Milestones Trust

63 Lambrook 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?	Good

Summary of findings

Overall summary

About the service
63 Lambrook Road is a residential care home providing personal care to four people with learning disabilities and/or autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People were supported by staff who were kind and caring and who understood their needs well. People's views and opinions were sought and listened to. Independence was encouraged and supported.

Some improvement was required in relation to care documentation. Plans weren't always comprehensive enough to cover people's full range of care needs. However, the coordinator had already identified that plans needed improving and plans were in place to address this.

The provider had told us prior to the inspection that there had been concerns in relation to medicine administration and a number of errors had occurred over the past few months. People told us they felt safe and it was evident they felt comfortable and settled in the presence of staff. There were sufficient numbers of staff to ensure people received the support they needed.

Staff were positive about working in the service and received good training and support to fulfil their roles. Their performance and development needs were monitored.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People told us about the places and activities they enjoyed taking part in.

The service was well led. Care was person centred in nature and people were encouraged to play an active part in planning their own support. There was an open and transparent culture where people felt able to

raise any issues or concerns and could be confident they would be listened to.
Rating at last inspection
The last rating for this service was good (published 6 July 2017).

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 63 Lambrook 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?

Good

The service was well-led.

Details are in our well-led findings below.

63 Lambrook 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
63 Lambrook 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not 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. We reviewed any information we held about the service such as notifications. Notifications are information about specific events, the provider is required to send us by law. The service had also shared with us prior to the inspection, an action plan to address shortfalls in relation to medicines.

During the inspection-

We spoke with three people who were present in the home during our visit and we spoke with one relative. We reviewed care records for two people. We spoke with four members of staff including the registered manager and the coordinator.

Good

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.

Using medicines safely; Learning lessons when things go wrong

● Prior to the inspection, the service told us about a number of medicines errors that had occurred over the preceding six months. This had been identified as a concern and action taken to address the shortfalls. The service coordinator and registered manager were also receiving support from the clinical lead for the organisation to ensure systems were improved. We viewed a copy of the action plan that was in place and discussed the measures that had been put in place and were assured that the concerns were being addressed.

● The provider's response to the concerns about medicines demonstrated the ability to identify shortfalls in the service and take action to improve.

● People's medicines were stored in their individual rooms. Medicines were administered from their original packaging, in line with current best practice.

● Information was contained in people's care documentation about their individual needs and preferences around medicines. There were PRN (as required medicine) protocols to guide staff in when to administer these.

● The registered manager told us about their commitment and passion in relation to STOMP (stopping the over medication of people with learning disabilities and autism). They gave us examples of how they had supported two people in the home to reduce the medication they were taking. For one person, this meant they were now able to attend appointments without taking PRN medication. This was a significant achievement for the individual and staff who supported them to achieve this.

Systems and processes to safeguard people from the risk of abuse

● Staff were trained in safeguarding adults and knew the processes to follow if they had any concerns. All felt confident about reporting any issues or concerns.

● People told us they felt safe and it was evident they were comfortable with staff, sharing good humour and conversing about their day.

Assessing risk, safety monitoring and management

● There were individual risk assessments in place to guide staff in providing safe care and support. These were reviewed regularly so that they were up to date and reflected people's current needs.

● We saw that fire equipment and alarms were checked regularly. This was done during our inspection. We also saw records to show that fire drills were carried out with people in the home.

● Legionella checks were carried out to ensure the safety of the water supply. We did notice gaps in records for the testing of water temperatures and discussed this with registered manager. After the inspection they told us they found records elsewhere but that there were still some gaps and they hadn't been completed

every month.

Staffing and recruitment

● Staffing was a challenge for the service, as in recent months a number of staff had left for varying reasons. This meant there was reliance on bank and agency staff to cover shifts. Regular staff were used where possible to minimise the impact on people and to provide continuity.

● There were sufficient staff on duty to ensure that people were supported to attend activities and appointments they wished to.

● The provider had safe recruitment procedures in place when employing new staff.

Preventing and controlling infection

●The home was clean and free from odour.

●There were policies and procedures in place to supporting staff in preventing cross infection.

Good

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. 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

- People had been living at the home for a number of years and so their needs and preferences were well known by staff. People were able to tell staff about the care and support they wanted.
- The registered manager and staff were aware of current best practice and guidance in relation to social care. For example, the registered manager implemented the principles of STOMP

Staff support: induction, training, skills and experience

- Staff were well supported in their roles and felt confident about raising any issues or concerns.
- The service coordinator told us that 1:1 meetings, where staff were able to discuss their performance and development needs weren't up to date but they were currently working on ensuring this was addressed.
- We discussed with the registered manager how any performance issues were addressed and supported. We heard how one member of staff who was in their probation period was being supported to ensure their performance met with expectation.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported in accordance with their own needs and preferences. One person told us how after a recent trip to the GP, they had been advised they needed to make changes to their diet. They discussed with staff how they would need to make sure they bought the right foods when they did the shopping.
- People were involved in discussions about what they wanted on the menu.
- One person was unwell on the day of our visit and we saw they were supported to visit the GP for a check-up.

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

- Staff worked with other health and social care professionals to ensure people's needs were met. There was a review meeting taking place on the day of our visit with a person's social worker.
- People were supported to see health professionals as required.
- People had health action plans in place which detailed the various health professionals they saw.

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

- The home was suited to the needs of people living there. People had their own private room, which they could decorate with their own personal items. There were also lounge areas for people to socialise in if they wished to do so.
- The home was situated in a residential area, close to local amenities.

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 had been assessed as having capacity to consent to their care arrangements and therefore nobody had a DoLS authorisation in place.
- Staff told us that people in the home were very able to give their views and opinions on day to day matters and this was respected.
- We saw capacity assessments were in place for people if there concerns about their ability to understand more complex decisions such as finances. Best interest decisions involved relevant professionals and family members where possible.

Good

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

- It was evident that strong relationships had been created between staff and people they supported. One relative told us they had no concerns at all and were very happy with the care provided at the home.
- People had a key worker allocated to their care. A key worker is a member of staff with particular responsibility for the wellbeing of the person they are allocated to support. People knew who their keyworker was and staff told us they had time to spend with the person they supported.
- Staff spoke with people in a kind and respectful way. One person was concerned they hadn't been able to go out as planned that day, due to illness. A member of staff explained in a caring way why they couldn't go.
- We saw how staff and people shared laughter and good humour throughout our visit.

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

- People were able to give their views and opinions verbally and staff listened to these. One person was attending a care review on the morning of our visit.
- People signed their care documentation if they were able to and it was clear they had been involved in the process.

Respecting and promoting people's privacy, dignity and independence

- People were able and encouraged to be independent. People for example, took taxis independently to activities they attended. As well encouraging independence, this helped reduce the restrictions placed on people's lives.
- Support plans detailed the parts of people's care routines, they were able to carry out by themselves.

Good

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 now 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

● Support plans contained brief information about people's support needs, however they weren't comprehensive enough to describe people's care needs in full. For example, in one person's file we saw they had a care plan for personal care but no specific plans for other areas of care, such as nutrition or mobility. This was an area of the service that required improvement. The registered manager and coordinator told us they had already identified care plans as requiring improvement and were in the process of doing so. Time had been set aside to do this.

● Staff understood people's needs and preferences well and people were valued as individuals.

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.

● Some people were able to read their own care plans and sign to say they agreed with this content. Others were produced with pictures to help people understand them. One person using the service was visually impaired and so staff told us they read information to the person. Staff were also looking at other ways to support this individual, for example by using a voice recording device to record important information. We saw that this person had a voice activated device in their room, which they told us they liked to listen to the radio on.

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 told us about the places they went to and activities they enjoyed on a regular basis. One person told us about the day centre they enjoyed going to. Another person told us how they were going out to lunch that week.

● One person told us about a concert they had enjoyed attending which had involved an overnight stay. The registered manager told us they were looking at other opportunities for this person to attend a similar concert again.

Improving care quality in response to complaints or concerns

● People were empowered and able to make complaints and raise concerns. One person told us they had spoken with the registered manager and area manager about a concern they had. They told us the registered manager was investigating. It was clear that the person had felt very confident and able to make

their concerns known.

End of life care and support

- We saw in people's files that aspects of their end of life wishes had been recorded.

Good

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and person centred culture within the home. There was a positive atmosphere and evidently positive relationships between staff and the people they supported had been built.
- People's views and opinions were sought both in relation to their care and the wider running of the home.

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

- There was a culture of openness and transparency in the home. We saw for one person they had a received a letter apologising for shortfalls in the service around their medicine administration.
- Through discussion it was clear that people felt able to discuss and raise any concerns they had and felt confident they would be listened to.

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

- There was a registered manager in post who was based at the service part time. They were supported by a coordinator who was responsible for the day to day running of the home.
- The registered manager and coordinator were aware of regulatory requirements such as making notifications and displaying the rating from CQC inspections.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked for their opinions about the home, both informally and as part of a survey. This helped the registered manager understand what was working well and the home and any areas that needed to be improved.

Continuous learning and improving care

- The service was proactive at identifying shortfalls and ensuring there was a plan in place to address them. A plan had been drawn up to address a number of medicines errors in recent months and this was currently being implemented.
- The service was in the process of improving care plans and ensuring they were in line with the provider's standard format.
- There were systems in place to monitor the quality and safety of the service. This included a monthly audit

that aligned with the key questions looked at during CQC inspections.