Milestones Trust

Tramways

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

The inspection took place on 21 February 2017 and was unannounced. At our last inspection in November 2015 we found one breach of regulation in relation to complaints. At this inspection we found that action had been taken to meet the requirements of the regulation.

The service provides nursing care and accommodation for up to 14 people with Mental Health concerns. At the time of our inspection 13 people were living in the home.

There was a registered manager in place. 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.

When we inspected the home in November 2015, we rated the service as 'requires improvement'. We found a breach of regulation in relation to complaints. There was also concerns about odours in the home. When we returned to the service in February 2017, we found that improvements had been made. We found that steps had been taken to meet the requirements of regulation in relation to complaints. There was a good standard of cleanliness throughout the home.

People in the home received safe support with their medicines. These were stored appropriately and there were systems in place to check stock levels on a regular basis. There were sufficient numbers of staff to care for people safely and to meet their needs. Staff told us staffing levels worked well and enabled them to spend time with people outside of care tasks.

People's rights were protected and consideration as given to their ability to consent to their care arrangements. Applications under the Deprivation of Liberty Safeguards (DoLS) framework had been made for people who required them. DoLS is a framework that protects the rights of people who may need to be deprived of their liberty in order to received safe care.

Staff worked with other healthcare professionals to ensure that people's needs were met. This included district nurses and community psychiatric nurses. People's care plans contained clear guidance for staff on how to meet people's mental health needs.

Staff were trained and received good support to enable them to carry out their roles. Staff told us they felt about to approach senior staff with queries or concerns. Training included safeguarding vulnerable adults and this helped staff feel confident about identifying any potential signs of abuse. Staff were aware of where to find policies and procedures if they needed them. We did find that some staff had long gaps between formal supervision with their line manager; however staff did not feel this was a concern as they were able to speak with senior staff at any time and had regular team meetings. The registered manager was aware that some staff were not up to date with supervision and had plans in place to address this.

Staff spoke to people with kindness and respect. People spoke positively about how staff supported them. People had opportunity to take part in activities if they wished to and many were able to go out independently. Some people preferred to spend time alone in their rooms and this was respected.

There was a registered manager in place. There were systems to monitor the quality and service provided.

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.

People received safe support with their medicines.

There were sufficient numbers of staff to ensure people were safe.

Staff were trained in safeguarding vulnerable adults and felt confident about reporting any concerns.

There were risk assessments to guide staff in providing safe care and support.

Is the service effective?

Good

The service was effective.

People's rights were protected in line with the Mental Capacity Act and DoLS.

Staff worked with healthcare professionals to ensure people's needs were met.

People were supported with their nutritional needs.

Staff received training and support to carry out their roles.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People were able to express their views and opinions about the service.

Is the service responsive?

Good

The service was responsive.

People were able to make complaints and these were responded

to appropriately.

Care plans were person centred and described people's needs.

People were given opportunities to take part in activities if they wished to.

Is the service well-led?

Good

The service was well-led.

Staff felt the registered manager was approachable.

There were systems in place to monitor the quality of the service provided.

Tramways

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 checked 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 21 February 2017 and was unannounced.

The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all information available to us including notifications. Notifications are information about specific events the service is required to send us by law. As part of the inspection we spoke with four people who use the service. Other people declined to speak with us. We spoke with three care staff and the registered manager. We reviewed three care plans and looked at other documentation relating to the running of the home such as audits, medicines records and meeting minutes.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included " I feel safe here" and "it's like a fort!".

At our last inspection, we found there were odours in the home that raised concern about infection control. At this inspection, no odours were found and the premises were seen to be clean and well maintained. There was a member of staff cleaning the home during our inspection. We did discuss some general maintenance and updating requirement in some bathrooms which the registered manager told us had been identified and would be addressed within the next budget.

People received safe support with their medicines. One person told us that taking medication can be confusing and "they help me with my medicine". Medicines were stored safely in a locked room so they were only accessible to people authorised to do so. Regular stock checks were carried out and this provided opportunity to identify any discrepancies or errors that had occurred. We checked the stock levels of three medicines and saw that these were correct according to the home's records. Processes were in place to return unused medicines to the pharmacy; these were logged in a book so that there was an audit trail which reduced the risk of medicines being misused.

Some people had topical creams prescribed to support their skin care. There were charts and guidance in place to support staff in using these correctly. Administration of medicines were recorded on Medicine Administration Records (MAR) charts. We viewed a sample of these and saw that they were completed accurately. For those people who had been prescribed 'as required' medicines, there were protocols in place which gave information such as the dosage required and time interval between doses.

There were risk assessments in place to guide staff in providing safe support for people. These allowed people to make their own choices about their lifestyles whilst encouraging safe practices. For example, some people in the home chose to smoke cigarettes in their rooms. Risk assessments identified measures such as staff encouraging the person to smoke in designated areas outside, ensuring waste bins were not full with paper and providing fire resistant blankets.

Risk assessments were also in place in relation to people's health. Nationally recognised tools for assessing risk of tissue damage, and the risk of malnutrition were in place. However in one case, we saw that they had not been reviewed in 10 months. The registered manager told us how the person often declined to be weighed or engage with risk assessments. However we discussed how there needed to be a rationale for how often the risk assessment would be reviewed and also it needed to be recorded if risk assessments had been attempted but declined by the person.

Accidents and incidents were recorded and logged on a recording form for the individual. This gave opportunity for the registered manager to identify and themes or patterns in the kinds of incidents occurring. The recording forms identified what had been done immediately after the incident occurring and any action that was required to prevent reoccurrence.

People were protected from abuse. Staff confirmed they received training in safeguarding vulnerable adults and were confident in reporting concerns if they had them. Staff knew where to find policies and procedures if they needed to refer to them.

There were sufficient numbers of staff to ensure people's safety and meet their needs. Staff told us the staffing levels worked well and enabled them to spend time with people outside of care tasks. There were 13 people living in the home at the time of our inspection. During the morning there were four care staff on duty to support people and in the afternoon there were three. Overnight, two care staff were on duty. There was some use of bank and agency staff to cover shifts, however where possible the same staff were used in order to ensure continuity of care for people.

When new staff were recruited to the service, checks were undertaken to ensure they were safe and suitable for the role. This included checking photographic ID, gathering references from previous employers and undertaking a Disclosure and Barring Service check (DBS). The DBS identified people who have been barred from working with vulnerable adults and children. It also identified any convictions a person may have.

Good

Is the service effective?

Our findings

People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions about their own care and treatment. Within the care plans we reviewed, reference was made to people's capacity and ability to consent. For example in one plan we read that the person often declined an aspect of their care. It was clearly stated that although this may be viewed as an 'unwise' decision, the person had capacity and was able to make the decision. It was also evident that issues around consent to medicines had been discussed. A plan had been agreed with the person that staff would explain if the person's symptoms meant their medicines were particularly important at that time and staff would be persistent in offering the medicines.

There was nobody in the home at the time of our inspection with a Deprivation of Liberty Safeguards authorisation in place (DoLS). These safeguards are a framework to protect the rights of people who are unable to consent to their care arrangements and need to be deprived of their liberty in order to receive safe care and treatment. DoLS applications had been made for two people. During our inspections professionals visited the home to assess the applications.

People's physical and mental health needs were met. The signs that people's mental health might be deteriorating were described in their care plans along with details about when the support of other mental health professionals might be required. For one person we saw that they requested a particular medicine when they felt their health was deteriorating. There were records documenting when this had been administered. People were able to see other healthcare professionals when they needed to. District nurses attended the home to dress one person's leg wound, and we also saw that people were supported by psychiatrists and Community Psychiatric Nurses (CPN).

For one individual who had condition relating to their physical health, we read that they attended a clinic every six months. We saw from the records that there was no recording for the last clinic visit due. We also noted that for this person blood monitoring had taken place monthly for a period of time and had then lapsed. It wasn't clear from the records why this was the case. We discussed this with the registered manager who phoned the GP surgery. We were told that a letter relating to the latest clinic had been sent but not arrived at the home due to problems with the post. Prior to our inspection, it had not been identified that the person had missed the latest clinic date. The GP also confirmed that monthly blood monitoring was no longer necessary so the lapse in tests being carried out hadn't impacted on the person concerned; however we discussed the need for accurate records with the registered manager.

People were supported to meet their nutritional needs and their choices about their diet were respected. When asked about the food available, one person said "it's very nice food" and "my favourite is Angel Delight". Another person said "the food is ok", and another said "you get what you are given". One person had made a choice about their diet based on their religious beliefs and staff supported the person to follow this diet whilst also ensuring they received adequate nutrition. People's preferences and needs were documented and communicated to the chef so that these could be taken account of. People were asked for their choices about what they wanted to eat on a daily basis and alternatives were provided if necessary.

People were supported by staff who were well trained and had the skills to fulfil their roles. Staff told us their training was good and supported them in their work. During their induction, new staff were given opportunity to shadow established members of staff to help them understand their roles and to feel confident in working independently. The registered manager told us that the induction was aligned with the Care Certificate. This is a nationally recognised set of standards that all staff are expected to meet.

Staff felt able to approach the registered manager at any time for support or discussion about their concerns. We were told that there were some challenges in arranging formal supervision sessions due to the small staff team and not always being on shift with the supervisor; however the registered manager recognised this and was arranging a supervision session for each member of the team to 'catch up'. Staff had no concerns about the opportunities available to discuss their needs.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. People made positive comments about staff, including "everyone is very nice here", while another person said "they help me if I need it". One said "one or two are very nice, but some are just doing their jobs". People also felt that staff respected their privacy; people told us "they ask before coming in here [my room]" and "they knock before entering". One also said "I don't have people in my room"

People were able to maintain relationships with family members of they wished to. One person said "I have visitors in my room sometimes" and another said "my son and daughter visit me, and come into my room". Another person said "my son and daughter come here and we talk in the hall".

Most people were able to go outside of the home in to the community independently and those who required supported received it. For example, in one person's pre assessment on entering the home, it described how they liked to shop at a local supermarket. It was evident from the person's daily notes that they were supported to do this. For those people going out independently, we observed that staff checked with them to see where they were going and acknowledged them when they returned. People were supported to be independent as far as possible. For example in one person's care plan we read that they had agreed with staff that they would seek support if they were spending money over a set amount.

We saw from the care plans we reviewed that some people had signed their agreement with what was described and others hadn't. We discussed this with the registered manager who told us that generally people did not choose to engage with the care planning process. When asked about their care plans, people were unsure about what we were referring to although did acknowledge they had been involved in meetings about their care. One person commented,"I don't think I have a plan, but I have been in meetings with people all talking about me". We discussed with the registered manager how it would be best practice to record what opportunities people had been given to engage in the care planning process, even if those opportunities had been declined.

People were able to contribute their views and opinions in relation to the running of the home through meetings. From the meeting minutes we reviewed we saw that as well as being given information about important developments in the home, people were able to make requests and provide their opinions.

People's religious and cultural needs were acknowledged and met. Where people had a particular religious or cultural need, this was described in their care plan and support was given to the person to allow them to follow and practice their beliefs. In the resident meeting minutes we saw that activities relating to various cultures were available for people to take part in, such as a Caribbean themed evening.

Good

Is the service responsive?

Our findings

At our last inspection we found that complaints weren't always recorded and investigated. This was a breach of regulation 17 of the Health and Social Care Act 2008 (regulated activity regulations 2014). When we returned to the service, we found progress had been made. We saw evidence that people's concerns were recorded on a form and there was a letter of response from the registered manager. In one example, we saw that a person had raised concerns about the food provided in the home. The letter from the registered manager, in response reassured the person that their concerns had been listened to and explained the action that had been taken. There was information about how to make a complaint available on display in the home and there was also information about advocacy available if people wanted it. Advocacy is a service that supports people to ensure their views and needs are listened to.

The home also kept a record of compliments and this helped evidence what the home was doing well. One person wrote "your support had been fantastic". Another person had written in praise of their support staff and referred to them as a 'life line'.

There was information in people's care plans about their histories and lives prior to arriving in the home. Care plans included detailed information that would allow staff to provide person centred care. For example, in one person's care plan we read about the items that the person required around them in their room to ensure they were comfortable. For another person, we read that they preferred to eat their meals somewhere quiet. We observed during our inspection that this person ate their midday meal in the craft room away from the main dining room. Care plans contained details about how a person communicated and this helped staff understand how to meet their needs. In one plan we read about the behaviours that may indicate the person was unhappy.

People were able to follow their own daily routines, comments included "I get up when I like". During our inspection, we observed people attending to their personal care routines at a time of their choosing and using the kitchen to make hot drinks, as they wished.

There were activities available for people to take part in if they wished to, however staff explained that a number of people chose not to engage in activities, preferring to stay in their rooms. There was a craft room available for people to use and staff told us some people did occasionally use the room. There was evidence of people's artwork on display of the walls of the home. During our inspection we heard staff suggesting activities for people, but the person declining. There was information available on display about things going on locally so that people could access them independently if they wished to. Staff told us that people could go on organised trips to the theatre and that there were occasionally entertainers who came to the home. The registered manager told us they were currently recruiting for a member of staff to organise activities.

There was a keyworker system in place at the home. A keyworker is a member of staff assigned to an individual and who has particular responsibility for the wellbeing of that person. Staff told us they had time to carry out their keyworker duties and spend time with the person they were key worker for. We asked staff

about the people they were keyworker for, and it was evident that staff knew the people they supported through sharing details about their likes and preferences. For example, one member of staff told us that a person they supported liked a particular kind of music.

Good

Is the service well-led?

Our findings

There was a registered manager in place who was aware of their responsibilities in line with legislation. For example, they were aware that notifications needed to be made when certain events took place. A file was kept of notifications that had been made. The rating for the service from our last inspection was displayed on the service's website as is required by regulation.

One person talked to us about a manager in the home, although others weren't clear about staff responsibilities. Although not everyone was clear on the management arrangements, there was information available on display in the home so that people were able to find out whom to approach with any concerns if they needed. Two people talked to us about meetings where they were able to raise issues and concerns; one person commented "we have a meeting where we talk about stuff". We also observed that senior staff were interacting with people throughout the day and available for people to approach when needed.

Staff reported positive team working in the home and that communication was good. For example, staff told us they had all the information they needed at handover to provide support for people. One member of staff told us about having a mentor when they began working at the home which had helped them feel supported and integrated in to the team. Another member of staff told us how well supported they'd been with a personal issue they'd experienced.

Staff meetings took place on a regular basis to ensure that important information was shared. We saw from meeting minutes that any particular concerns about individuals in the home were discussed to ensure all staff were aware and followed a consistent approach in supporting the person. 'Promoting independence' was also an item discussed so that staff had opportunity to reflect on the way in which they supported people.

There were systems in place to monitor the quality of the service provided. This included gathering feedback from people in the home and their representatives. A small sample of people chose to take part in satisfaction surveys, although of the responses we saw feedback was positive. For example, people in the home responded that they liked where they lived, were treated fairly, felt safe and had someone they could talk to.

As part of the provider's quality monitoring systems, the service was visited by a representative from the organisation who carried out observations. This recorded, for example that staff interacted positively and with good body language. Other observations included staff knocking on doors before entering and staff being respectful of people's religious beliefs. The registered manager carried out a self-assessment which was aligned with the Care Quality Commission inspection process, looking at whether the service was safe, effective, caring, responsive and well-led. A home audit in Jan 2017 looked at 20% of care plans to check whether they were person centred and reflected current needs.

The Chief Executive of the organisation visited the service regularly and provided feedback from their visit.