicines safely

- People's medicines were managed safely.
- Medicines were administered by trained staff and recorded on Medicines Administration Records (MARs). The MARs we reviewed showed that people were receiving their medicines as prescribed. Separate body maps were available to show where creams and other topical preparation needed to be applied.
- Protocols were available to guide staff on when it would be appropriate to administer medicines which were prescribed to be taken 'when required'.
- People could look after their own medicines and we saw there was a policy available to support this and appropriate risk assessments had been completed.
- There were suitable arrangements for the storage of medicines including medicines which required extra security.
- There was a policy available which detailed how people's medicines would be managed when they were away from the service. It did not follow recommended practice. The provider informed us that it was not currently in use and would be amended.
- Recent monthly medicines audits had not been completed. The provider was aware of this during the inspection and had identified this as an issue to action.

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 consistently good, and people's feedback confirmed this.

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

- One person had been living at the service for six weeks. When they came to the service, they had minimal information with them to explain their needs, their life history and how they chose to be supported with their care. Staff also told us on the day the person came to the home the staff on duty were not made aware the person was going to be arriving. This conveyed a lack of pre admission planning and liaison between the service and the organisation they came from.
- People told us their needs and choices were planned with them and support was delivered in the ways preferred by them.
- People received care and support from staff who had the skills they needed to carry out their roles. One person said, "The staff are very nice here." Another person told us, "I would give the staff top marks."
- Staff told us how they supported people with their needs. One said "We look at their papers and we look at what we see, we have risk assessments and they are so important because they give staff guidelines on what we should do. We write the support plans and they take in emotional wellbeing, life skills and financial and spiritual wellbeing, we build up the picture step by step." Another staff member said "We will chat with the person and see their needs are and see what the person thinks they need and what support they like and how we can build up confidence. When they are happy, we can withdraw our support."

We recommend the provider introduces a robust and effective pre-admission procedure for the service.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience to deliver effective care and support to people.
- Staff spoke positively of the training provided; One said "We have got training, which is important for us and we have goals to reach for different types of training and we are always learning on the job. We have supervision sessions with our manager, and we receive help and feedback from our manager. It is there to help staff to improve and if I have issues that I have observed, I will feedback to our managers." Another staff member said, "We will have training, usually online training because of covid and sometime in-house in normal times. We usually go through things at team meetings and what we need to do as a team and individually."
- Staff had completed training in a range of subjects including mental health, diversity, fire safety, first aid, food hygiene, health and safety, medicines, Deprivation of Liberty, moving and handling, infection control and safeguarding.

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

- People told us how they were able to buy and prepare their own meals. One person told us how they

regularly went to a local supermarket to buy their groceries and on certain days prepared their own meals for the day.

- We saw people used the kitchen independently to prepare drinks and snacks.
- People also ate together with other people in the home. People told us they had meetings to discuss what would be on the menu. This helped ensure that people received meals that they preferred.

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

- The service worked with other agencies and organisations, for example, with the local authority, mental health teams and district nurses. This helped ensure people received effective support and treatment.
- People were supported to live healthier lives and had access to a range of healthcare professionals and other services. Where advice and guidance were provided to staff these were followed and written in care plans.

Adapting service, design, decoration to meet people's needs

- People were able to individualise bedrooms to their own taste.
- The home did not have a lift, and this was clearly explained in the service user guide.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with outside healthcare services, to meet people's everyday health needs.
- People told us they saw a doctor or other relevant professional when needed.
- Assessments had been completed to support people's range of 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 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. 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

- People told us staff sought consent before offering or providing support.
- People's right to make their own decisions under the MCA was respected. However, one person had conflicting information in their care records about their capacity. This lack of clear record keeping about the person's capacity could put their rights and freedom at risk.

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

- Staff treated people with kindness and respect. One staff member said "We always knock on their door, if no answer we knock again and ask if we can come in. There is a key, we can go in but very rare they won't answer the door. If I am doing a sleep in and I am alone overnight, and I am concerned then I will knock a couple of times."
- We observed one person express very strong emotions towards two staff members. The members of staff remained kind and respectful in their responses.

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

- Staff supported people to make their views known and be involved in decisions about their care. One staff member said, "The people I work with have rights and you have to understand their emotions and that is my approach." Another staff member told us "We speak individually with clients, they have one to one time and we ask if they have any issues, anything to raise, anything about their medication. The one to ones are really good or they can come to us in between."

Respecting and promoting people's privacy, dignity and independence

- People told us, and we observed, how they were involved in planning their own care and support.
- Staff promoted people's independence. One staff member told us "Quite a few of the guys are pretty independent, some like help with personal care. One person we help has a leg ulcer and we will support him to have a bath but most of the guys are quite independent, but we support if they ask." Another staff member said, "I think the service users are well cared for and are encouraged to be as independent as they can be."
- Further staff feedback showed how they treated people with respect. One staff member told us "When I come to the house, we do not have keys, it is not out house, we ring the bell and patiently wait. I also have chats with people and that gives me information about how they are and how things are going."
- People's independence was encouraged and supported. People told us how they went out independently to local shops in the community. People also cooked their own food when they were able. Some people were supported to take responsibility for their own medicines.
- One person told us they had a physical health condition that staff were supporting them with. The person also said they were helped by staff to manage this independently.
- People's confidential records were kept in secure cupboards within the staff office.

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

- People had support plans in place. These included information about the person and their needs. Care plans reflected that staff understood people's needs.
- Care plans contained holistic information, for example information about their spiritual wellbeing needs.
- There was a keyworker system in place in the home. A keyworker is a member of staff with responsibility for a person they are assigned to support. People we spoke with all knew who their keyworker was.

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's communication needs were identified, and actions put in place when needed during the assessment of their needs. This was part of the ongoing care planning process so that information was given in line with their needs.
- When needed, picture format and simple choices were used. For a person for whom English was not their first language, a translator could be made available.

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

- Staff supported people in the home to take part in activities and groups. For example, a walking group took place regularly.
- People told us how staff supported them when needed to go to community activities such as the shops. People were also independent in going out as they wished so they could follow their own hobbies and interests. One person, for example told us they were going out to ride their scooter later that day.

Improving care quality in response to complaints or concerns

- People told us they were easily able to make complaints if they wanted to.
- Records showed action had been taken to resolve situations of concern. For example, one person's behaviour had led to complaints being raised.
- Staff knew how to support people to make their views known. One staff member told us "There's a complaints procedure and staff talk to people too."

End of life care and support

- At the time of our visit the service was not supporting anyone on their end of life care journey. However, the service had experienced providing end of life care previously, and meeting people's needs at this time.

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 deteriorated to 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; Continuous learning and improvement

- Accidents and incidents were monitored, though analysis was not always completed which made it difficult to accurately analyse information and identify patterns and trends.
- On the day of our site visit a significant amount of documentation was not available to us. Staff told us the information we had asked for was kept secure on the day to day managers computer. Staff had not been told how to access this information. Documentation needs to be available for inspection and review. This is to ensure checks can be carried out at the time to check how the service is being run and the regulated activity carried out.

Systems in place to monitor and improve the quality of the service were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff knew what the provider's values were for the service. These included treating people in a way that made them feel they were in their own home, as well as encouraging independence. We saw examples of these values being put into practice by the staff. For example staff spoke very respectfully to people and offered them choices such as what drink or meal they may like or what they wanted to do that day.

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

- People were consulted in relation to significant developments with the service. Regular house meetings were held to discuss important issues. One staff member told us "Our current manager is quite new, so she is just getting used to everything. We involve the guys in everything, it is just about talking to people and asking them what they like to do. We have house meetings regularly to talk with the guys about how they are feeling. For example, one of the guys wanted more help with cooking and we have agreed a plan to better his cooking skills and we also have a new guy coming in today and we help out as much as possible."
- Staff had mixed views about how they were currently being engaged with by management. One said, "To be honest I haven't seen a great deal of the new manager, I think it's a new role for her." Another staff member said "They've started going back to team meetings, I've only done one zoom meeting, I'll stay back

when they have meetings and they keep me informed. I find my information when I go into the office and read my emails. The most Important thing is we get direction from our new manager."

- Staff were very committed to the service and motivated. We saw people approach the staff in a very relaxed way during our visit. This helped convey how people felt engaged with the manager.

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 understood their responsibilities and was open and transparent about shortfalls we found at the inspection.

- The registered manager and deputy understood their responsibilities to inform people and families, the Care Quality Commission and other agencies when incidents occurred at the service.

Working in partnership with others

- Staff told us and records showed how the service ensured they had effective working relationships with outside agencies. These included mental health teams, local authorities, district nurses, GP practices, safeguarding and DoLS teams and CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Incidents where risks were identified were not being analysed and reviewed to look for trends and themes . This put people and staff at risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Shortfalls in the service were not being formally picked up by the management of the home. This put people and staff at risk.