

Aspens Charities

Milestones Outreach Support Team - MOST

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

We conducted an announced comprehensive inspection at Milestones Outreach Support Team (MOST) on 21 August 2018. MOST supports adults with learning difficulties, with autism, with mental ill health, with physical disabilities and with dementia.

MOST provides care and support to people living in 'supported living' settings within the local communities, so that they can live in their own home as independently as possible. While MOST supports 51 people, and provides accommodation for some, only six of these received support with personal care, which is an activity requiring registration. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living therefore this inspection focused on the care and support provided to those six people. We also take into account any wider social care provided.

This is the first time the service has been inspected since the provider has changed to Aspens Charities. The service was previously provided by Larkfield With Hill Park Autistic Trust Limited and was rated as Requires Improvement. At the last inspection on 10 and 11 October 2016, we asked the provider to take action to make improvements within safe, effective, responsive and well-led.

At our last inspection we found risks to people's safety were not managed as they had not followed up on actions needed from accidents and incidents; risks to people were not consistently managed and risk assessments were not up to date; safeguarding alerts were not consistently monitored and followed up; and staff did not receive medicines competency checks in line with the providers policy. At this inspection we found people were kept safe, they had comprehensive risk assessments and the provider had ensured environmental risks were managed and people were protected from the risk of infection. Staff understood their responsibilities in relation to safeguarding people from abuse, had identified concerns between people within shared homes and consequently worked with people to manage their relationships with the other people they lived with. People's medicines were managed safely. There were enough staff to keep people safe, staff were recruited safely and had the training and skills required to meet people's needs.

At our last inspection we found the provider had failed to ensure the principles of the Mental Capacity Act 2005 (MCA) were followed, and staff induction processes were not consistent. At this inspection we found the provider was working within the principles of MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had trained and supported staff to understand the requirements of the Mental Capacity Act. The managers ensured staff had the right induction, training and supervision to fulfil their roles. People's needs were assessed, kept up to date and care was delivered to meet their needs. This included supporting people with their communication needs, complex health needs and with their behaviour which could be challenging. We made a recommendation that the provider seeks advice and guidance from a reputable source on implementing Accessible Information Standards.

The service had been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen. Staff were caring and respected people's privacy and dignity. We observed that people were treated with kindness and respect. There was a strong person centred culture at the service, people were involved with their support and encouraged to remain as independent as possible.

At our last inspection we found that people's preferences were not reflected in their care plans, and there was not an established and effective system for recording and responding to complaints. At this inspection we found people's care plans were person centred and reflected their preferences. People received care and support which met their needs, and took part in activities which were meaningful to them. The provider responded to complaints and sought feedback from people. People's wishes around the end of their life had been reflected in their care plans.

At our last inspection we found that the quality of the service had not been monitored effectively and staff did not have regular formal supervision and staff meetings. At this inspection there was a registered manager in post. A registered manager is a person who has registered with CQC 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 management team consisted of the registered manager, four service managers and four senior support workers. We found that quality, performance and risks were managed. The provider had effective auditing systems in place and promoted continuous learning. Staff received regular supervision, appraisals and attended staff meetings. There was a positive culture which promoted good outcomes for people, and engaged people in their care. The managers worked in partnership with other health and social care professionals to ensure people's needs were met.

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.

Systems and processes were in place to protect people from abuse.

Risks assessments were in place to keep people safe.

Premises monitoring checks were carried out and ensured people were protected from environmental risks.

There were enough staff to keep people safe and meet their needs.

Medicines were administered and managed safely.

People were protected from the prevention and control of infection.

Learning from accidents and incidents was evident.

Is the service effective?

Good ●

The service was effective.

Assessed needs were reflected in people's care plans and reviewed regularly.

The provider had ensured that people had been given information in a way they could understand.

Staff had received the right training and support to fulfil their roles.

People were supported with their dietary needs and given choice with their food.

People were supported to access healthcare services.

Consent to care was sought and systems were in place to assess people's mental capacity, and to ensure decisions were made in their best interests.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion.

People's protected characteristics under the Equality Act 2010 were considered.

People and their relatives were engaged with the service and people were involved in decisions about their care.

Staff understood and respected people's privacy and dignity and

promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred, looked at their likes and dislikes, what was important to them and were kept up to date.

People were supported to take part in activities meaningful to them.

Systems were in place to enable people and relatives to complain and the provider acted on feedback they received.

People's wishes regarding the end of their life were included in their care records.

Is the service well-led?

Good ●

The service was well-led.

A positive, person centred culture of continuous learning was promoted by the manager.

Systems were in place to ensure that quality, performance and risks were managed effectively.

The views of people, relatives and staff had been actively sought.

The managers fed back to people, relatives and staff actions they had taken because of their feedback.

Staff worked in partnership with a range of healthcare professionals to meet people's needs.

Milestones Outreach Support Team - MOST

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 21 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because staff were providing care to people in their own homes. We needed to be sure that they would be available to talk to and the manager and staff would be available to meet.

The inspection was undertaken by two inspectors. Before our inspection we reviewed the information we held about the service including the previous inspection report. We looked at notifications which had been submitted to inform our inspection. A notification is information about important events which the provider is required to tell us about by law.

Due to technical problems on our part we did not receive the providers completed Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. The registered manager provided a copy of this during our inspection. We received feedback from one health care professional. We took this into account when we inspected the service and made the judgements in this report.

We met people who used the service provided by MOST and observed the interactions between staff and people. We spoke to three people and observed one care visit. During the inspection we spoke to two care staff, a service manager, the registered manager and the compliance and health and safety lead. We had sent the registered manager posters inviting feedback from people, relatives and staff and these had been displayed appropriately. Following this inspection, we had feedback from one relative.

We reviewed five people's care records. We looked at medicines records. We reviewed four staff recruitment files, staff induction, training and supervision records and a variety of records relating to the management of the service including staff rotas, surveys conducted and quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I could talk to the manager if I am worried". One relative told us how their loved one is kept safe when out and always accompanied by two staff.

The provider has changed since our last inspection. At that previous inspection we found a breach of regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014; the provider had failed to safely manage risks to people as they had not followed up on actions needed from accidents and incidents. At this inspection we found the provider had monitored and analysed accidents and incidents, had taken action and lessons were learnt from these.

At the last inspection we found that risks to people were not consistently managed or up to date. At this inspection we found that people were supported to keep safe. People had comprehensive risk assessments for all their assessed needs which were up to date and reviewed regularly. Environmental health and safety checks on people's homes were also completed, monitored and audited.

At the previous inspection we found that safeguarding alerts were not consistently monitored and followed up. At this inspection we found there was a safeguarding file in the office with up to date records. Safeguarding and whistleblowing policies and systems were in place to keep people safe. Staff told us they had received safeguarding training and training records confirmed this. Staff told us that they kept people safe from abuse and where they had identified concerns between people within shared homes, they consequently worked with these people to support them to manage their relationships with each other. Staff understood they could blow the whistle to CQC or other external organisations if they had concerns about the service. Safeguarding concerns had been reported appropriately within local authority safeguarding procedures.

At the last inspection we recommended that the registered manager reviewed medicines competency checks for all staff in line with their policy. At this inspection we found that all staff had an annual medication assessment as a minimum. The provider ensured medicines were managed safely. Medicines Administration Records (MARs) were completed, medication was stored safely, spot checks were done and medicines were audited monthly. People had clear support plans around their medicines which included medicines to be taken 'as required' (PRN). All staff were trained to administer medicines. Staff we spoke to were confident in their role and could tell us about their responsibilities with medicines. For example, house leaders did weekly checks that medicines were signed for on people's MARs, that PRN protocols were used and medications were in date and safe to use.

There were sufficient numbers of staff to support the assessed needs of people receiving the service. The manager showed us rotas which confirmed this and told us although they had struggled with recruitment they had used a limited number of agency staff, as they had some staff on zero-hour contracts and some staff which worked extra hours. There was an induction checklist for agency staff. The registered manager told us the provider has engaged an external recruitment company to help improve their recruitment and they were reviewing staff benefits and pay.

Safe recruitment processes were carried out by the provider. The appropriate checks were made to ensure only suitable staff were employed to support people. New staff were asked to complete an application form and to provide a full employment history. Interviews were held to assess their suitability and aid the decision-making process. References were followed up and checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Where an issue was highlighted on an applicant's DBS, the provider completed a 'positive DBS disclosure decision form' which assessed whether to recruit the applicant.

People were protected from the risk of infection. We observed care being provided, staff used gloves, washed their hands thoroughly and ensured they had everything they needed at hand. Staff received training and understood their role in relation to this. The service had suitable policies and systems in place to support this.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection.

At the last inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 as the provider had failed to ensure the principles of the MCA were followed. At this inspection we found that the provider was working within the MCA. People had 'decision making plans' which detailed how the person liked to receive information, how to present them with choices, how to support the person to understand the information and when was the best time for them to make decisions. Care records evidenced that people consented to their care and support. One application had been made but had not been taken forward as the person was assessed as having the capacity to consent to the decision in question.

Following our last inspection, we recommended the registered manager reviewed the staff induction process and implemented a consistent approach. At this inspection we found the managers ensured care staff had the right induction, training and on-going support to do their job. Staff recruitment files and training records confirmed this. Staff completed the Care Certificate which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. A training needs analysis had been done for all staff across the service. Staff had been trained in specific medical procedures. For example, one person had had a surgical procedure to enable their bladder to be manually drained. Care staff carried out this process two hourly. Staff told us they received regular supervision and appraisals and this was evidenced in their records.

The registered manager was not aware of the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard to make sure that people have every opportunity to understand and be involved in their care plans and documents on an individual basis. However, accessible information had been provided to people in a way which met their individual needs. For example, we found easy read review meeting minutes in a larger font and plain English and the use of pictures within care plans.

We recommend that the provider seeks advice and guidance from a reputable source on implementing AIS.

People's needs were assessed before moving into the service and local authority assessments and reviews were available in people's records to add to the assessment process. People's needs assessments were kept up to date and reflected in people's care records. The service supported people with a variety of different

and in some cases, complex needs. For example, people who had mobility needs; people with multiple care needs, such as needing catheterisation and enemas; and people who may present with behaviour which could be challenging. People's care records had clear guidance for staff on how to be supported with their needs in the way they wanted. Care plans and risk assessments described fully how to support people when their behaviour may challenge others. Positive behaviour support plans were used and staff received training in positive behaviour support. The manager informed us that they considered people's individual protected characteristics under the Equality Act 2010, within people's care plans and we saw evidence of this. They had discussed this within team meetings and staff had received training.

People had enough to eat and drink, were supported with their dietary needs and were offered choice. People told us that they did their own menu planning, shopping and cooking or they had support when they needed it. One relative told us their loved one, "Chooses their own menus and goes shopping." Care plans evidenced this.

People were supported to live healthily and access healthcare. The provider worked with other organisations to ensure people received the care they needed and that they were supported with various health conditions, for example by the district nurse. Records confirmed this and included hospital passports. These were documents to help provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they may have.

Is the service caring?

Our findings

People were treated with kindness and staff were caring and respectful. The service had a charter that described how people were treated, which included privacy, dignity, independence, security, civil rights, choice, fulfilment and diversity.

There was a strong person-centred culture at the service and the managers and staff knew the people they cared for well. We observed staff communicating with people in a way they could understand. For example, where the person had a learning disability, staff were talking slower, using plain English and checking the person understood what they said. Support staff and managers had clearly established, comfortable and confident relationships with people. We witnessed good positive and personal interactions for example, friendly banter and conversations around people's interests.

People were encouraged to be involved with decisions around their care and people were supported to have an advocate where needed. Advocacy services offer trained professionals who support, enable and empower people to speak up. Where possible, people were involved with their support plans, attended their care reviews and where chosen, went to 'tenant' meetings. With the persons consent, relatives were invited to attend peoples care reviews. People were supported to maintain contact with their families and to have visitors in their home as they wished.

Managers and support staff respected people's needs for privacy and dignity. We observed staff knocking and waiting for a response before entering someone's home. People's personal care support plans described how staff should always knock on people's doors before entering and detailed how the person liked to be supported. People were given choice about who supported them with personal care. For example, whether they would prefer a female support worker for their personal care. Confidential information was kept secure and there was evidence that the provider was aware of new data protection laws.

People were encouraged to be as independent as possible. Staff told us how people were encouraged to do their own cleaning and cooking and care records confirmed this. We observed how people were clearly involved in the day to day running and maintenance of their home, and cooking of their own meals. One person told us how they were going to get the bus and train later that day to visit their relative for an overnight stay. The manager told us how one person who had come from live-in care, had since moved on from their supported living service to live completely independently in the local community. This evidenced effective outcomes in promoting people's independence.

Is the service responsive?

Our findings

At the last inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 as the provider had failed to reflect people's preferences in their care plans.

At this inspection we found that people received personalised care which was responsive to their needs. Care plans and assessments were person centred and looked at what was important to the person, including their likes and dislikes and were tailored to their individual needs. For example, one person had detailed support plans around their morning, lunchtime and night time routines as it was important for the individual to support them effectively with their autism. People's care reviews focused on what was important to them, what people appreciate about them, what they had achieved and their future goals. Records showed that people were involved in their reviews, along with their relatives and external health and social care professionals.

At our last inspection we found a breach of Regulation 16 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 as the provider had failed to establish and operate an effective system for recording and responding to complaints.

At this inspection we found that people and relatives could raise any concerns or complaints they had. The complaints procedure was available in an easy read accessible format. People and relatives told us they would talk to the managers if they needed to. Complaints were recorded and there was a procedure checklist to show how complaints were responded to. Complaints were analysed and managed appropriately. The provider actively sought feedback from people and had recently completed a survey with people.

People were supported to take part in activities they enjoyed. One person told us they were going away to a three-day star trek convention in October and had been on holiday to Disneyland. Another person told us how they were going the following day to watch a football match, using public transport with staff support. People could access activities used by the providers residential services if they chose to. For example, there was a large well-equipped art studio. In line with 'registering the right support' people were part of their local communities and used their local facilities, for example going to the cinema or out for a meal and accessing community health facilities. We observed one person discussing with a manager how they wanted to apply to work in a shop in their local town. The manager offered to help the person with their application and advised them on their benefits.

The provider was not supporting anyone at the end of their life. However, people's end of life wishes, where known, were recorded on a 'living and dying with dignity' form and reflected well in people's care records.

Is the service well-led?

Our findings

A registered manager was in post who was supported by four service managers. One person told us that they felt the managers listened to them and one relative told us they could talk to the manager.

The previous provider had not always informed CQC of certain changes and important events that happened in the service. These are referred to as Statutory Notifications. They enable us to check that appropriate action had been taken. In that instance they had not informed us of an allegation of abuse although it had been appropriately raised as a safeguarding issue with the local authority. The new provider had notified us of the incident and we checked that appropriate action had been taken with the registered manager during our inspection. We found people's risk assessments had been reviewed and measures were in place to protect people from further abuse.

Following our last inspection, we recommended that the registered provider more effectively monitored the quality of the service they provided, as their audits did not focus on outcomes for people. At this inspection we found there were systems in place to ensure that quality, performance and risks were managed and were people orientated. There were comprehensive auditing systems. Monitoring reports with action plans were produced by their quality and training officer every three months. These looked at the management of the service, care plans, accidents and incidents, interaction with people, medication and staff records, including supervisions and appraisals. We spoke to the compliance and health and safety lead who had developed new quality monitoring systems for the provider. These included a 'CQC inspection style audit' for services based on the questions we ask; and a health and safety compliance tracker. In addition, the managers completed various audits on the services and support provided. For example, medication, finance, and health and safety audits.

Following our last inspection, we recommended that the registered manager ensured all staff had regular formal supervision and staff meetings. At this inspection we found staff received formal supervision and appraisals and this was evidenced in staff files. Staff told us they received regular supervision and appraisals and that they felt supported by their manager. One support worker said "(name) My manager is very supportive, I have six weekly one to one meetings and there is an open-door policy". Appropriate policies and procedures were in place for staff guidance. The provider had ensured that staff had received consistent training to fulfil their roles and this had been tailored to the needs of the people supported.

The management team promoted a positive culture that was person-centred. The managers had a visible presence in the service and knew people well. People were engaged in the service and the provider sought on-going involvement from people, relatives and staff. Regular team and tenant meetings took place and minutes from these were kept in people's homes in a 'service file'. One staff member described how they didn't always get their rotas with enough notice. The registered manager told us how they were changing their rostering systems to improve this.

The provider promoted continuous learning by reviewing survey results and action plans from audits. There was an action plan completed following their previous annual survey done with people and they were in the

process of collating the information from the latest annual survey. There was no formal survey completed with relatives. However, feedback was encouraged from relatives during people's care reviews. Managers had fed back to people, relatives and staff, actions they had taken because of their feedback. There was a service development plan in place to drive improvements. Duty of candour was shown in the way the registered manager informed relatives, health professionals and CQC of any incidents.

The managers and staff worked in partnership with a range of healthcare professionals to meet people's needs. For example, community nurses, speech and language therapists, physiotherapists and psychologists. The registered manager attended a local forum implemented by Skills for Care and safeguarding best practice meetings with their local authority safeguarding lead. The provider was members of national organisations to help them to keep up to date with best practice, for example the British Institute of Learning Disabilities (BILD).

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of the previous providers inspection report and ratings in the reception area and there was a link from the providers website.