

Milestones Trust

121 Watleys End Road

Inspection report

Winterbourne
Bristol
BS36 1QG

Tel: 01454250232
Website: www.aspectsandmilestones.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector on the 7 and 8 March 2017

121 Watleys End Road provides accommodation, nursing and personal care for 14 people. People who live at the home have learning and physical disabilities. There were 14 people with complex and high support needs living at 121 Watleys End Road at the time of the visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had submitted applications to the appropriate authorities to ensure people were not deprived of their liberty without authorisation. However, these had not been renewed promptly when they had expired.

People had a care plan that described how they wanted to be supported in an individualised way. However, some of the information within the care plan was about their previous care setting and no longer relevant. Care files would benefit from some information being archived as it could be misleading.

There were systems to monitor the quality of the service. However, areas we identified during the inspection had not been identified during the home's own audit systems. Where the provider had asked the registered manager to make improvements these had not always been actioned.

Sufficient numbers of staff supported the people living at the service. Staff had received sufficient training to enable them to support people effectively. Regular meetings were taken place however; other systems to support staff such as one to one meetings were not happening at regular intervals.

People's medicines were managed safely. People were protected from abuse because staff had received training on safeguarding adults and they knew what to do if an allegation of abuse was raised.

Recruitment processes were robust ensuring people were protected against unsuitable staff supporting them. Ongoing recruitment was taking place to fill the staff vacancies. Regular and familiar bank and agency staff were used to cover the shortfalls.

Staff knew people well and recognised when they were unwell and reported this to the nurses. People had access to healthcare professionals when they became unwell or required specialist equipment. Feedback from health and social care professionals was positive in respect of the care being provided.

People were treated in a dignified, caring manner which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. Staff used different forms of communication to enable them to build effective relationships with people. This was important as many of the people used non-verbal communication to express how they were feeling.

People were supported to maintain contact with friends and family. Relatives confirmed they were always made to feel welcome. People were supported to take part in regular activities both in the home and the community.

We found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Good ●

The service remains safe.

People were protected from the risk of abuse. This was because there were clear procedures in place to recognise and respond to any abuse. Staff were trained in how to follow the procedures.

People were cared for in a safe environment that was clean and regularly maintained. People were supported taking into account any risks ensuring their safety. People received their medicines safely and as prescribed.

Staffing numbers were sufficient to meet people's individual needs. Robust recruitment checks ensured staff were suitable to work at the service.

Is the service effective?

Requires Improvement ●

The service needed to make some improvements to ensure it was effective. This was because timely applications had not been made to ensure any authorisations in respect of depriving people of their liberty were still appropriate.

People were encouraged and made day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People were supported to eat a healthy and varied diet. People had care plans specific to meet their health care needs. Other health and social care professionals were involved in the care of people and their advice was acted upon.

People were supported by staff who knew them well and had received appropriate training.

Is the service caring?

Good ●

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and

responded appropriately. Staff were polite and friendly in their approach. There was a good level of involvement.

Care at the end stage of life was co-ordinated taking into account the wishes of the person and their relatives involving other health and social care professionals.

Is the service responsive?

The service was not fully responsive

Improvements were needed to ensure the service was responsive to people's needs. Care plans had not always been updated when a person had first moved to the home.

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. Care plans described how people should be supported with their daily routines.

Systems were in place to enable complaints to be addressed.

Requires Improvement 

Is the service well-led?

The service needed to make improvements to ensure it was well led.

Notifications required by law had not been sent to the Care Quality Commission as required. There were shortfalls in the monitoring of the quality of the service. Where areas of improvement were identified these were not always actioned.

Staff felt supported and worked well as a team. Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way.

Requires Improvement 

121 Watleys End Road

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 7 and 8 March 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

The last inspection of the service was September 2015. At that time, we found the service was rated overall good but improvements were needed to ensure the service was responsive. This was because at that time people were not being provided with the number of hours they were being funded for in respect of activities and social occupation.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team, the GP and the local safeguarding team. Three health and social care professionals responded. You can see what they told us in the main body of the report.

We spoke with the registered manager, two nurses and four care staff. We spent time observing people. This was because many of the people living at 121 Watleys End Road used non-verbal communication.

Is the service safe?

Our findings

People living at 121 Watleys End Road used mainly non-verbal communication. We spent time observing people and their interactions with staff. Staff knew what they had to do to keep people safe and reported concerns to the team leaders or the manager.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager.

Recently there had been an incident where there had been some missing pain relief for three people. This was being investigated by an independent manager employed by the Trust. The outcome of this was not known. We saw that the medicines room door was open throughout our inspection. This practice must be reviewed. Staff told us people's medicines were always held securely in locked cupboards or the medicines trolley.

The front door of the property had a key code because people were not aware of the risks in relation to road safety. People had access to a secure back garden leading from the conservatory. The home was fully accessible to people using a wheelchair enabling them to move safely from one part of the home to another.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. This included risks due to choking, poor nutrition, risk of falls, accessing the community and the home's vehicle. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed. Other professionals such as speech and language therapists had been involved in advising on safe practices and the equipment required. Staff described to us, how they ensured people's safety in all aspects of their care.

Many of the people living in the service required support from staff to move around the home. Clear guidance was in place for staff to follow to ensure people were transferred safely from one area to another. This included any specialist equipment and the number of staff required to do this. Staff confirmed that where people required support using a hoist this was done with two members of staff. Staff told us there were sufficient mobile hoists.

People had their own moving and handling slings which were suitable for them. This minimised the risks of cross infection. Staff confirmed these were washed regularly and checked daily for any defects. One person was waiting for an assessment to be completed by a health professional in relation to accessing the bath. This was to ensure they had the appropriate bathing sling. In the interim the person was being showered. This ensured this person was safe during personal care and not put at unnecessary risk.

Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose.

This was in addition to the external contractors who serviced the equipment. Staff had received moving and handling training and their competence was observed annually. There was a qualified moving and handling assessor and trainer working in the service alongside staff. Part of their role was to ensure suitable equipment was in place for people and staff were using this correctly. Staff were observed assisting people safely in this area.

Staff described their responsibilities in reporting any concerns they may have to the nurse in charge and the registered manager about the well-being of people. They told us, safeguarding adults was a regular topic discussed in their one to one supervisions with their line manager and at team meetings. Staff confirmed they had received safeguarding training.

Staff were aware of the role of the local council's safeguarding team in respect of protecting people who used their service. The local safeguarding team's contact details were displayed prominently in the home for staff and visitors. Staff were aware of the organisation's 'whistle blowing' policy and expressed confidence in reporting concerns. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people and for raising concerns. There was a central file containing the alerts sent to the local authority but this would have benefited from an overview record detailing the concern and the outcome. It was evident the registered manager had alerted the local authority appropriately and put in safeguards to prevent further risks to people.

We reviewed the incident and accident reports for the last 12 months. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents. Staff had reviewed risk assessments and care plans to ensure people were safe following an accident.

There were sufficient staff working in the home to support the 14 people. There were six care staff working in the morning, four in the afternoon and two at night. There was always a nurse working alongside the staff. Staff told us staffing had improved since the last inspection. This was because there were regular bank and agency staff covering shifts. In addition to the care staff there were administration staff, a cook and housekeeping staff which enabled the care staff to focus on supporting people.

Day care staff were also employed to enable the people to take part in regular activities in the home and the community. There was one permanent day care worker who was supported by a core group of bank staff who regularly worked in the service.

Staff confirmed they could speak with the registered manager or senior managers to discuss staffing levels when they were concerned and where people's needs had changed. The registered manager attended regular meetings to discuss the home's budgets including staffing levels.

The provider followed safe recruitment practices. The registered manager clearly understood her responsibilities to ensure suitable staff were employed in the home. Recruitment information was held at the main office of Milestones Trust. We have previously visited the HR office and found there were robust systems in place to ensure suitable staff were employed.

The registered manager was actively recruiting to the vacant staff posts. They had attended job fairs and visited local shopping centres to promote working for the Trust. They said it had been very difficult to recruit to the vacant posts which had included both nurses and care staff. The registered manager told us there were 7.5 care staff and 1.6 nurse vacancies. They told us there were four care staff and one nurse who had been appointed but they were waiting for their recruitment checks to be completed.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals and using the hand gel provided. There was sufficient stock of gloves and aprons to reduce the risks of cross infection. A member of staff told us new industrial washing machines had recently been installed and this had been a vast improvement on what they had before. They told us they had kept one of the old washing machines enabling them to wash the kitchen cloths and aprons separately.

Is the service effective?

Our findings

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 make 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. The application procedures for this in care homes are 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 were being met.

Applications in respect of Deprivation of Liberty Safeguards (DoLS) had been submitted for 14 people. Three people had an authorisation in place. Each person had been assessed using a pre-checklist to determine whether an application should be made. Copies of the applications and the authorisation were kept in the person's file enabling staff to access this information promptly. There was also a central file containing the applications but not the authorisation. We saw that for two of the people a prompt application had not been resubmitted when the authorisation had expired.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

There was a matrix to enable the registered manager and staff to monitor these to ensure that when a further authorisation was required this could be applied for. However, the matrix did not include the expiry date. Usually DoLS were authorised for a period no longer than 12 months. The registered manager had notified us about the outcome of the authorisations. Policies and procedures were in place guiding staff about the process of DoLS.

People's care plans clearly described how the staff supported them to make day to day decisions, for example about what to wear, to eat and drink and how they wanted to spend their time. Staff were aware of those decisions that people could and could not make for themselves. Examples of this included decisions about healthcare monitoring when people were not able to understand the relevant information.

Meetings were held so that decisions could be made which were in people's best interests involving the person's relative, advocate and other health and social care professionals. Records were maintained of these discussions, who was involved and the outcome. Relatives confirmed they had been involved in these discussions and had been kept informed of the outcome.

Care records included information about any special arrangements for meal times and dietary needs. Other

professionals had been involved including speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan. People's weight was monitored on a monthly basis or weekly where concerns had been raised in relation to weight loss or gain. Advice had been sought from the GP and a dietician. In addition food and fluid charts were used to further monitor the person. Mealtimes were flexible to enable people to take part in their planned activities. There was a menu in place that showed people were provided with a nutritious diet that was varied. We observed people being offered a choice and where people had not liked what was on offer given a further alternative.

Some people were at risk of developing pressure wounds because of their lack of mobility. Clear plans of care were in place to guide staff on the prevention of pressure wounds and the specialist equipment required. Daily records included information about any concerns with skin integrity and what action had been taken, including seeking advice from the person's GP, physiotherapists and district nurses. This ensured people had access to suitable equipment such as suitable seating and a treatment plan was in place. Staff had received training in this area to enable them to monitor people's skin condition. A member of staff told us they were waiting for a specialist chair for one person because it was noted their previous chair was no longer suitable and had caused a bruise. In the interim the person was sitting in a recliner chair which staff told us was suitable.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and had attended appointments when required. People had a health action plan which described the support they needed to stay healthy. Due to the complex needs of people the GP completed home visits rather than people attending the surgery. Feedback from health professionals was positive. One professional told us, "The care is effective for the residents". They told us the staff met people's medical and social needs. They said "I feel they are respected and well cared for. I do an annual medical review on everybody each year and there never seems to be any gaps in their care".

Staff confirmed they completed an induction when they first started working in the service. This included working alongside more experienced staff for a period of two weeks in a supernumerary capacity. Staff told us this was important to enable them to get to know the people and for the person to feel confident with them. The Trust's induction was in line with the care certificate which was an induction programme for care staff.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with a good range of training which enabled them to support people safely and effectively. Staff told us much of the learning was completed on line. There was a training plan in place to ensure staff completed regular updates.

121 Watleys End Road provides suitable accommodation for people with complex physical disabilities. The accommodation was situated on one level with wide corridors and doors enabling people using a wheelchair to access all parts of their home. All areas of the home were decorated in a light homely style.

Each person had their own bedroom which the staff had supported them to personalise in relation to décor and with their personal effects. There were sufficient bathrooms and toilets which were wheelchair accessible with a walk in showers and special adapted baths. A member of staff told us there was not always sufficient hot water to enable everyone to have a bath. We discussed this with the registered manager who confirmed that this was being resolved by the Trust with an engineer visiting the day after the inspection.

We saw in one of the bathrooms some tiles had been taped because they were chipped. This posed a risk to people in that the edge was sharp. A member of staff told us this had been like this for the last six months

gradually getting worse. The registered manager told us this had been reported and they were waiting for this to be addressed. As part of the service's business plan it had been identified that the bathrooms and wet rooms needed a refurbishment.

Is the service caring?

Our findings

Relatives spoke very positively about the staff and how they cared for the people living in 121 Watleys End Road. Comments included, "Excellent, the staff are wonderful, they are really caring", "Whenever I visit at whatever time, all the staff are lovely" and "X (name of person) is really happy living at 121, X (name of Keyworker) is excellent, really encourages X to do things. They have a really good relationship".

People looked well cared for. This included ensuring people had their glasses, funky scarfs to protect clothes and some ladies had painted nails and jewellery that matched their outfits. It was evident people were encouraged to have their own style of dress. People's hair looked clean and groomed. Staff told us personal care was never rushed as this was a good opportunity to spend one to one time with people.

Each person had an identified key worker, a named member of staff and a care co-ordinator, a named nurse. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them on a one to one basis. Staff confirmed their responsibilities in relation to the key worker role and how it enabled them to build closer relationships with people as they could spend more time with them. A relative confirmed they were aware of the key worker role and that they kept in contact with them regularly.

The relationships between people and the staff was caring, friendly and informal. People looked comfortable in the presence of staff and chose to be in their company. Staff sought to understand what was wanted and how they could help people. People had communication passports to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people. Staff were aware of people's preferences. This included the name they wanted to be known by and the gender of staff they liked to be supported by. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice.

Staff were aware of people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. The staff members were patient and waited for the person to respond. Staff were heard talking to people explaining what was happening next. Staff described to us, how they knew when a person was unhappy or did not want to participate in an activity, enabling them to respond appropriately to the person. For example, one person did not enjoy lots of noise and found the Wednesday afternoon club too noisy. Staff assisted the person to spend time away from the main lounge. This person appeared relaxed and was enjoying the company of the member of staff.

Staff were observed involving people in daily activities such as putting laundry away or tidying up the small kitchen. The level of involvement varied but it was evident staff took the time to talk with people whilst completing these tasks. One person was actively cleaning their bedroom and later was observed being supported by a member of staff to make coffee for themselves and others in the home. There was positive banter between the person and the staff. They were evidently enjoying the activity and the feeling of being

involved. We were told this person liked to be involved and would assist in setting up the tables for lunch and clearing away after the meal. They also liked to be involved in putting their clothes away.

Most of the people needed support with all aspects of daily living due to their learning and physical disability. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff were observed knocking prior to entering a person's room. This ensured that people's privacy and dignity were maintained.

People were well supported over the lunchtime period. Staff were engaged with people explaining what they were eating and staff were patient taking the time to ensure it was at the pace of the individual. Protective aprons were offered to people before they commenced their meal. After the meal people were supported to change where required. Where people were nil by mouth and fed through a tube (PEG) staff explained how they monitored any discomfort when others were eating. Staff showed empathy for these people making sure they were comfortable and not upset because other people were eating in front of them.

People's bedrooms were decorated and personalised to a high standard. One person had a painted mural of their favourite football team. Two people told us they had been involved in choosing the colour scheme and choosing what went into their bedroom. It was evident they were very proud of their personalised space. Some people had sensory equipment to aid relaxation. Relatives had evidently been involved with family pictures being displayed in many of the bedrooms.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. Relatives confirmed they could visit whenever they wanted and were made to feel very welcome by all the staff without exception. A relative told us they had been invited to 121 Watleys End Road to spend Christmas with their daughter. They told us they were able to have a Christmas meal in the conservatory as a family. It was evident they were very appreciative of this. Another relative told us how the key worker supported their relative to meet up with family in a local pub on a monthly basis. They said this was important enabling them to spend quality time together.

Friends and family were invited to social gatherings which gave them the opportunity to meet with other families. Staff told us this year a garden party was organised with cream teas in previous years a garden fete had been organised. A relative told us they enjoyed these gatherings as it was an opportunity to meet people and the staff. Some relatives were visiting on the day of the inspection and were involved with a small group of people in some art and crafts. They told us they liked to get involved and were always made to feel welcome.

During the last inspection staff told us they could access information about the end of life care preferences for people. They described how they supported people with their end of life wishes and respected the rights of the person to die in their own home if they wanted. This included seeking advice from other professionals including district nurses, palliative care specialists and the person's GP to ensure appropriate equipment was in place. This included any pain relief to ensure the person was comfortable and pain free. One visiting professional told us, "I have been particularly impressed with the end of life care of various people over the last few years, managing this at the home to try and avoid unnecessary and stressful hospital admissions".

Information was available in care records on any specific wishes of the person for example who needed to be informed, the type of funeral and any special requests such as music or a specific colour of flowers. Some of this information was based on what the staff knew about the person and from making contact with

people's family representatives.

Is the service responsive?

Our findings

Staff were responding to people's care needs throughout the inspection. This included supporting people with personal care and with activities both in the home and the community. Where a person became upset staff responded promptly and appropriately. One person was becoming upset when other people were happily listening to music. Staff supported the person to spend time in a quieter lounge. Reassurance was provided to the person which calmed the situation and allowed the other people to enjoy their time listening to music. This person was later seen cleaning their bedroom floor with a member of staff, as a means of distraction.

People's needs were assessed prior to them moving to 121 Watleys End Road. We looked at the care records for a person who had recently moved to the service. It was evident the staff had liaised with the person's family and the social worker. Whilst there was some valuable information in this person's file there were some areas that needed to be developed such as a person centred plan. Staff said they were in the process of completing these. Staff clearly described how they were supporting the person and their interests. A relative told us they were very satisfied with the care and support that was in place and confirmed they had been consulted and involved throughout.

Care plans included information about their personal history, individual preferences, interests and the support they needed. The care plans had been kept under review on an annual basis or as needs had changed. However, two of the four care plans we looked at contained information relating to their previous service. Both people's needs had changed significantly since moving to 121 Watleys End Road and some areas of their care plan were no longer relevant. For example one person's plan talked about their role as tenant in respect of security, maintaining good relationships with neighbours and how they managed their finances. This person had been living in the home for over 12 months. When we discussed this with staff they agreed this was no longer relevant due to the person's changing needs. Whilst it was clear some plans had been updated some of the information in their files would of benefited from being archived as it was no longer relevant and may be misleading to staff.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

The four care files we viewed had a different care planning format. When we discussed this with the registered manager and a nurse there were different expectations on the format. The nurse showed us the standard documentation that was expected by the Trust and said they would be using this for the four people they coordinated the care for. This was not the same format that was used for other people living at 121 Watleys End Road. There could be a risk that all information expected by the Trust was not being recorded consistently

Staff told us the nurses always listened when they raised concerns about people's well-being and would take appropriate action. A nurse told us, "All the care staff are really good they know people really well and the slightest change they will discuss with us". They told us this was important as many of the people were

unable to tell them what they wanted. This had enabled them to respond to people's changing needs.

It was evident that the nurses and the care staff were committed to providing care tailored to the individual. A member of staff told us "The people come first and often at the detriment of completing paperwork and administrative tasks". All staff told us it was a very busy home. From talking with staff it was evident they were committed to providing good quality care to the people they supported. Staff told us it was important to spend time with people and care was never rushed. A member of staff told us about one person who particularly liked to spend time in the bath. They told us this was important so they never rushed this activity which enabled the person to relax and enjoy the experience of the spa bath. It was also an opportunity to spend time on a one to one basis.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. This enabled staff to plan the shift ensuring people were allocated staff to support them throughout the day and to keep them up to date with any changes.

Care plans contained specific information which related to the management of long term conditions which affected people's physical health. This included for some people their behaviour which subsequently affected their safety. The plans provided staff with clear guidance to follow when giving support and care, and in some cases identified trigger factors to help staff recognise early signs of deterioration in people's health and well-being. This meant that care was delivered with continuity and where necessary swift intervention from specialist health professionals could be sought to prevent further deterioration.

At the last inspection we found that some people were not taking part in the regular activities they were funded for. We found for the majority of people this had improved. However, two people were owed a considerable amount of hours in excess of 200 hours each. A member of staff showed us that these people were receiving more hours each week to try and reduce the owed hours. It was evident there was a plan in place and this was being monitored. It was evident additional day care staff had been employed through the Trust's bank to assist in reducing these hours.

Each person had a structured day care plan of activities both in the home and the community. Staff told us about the activities people were taking part in which included arts and crafts, games afternoons, cooking sessions, social clubs, trampoline sessions and hydrotherapy. During the two days we visited people were being supported with these activities. Staff told us there was always something going on for people and it was always very busy.

People were provided with weekly musical entertainers who visited as part of a Wednesday Club. People from other Trust homes were invited to join the people living in 121 Watleys End Road. Staff told us many of the people enjoyed the interaction of singing and musical instruments and the meeting up with friends.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in easy read format. There had not been any complaints since the last inspection. Relatives confirmed if they had any concerns they would speak to the registered manager or staff. Surveys confirmed relatives knew how to complain if they had any concerns.

Is the service well-led?

Our findings

The registered manager had not submitted notifications of all incidents that affected the health, safety and welfare of people who use the service. We identified three incidents that should have resulted in a statutory notification being submitted. This related to medicines that could not be accounted for, missing money which had involved a police investigation and issues with the water where it had to be disconnected in two areas of the home. From talking with the registered manager it was evident these were either being investigated or had been resolved. However the lack of notifications meant we could not follow these up promptly to ensure appropriate action had been taken. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

The failure to send these notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider and the registered manager carried out checks of the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. However, these systems had not identified care plans had not always been updated when a person had moved to the service and applications for Deprivation of Liberty safeguards had not been reapplied for promptly. We saw that many of the staff were not receiving supervisions in accordance with the Trust's expectations. This had been noted during a provider visit in June 2016 and still remained outstanding.

We also found that a further area that was outstanding from the provider visit in June was for the staff to develop a complaint profile for each person on how they may raise a concern. This was important where people may not be able to verbally communicate their concerns. When we asked to view the complaint profiles for people a member of staff told us they had yet to complete these. This had been followed up by the area manager in January 2017 who commented that these remained outstanding and should be in place.

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

Milestones Trust had a clear management structure which included directors, heads of service and quality managers who were based at the main office. They provided advice and support for staff in relation to human resources, finance, training, health and safety, quality, service user involvement and positive behavioural support. Senior managers from Milestones regularly visited the service to check on the quality. The chief executive visited the service bi-annually to meet with staff and people who use the service. The registered manager attends monthly meetings with other registered managers to enable them to keep up to

date with changing practice and share ideas.

There was a clear management structure within the home. There was a registered manager who was responsible for 121 Watleys End Road. Nurses, in the role of team leaders, were deployed and provided 24 hour care. They took the lead when the registered manager was not present. In addition, staff were able to contact an on call system if the registered manager was not available for advice and support. The registered manager told us they worked mainly office hours but would complete the occasional shift to support the team. They told us this was important to improve moral and reduce agency and bank staff costs.

The registered manager told us the nurses had one day a month supernumerary where they could complete administrative tasks. They were also planning to recruit a deputy manager who would complete a combination of care and administration hours. The registered manager told us this would relieve some of the pressure on the nurses. The registered manager recognised the nurses were often busy with supporting people, meeting with healthcare professionals and other administrative tasks which meant they were not always able to complete staff supervisions or update care plans. A nurse told us, "It is difficult sometimes when you have a list of jobs to do, or sometimes there is a medical emergency, to find the time to complete the paperwork or a member of staff's supervision".

Relatives told us they felt the home was well managed. They told us the staff and the management were approachable and kept them informed of any changes. Annual surveys were sent to friends and relatives to gain their views on the service. The last survey was completed in March 2016. The service received six responses. Friends and family had rated the service in most areas as being either outstanding or good. Comments included, 'The staff at 121 are wonderful. X (name of person) has settled in really well and has improved in health. Everyone works really hard and we are very grateful', 'We are very happy with all the team and have no major concerns' and 'Excellent. All staff are wonderful'.

Staff told us the team leaders were approachable. Comments included, "X is fab, really supportive". Some staff told us they would go to the team leader who in turn would speak with the registered manager. Another member of staff said, "The manager was really good when I needed to take time off".

Regular staff meetings were taking place enabling staff to voice their views about the care and the running of the home. Minutes were kept of the discussions and any actions agreed. Staff had delegated responsibilities in relation to certain areas of the running of the home such as checks on care planning and health and safety.

Annual observational audits were completed by another registered manager working for the Trust. These looked at the quality of the care delivery ensuring it was effective and responsive to people's needs. This audit was completed over a number of hours which included observation of the staff during a meal time. The report was positive in relation to the interactions of staff and the support that people were given, including their involvement and activities with no recommendations made.

The registered manager was aware of challenges facing the service. For example, the registered manager told us recruitment of staff was difficult and that she was part of a working group looking at how this could improve. This included reviewing present procedures of advertisement for vacant posts and where this would attract the most applicants. The registered manager told us they had attended job fairs and local shopping centres. The Trust was also reviewing the role of the care worker which include a review of the pay structure. The registered manager hoped this would attract more applicants.

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 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not being met: The registered person had not ensured care plans were updated to reflect people's change in need. Regulation 9 (1) (a) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The registered person had not ensured that appropriate applications had been made in respect of the Deprivation of Liberty Safeguards and these had not been monitored effectively in respect of expiry dates. Regulation 13 (5)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person's systems and processes for monitoring were not effective because where shortfalls had been identified these had not always been actioned. Regulation 17 (1) (2) (a) (b) (d)(e) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: The registered person had failed to notify us about

incidents that affect the well-being of people.
Regulation 18 (1) (2) (b) (e) (g) (i)