

Proctor Residential Care Home Ltd

Milton Residential Care Home

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 : Milton Residential Care Home is registered to provide personal care and accommodation for up to seven people. The service supports people with complex mental health needs. We met five people on the day of our visit.

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

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

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

People told us positive things about life at the home. One comment was "The staff team are all very, very good they keep the place clean and tidy, they are always keen to help, if you want to do anything. You can have a laugh with them. "

Safe recruitment procedures were in place and staff were supported in their role with appropriate training and supervision. The staff and management team worked closely with health and social care professionals.

Medicines were managed safely by trained and competent staff. Medicines policies and procedures were up to date and easily available for staff. There was also best practice guidance. Emergency procedures and contingency plans were in place. Staff had access to and understood the importance of personal protective equipment (PPE). An infection control policy and procedure were in place and staff had completed training in this area

People knew about their care plans and told us they were included in regularly reviewing and updating them with the staff.

A very stable staff team had built up positive relationships with people and their relatives. They had a very good insight about how to meet each person's individual needs and really understood their routines and preferences. There was never any agency staff used. This was to ensure people had real continuity of care.

People's privacy and dignity was consistently respected. People were supported to have maximum choice and control of their lives in the least restrictive way possible and in their best interests

People's dietary needs were assessed and met. People spoke positively about the support with menu planning.

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

There were audit systems in place that identified areas for development and improvement. These were acted on to improve the care and service even more.

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

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

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <Name of location> 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.

Milton Residential Care Home

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

Milton Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

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

During the inspection

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

We spoke with three members of staff including the registered manager and two support workers.

We reviewed a range of records. This included two people's care records and five medicine records.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from a professional who regularly visits the service.

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.

Systems and processes to safeguard people from the risk of abuse

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

Assessing risk, safety monitoring and management

- People were supported to stay safe and risks were minimised because staff understood how to reduce the risk of avoidable harm.
- People had individual risk assessments in place that reflected their individual needs. These gave clear guidance to staff to minimise or reduce risk and were reviewed regularly.
- Care plans contained clear explanations of the actions needed to support people to stay safe.
- Systems and checks were in place to check the safety of the environment and equipment.
- Regular fire safety checks were undertaken and a fire risk assessment was in place.
- Staff received training around fire safety and how to reduce health and safety risks.

Staffing and recruitment

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

Using medicines safely

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

Preventing and controlling infection

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

service was clean and free from any offensive odours throughout our visit.

- Infection control procedures were followed and staff had all been on training.
- Staff used personal protective equipment (PPE) including disposable gloves and aprons.

Learning lessons when things go wrong

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

Is the service effective?

Our findings

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

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

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

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

Staff support: induction, training, skills and experience

- People all told us they felt staff were well trained and experienced.
- Staff also spoke very positively about the support from the manager and the training they did. Comments included, "The manager is always there if you need anything, we have a monthly meeting with the them every month for an hour maybe a bit more," and "I am supervised once month and the manager always asks us if there is anything else we need in the way of support. We have regular staff meetings and we talk in depth about how people are getting on, and if there are any issues we can resolve and how we work as a team."
- Staff completed an induction at the start of their employment.
- Staff had the necessary knowledge, skills and experience for their roles.

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

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

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

- A health professional praised the service and told us, "I wanted to have the opportunity to compliment Milton House on what good work they do with a complex client group. They have hugely successful outcomes with people who quite often have very low motivation."
- People told us they went to see their GP and other healthcare professionals as required. They said staff

gave them support if needed.

- Up to date records were kept of all healthcare visits to ensure staff had access to the most up-to-date information to support people with their health needs.
- Staff worked with external agencies and professionals including the commissioners of the service

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- At the time of our inspection there was no one at the home under a DoLS application.
- The registered manager and team understood if people had been assessed to not have capacity to make specific decisions, systems were put in place. This would be to ensure they retained maximum choice and were supported by staff in the least restrictive way.
- Staff received training in the MCA and DoLS and understood the importance of assuming a person has capacity to make decisions, unless assessed otherwise.

Is the service caring?

Our findings

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

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

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

- People all told us the staff team and registered manager treated them well and were respectful. One person said "The staff team are all very very good they keep the place clean and tidy, they are always keen to help, if you want to do anything. You can have a laugh with them ". Another person told us "It is a wicked staff team. They are very friendly, very helpful they are not like staff they are like friends to me. " A further comment was "They're wonderful they are very caring, they give me lots of caring and they take me out and take me shopping they are all really nice."
- Staff were observed speaking to people in a way that was very supportive and very respectful at all times.
- Staff told us one way they ensured they always treated and supported people respectfully was always to use a very calm approach with people.

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

- People told us how their keyworker was the first person they could go to express their views and be involved in making decisions about their care. One person said, "X is my keyworker and if you have a problem that's the person you go to first."
- People were encouraged and supported to express their views and opinions through regular house meetings.
- Every person also told us the registered manager was very approachable and they could speak to him at any time about anything.
- People's specific communication needs were clearly documented, and guidance was in place for staff to meet these needs.

Respecting and promoting people's privacy, dignity and independence

- People told us how well the staff treated them .Everyone said staff were" very kind" and "always caring."
- One person told us how staff promoted their independence. They said, "The staff help us but we clean our own rooms we get £35 a week to get food." and "The staff take us once a week to a supermarket. People can choose where they go."
- Staff supported people to choose what they wanted to wear and ensure clothes were suitable to the season.

Is the service responsive?

Our findings

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

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

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

- People told us they knew the staff very well. Staff understood people's needs very well. People felt staff knew them and their care needs well. The staff were able to tell us about people's life histories, families, as well as their care needs and how they liked their care to be delivered.
- Care plans were consistently completed and contained clear information about people for their individual needs to be met. For example, information about likes, dislikes and what was important to people.
- Assessments and care plans took account of people's protected characteristics. Information about people's preferences relating to culture, religion and sexuality was included. Staff told us many examples of how they supported people using the information in people's assessments.

Meeting people's communication needs

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

- People told us they had been given information in format they understood. This meant their communication needs were well met.
- Staff understood how people communicated and used sensitive methods when communicating with them.
- There was clear guidance on how best to communicate with each person recorded in their care plan.

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

- People were well supported to develop and maintain relationships and to take part in activities that were socially and culturally relevant to them.
- One person worked for a charity and walked the dogs. They also worked at a local Hospice in a voluntary capacity. Another person had a part time job. Someone else had joined a local gym
- People also told us they went out each week to a five a side football league that they really enjoyed.
- Another person liked to go out on their own on the buses. They also told us "The staff take me to my mum's grave, and to Clevedon, Wells, Portishead, Weston and Thornbury. "

Improving care quality in response to complaints or concerns

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

End of life care and support

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

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has 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

- The staff and management team had developed positive relationships with many of the people they supported and their relatives.
- Staff told us how they really valued their work and enjoyed working closely with people to achieve good outcomes in their daily life. For example, staff were always very calm and patient with people and took plenty of time to interact and engage with them.
- There was a quality checking system based around the five key questions that CQC uses when we inspect services. These were talked about at staff meetings. Staff meetings always had an action plan. This was to ensure actions were taken when needed.

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

- The registered manager had a clear vision for the service. They said this was to empower and enable people to live independent lives. Staff understood and embraced this value. This meant they provided people with the support they needed to live a fulfilling life.
- The registered manager had a clear understanding of their responsibilities and acted on the duty of candour. People told us they were kept informed of any changes in the home and around their care and support.
- The rating from the last inspection was on display in the home.

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

- There were systems in place to check the quality of the service. For example, there were checks in place to make sure people had their medicines safely.
 - Checks on other areas were completed daily. This included checks on the building, cleanliness and care plans. There were also regular spot checks carried out on staff which were effective in driving improvements.
- Accidents and incidents were analysed to look for actions needed to prevent reoccurrence. For example, one person's risk assessments had recently been updated when they were out in the community.
- The registered manager ensured notifications to the care quality commission (CQC) were completed.

These were to inform us of certain events, in line with the requirements of their registration.

- The last CQC report was displayed in the home.

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

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

Working in partnership with others

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

