

Milestones Trust

Court View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. This inspection took place on the 8 November 2016.

Court View provides accommodation and personal care for four people. There were two people living at the service when we visited. People who live at the home have a learning disability.

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.

People could not be assured that their medicines were always managed safely. There were significant gaps in some records relating to the delivery of care and health and safety. This could put people at risk of unsafe care.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these procedures. Systems were in place to ensure people were safe. These included risk management, checks on the environment and safe recruitment processes. The drive way was a potential hazard to people and staff using the service. Staff and a relative had also raised concerns about the driveway. Whilst it was evident this was being raised as a concern the social landlord had not responded promptly.

People's rights were upheld and they were involved in decisions about their care and support. Where decisions were more complex these had been discussed with relatives and other health care professionals to ensure it was in the person's best interest. Staff were knowledgeable about legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People had a care plan that described how they wanted to be supported. These had been kept under review. Care was effective and responsive to people's changing needs. People had access to healthcare professionals when they became unwell or required specialist equipment. The registered manager was in the process of reviewing all care documentation to ensure it was accessible to the people living at Court View. There were no 'hospital passports' for people, which would give hospital staff in the event of admission important information about a person.

People were encouraged and supported to lead active lifestyles in their home and the local community. They had opportunities to take part in a variety of activities including going on an annual holiday. People were encouraged to be involved in daily household chores. There was an emphasis on encouraging people to be independent in all areas of daily living. People were encouraged to maintain contact with family and friends.

Sufficient staff supported the people living at the service. Staff had received appropriate training to support the people living at Court View. Staff were supported in their role and improvements were being made to ensure they received supervisions. Supervisions are where a member of staff meets with a senior manager to discuss their role, performance and training needs.

Systems were in place to ensure that any complaints were responded to. People's views were sought through an annual survey that was completed by a representative from Milestones Trust. The registered manager was exploring how people's views could be sought more effectively and they recognised this was not always easy for people who communicate using non-verbal communication.

The staff, the manager and a representative from Milestones Trust completed regular checks on the systems that were in operation in the home to ensure they were effective. Improvements had not always been completed in a timely manner. This was because people's needs had changed and this been the staff's priority in the last six months. The registered manager knew it was important to involve the staff in these improvements for it to work.

We found two 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?

Some aspects of the service were not safe. This was because medicines were not always signed for so therefore it was not clear whether people received these as prescribed.

There were sufficient staff to support people. This was kept under review to ensure people were safe.

The service provided a safe environment for people and risks to their health and safety were well managed by the staff.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately.

Requires Improvement 

Is the service effective?

The service was effective.

People received an effective service because staff provided support which met their individual needs. People's nutritional needs were being met.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

Staff received appropriate training for their role and there was a clear training plan in place. Improvements were being made to ensure staff had regular supervisions.

People were supported by staff who were knowledgeable about their care needs. Other health and social care professionals were involved in supporting people to ensure their needs were met.

The design, layout and decoration of the home met people's individual needs.

Good 

Is the service caring?

Good ●

The service was caring.

People were treated with respect and in a dignified manner. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach. People were supported to maintain contact with friends and family.

Is the service responsive?

Good ●

The service was responsive.

People were receiving a responsive service. Staff were knowledgeable about people's care needs. Care plans described how people should be supported.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

There were systems for people or their relatives to raise concerns.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led. Records relating to care and health and safety were not consistently being completed which meant when it came to evaluation this could not be done effectively.

Staff told us they felt supported by the registered manager. The home has gone through a period of change with two people moving on which has slowed some areas that required improvement.

The quality of the service was regularly reviewed by the provider/registered manager and staff. They knew what actions were needed to improve the service.

Court View

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 8 November 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

The last full inspection of the service was June 2014. At that time, we found the service was non-compliant with the regulations. Staff were not receiving appropriate training, professional development and supervision and there was a lack of checks being completed on the quality of the service. This was judged as having a minor effect on people. The provider sent an action plan within the agreed timescales. The systems had improved to ensure the quality of the service was checked at regular intervals and staff were now receiving training and support.

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 spoke with the registered manager and two members of staff. We met both people living in the service and spent time with them. They were unable to fully tell us about the service due to their learning disability.

We looked at one person's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed and supervision and training information for staff.

After the inspection we contacted a relative by telephone to seek their views about their experience of Court View. We also contacted two health and social care professionals. We received a response from one of these.

You can see what they have told us in the main body of the report.

Is the service safe?

Our findings

People were unable to tell us about their experiences of living at Court View and whether they were safe due to their communication difficulties. People were observed actively seeking staff's company and were relaxed with them. This demonstrated people felt secure in their surroundings and with the staff that supported them. One person did tell us they were happy at Court View.

Medicines policies and procedures were not always followed ensuring medicines were managed safely. There were a number of gaps on the medicine administration record for both people. When we checked the medicines these were no longer in the blister pack. This meant staff may have given the medicines but not signed for them. However, one person was on a liquid medicine for indigestion and we could not be assured that this person had received their medicines on five occasions in the last two weeks. Staff had also signed on three occasions to say that they had administered some medical equipment. This showed that staff were not reading and checking the medicine administration record.

We found that the registered person had not ensured that safe systems were in place in respect of the management of medicines. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

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. There were clear plans on how people liked to take their medicines, what they were for and the known side effects. Medicines had been kept under review with the GP.

Care records included information about any risks to people with personal care, risks when in the community, and those relating to a specific medical condition. Staff had taken advice from other health and social care professionals in relation to risks such as choking and eating and drinking. Risk assessments covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to keep people safe from harm when carrying out activities such as preparing hot drinks and snacks and for people to use community leisure facilities safely. People were encouraged to participate in preparing and cooking meals and daily household chores.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. Staff were aware of the organisation's 'whistle blowing' policy and expressed confidence in reporting concerns. Staff told us they had no concerns about the practice of other team members and if they did they would have no hesitation in reporting their concerns to the registered manager.

Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Staff told us they had received a training update the day before the inspection in respect of safeguarding and had found this very useful. Where allegations of abuse had been made these had been reported to the local safeguarding team with an investigation completed by the organisation and actions

put in place to reduce further risk. This related to unexplained bruising. The registered manager told us staff were now more vigilant when the person was bathing. Although staff left the bathroom they remained in the vicinity as it was felt the person had tried to get out of the bath without staff support. Staff told us that as a team they had discussed the learning from the safeguarding training to safeguard the person from further risks. However, they acknowledged the person benefited from having some independence in this area.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. Recruitment information was held at the main office of Milestones Trust so we were unable to check the records were in place. However, we had previously visited the offices in July 2016 and found that satisfactory pre-employment checks were carried out by the provider. These included a Disclosure and Barring Service (DBS) check and references from previous employers. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

Sufficient staff were supporting people. The registered manager told us any shortfalls were covered by the team and a core group of bank staff. They told us it was important that people were supported by familiar staff. The registered manager said staffing was kept under review and gave examples where this had been increased. For example when a person was unwell, additional staffing hours were allocated to support the person safely and respond to their changing needs throughout the day.

Staffing levels were planned taking into consideration the needs of the people living in the home. There was always one member of staff on duty with additional staff working at peak times and to enable people to go out on their planned activities. There was always one member of staff sleeping in to support people in the event of an emergency. Staff told us the staffing levels were appropriate to support the two people keeping them safe and enabling them to respond to their individual needs. However, staff told us going back a month ago they were concerned about the staffing because of the rapid decline of a person that had since moved on. The registered manager told us they had liaised with the person's social worker as the placement was no longer suitable as the person required nursing care and support at night. The Trust had funded additional staff throughout the day but not at night. Staff told us they would regularly check the person throughout the night to make sure they were safe but it was evident that the person required a waking night cover, hence the move to a more suitable placement.

There were environmental audits to ensure the property and the working practices of the staff were safe. Routine maintenance was completed to ensure the property was safe and fit for purpose. Other checks were completed on the environment by external contractors such as the routine checks on the gas and electrical appliances. Certificates of these checks were kept. It was noted that the electrical appliance checks were overdue by six months. The registered manager told us they were liaising with the social landlord as they were responsible for this in Court View and not Milestones Trust.

The organisation completed an annual health and safety audit to enable them to plan for any refurbishment, decoration and any major works. Works planned included replacement of the bathroom on the first floor. The registered manager told us a health professional had recommended this as the bath was very deep and could be difficult for one person to get in and out even though a bath chair had been provided. Other works included replacement of the flooring in the ground floor wet room and works on the front driveway. There were no proposed dates for the completion of the works. We noted that the driveway to the front of the property was potentially dangerous in respect of the uneven surface and water that had collected. This could pose a trip hazard to the people and staff living and working at Court View. Staff said this had been outstanding since the last inspection in 2014. Whilst a representative had been out on behalf of the social landlord in March 2016 no plan was in place to address the concerns. A member of staff told us

this was the only area the service could improve and it lets the home down in respect of kerb appeal.

Staff understood their role in the prevention of infection. There was personal protective equipment such as gloves and aprons available for staff to use. The registered manager told us a recent audit had identified some areas for improvements such as purchasing a colour coded mop to ensure bathroom and kitchen floors were washed with different mops. They confirmed that all identified actions had been completed. There were cleaning schedules in place. The home was clean and free from odour. One person told us they cleaned their bedroom and the staff would help them.

Is the service effective?

Our findings

People were supported to attend medical appointments and were registered with a local GP surgery. People had a health action plan which described the support they needed to stay healthy. This was where staff recorded information about any appointments that people had attended and the support they required. People attended regular dental, opticians and chiropody appointments. Staff had recorded information about the appointment, the treatment and when they had followed up for any results, such as blood tests. The registered manager told us they were in the process of reviewing the information and planning to make this more accessible to the people by including photographs and pictures. This was part of the service's improvement plan.

Care records included information about any special arrangements for meal times and dietary needs. People could choose where and when to eat their meal. One person told us they enjoyed the food and could make choices on what to eat. For example at lunch time the person was supported to make a snack of their choice. The main meal was cooked in the evening and the person said they did not want fish. Alternatives were offered. Other professionals had been involved in supporting people with their dietary needs. This included speech and language therapists and dieticians. Their advice had been included in the individual's care plan.

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.

Staff confirmed they had received mental capacity training the day before the inspection. They told us they had found this very useful. They said one of the areas they needed to improve was their daily recording of supporting people in making day to day decisions. They understood the importance of obtaining consent prior to any care being given. Where people lacked capacity or the decision was complex such as medical treatment then other health care professionals were involved in the decision process. One person had been supported by an independent advocate in respect of a decision to have medical treatment. The registered manager told us this was because the person would not have been able to understand the risks in relation to the treatment.

Where best interest meetings had been held in respect of expenditure, the planning of holidays, consent to support with the taking of medicines and medical treatment, records confirmed that these were completed in a person's best interest. It also showed who was involved including health and social care professionals, the staff at Court View and a representative from the Trust. However, there was no evidence of a best interest meeting in relation to a recent holiday or that people were contributing to the home's vehicle. The registered manager was being supported by another registered manager in reviewing the documentation to ensure these were in place. This manager spent time with the registered manager on the day of the inspection discussing what was required to improve this area.

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).

The registered manager told us they had re-submitted applications in respect of DoLS for one of the people living at Court View and was in the process of submitting for the other person. This was because of the constant supervision people required to keep them safe rather than any restrictions imposed on them. The registered manager had notified us about the outcome of previous authorisations.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for their work was assessed. Staff had completed a programme of training which had prepared them for their role. Milestones Trust ensured staff new to care, completed the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. Most of the staff had worked in the service for a long period of time. The registered manager was the newest member of staff and had worked for the Trust for a number of years.

Bank and agency staff received a short induction when they started working in the home. This ensured they were aware of the needs of the people living in the home and policies they may require in the event of an emergency. Staff confirmed they only used bank staff that were familiar to the service. This was confirmed on the duty rota.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, moving and handling, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Staff also received specific training to meet people's needs including positive behavioural support, supporting a person living with dementia and person centred planning. The registered manager told us this training had been delivered in the last three months as a team training day. Staff said the training they had received had helped them to meet people's individual needs and increased their understanding of the legislation.

Staff confirmed they received supervision with their line manager and found these useful. The registered manager told us these had not been as frequent as they should be. This had been picked up during a recent check by a representative from the Trust. The registered manager told us they had now developed an action plan and this would be addressed to ensure all staff have two monthly supervisions in line with the Trust's policy. They told us they were now focusing on completing the annual appraisal with staff as there was no evidence this had been completed in the last two years. A member of staff confirmed they were in the process of completing this.

Court View is situated in the village of Pucklechurch. The home is spacious and has two bedrooms on the ground floor and two on the first floor. There was a large lounge and a dining room. People were accessing all parts of their home. There was a wet room on the ground floor and a bathroom on the first floor. There was a secure back garden, which people used in the summer and the warmer weather. All areas of the home had been furnished and decorated to a good standard. A programme of re-decoration was in place which we were told would include refurbishment of the bathroom and replacement flooring in the wet room.

The design, layout and decoration of the home met people's individual needs. One person had some aids and adaptations which alerted them to the fire alarm. These were situated in the lounge and the person's bedroom. A light would indicate that the fire alarm was sounding. There was also a door bell which would trigger a light in the person's bedroom enabling them to make a choice on whether they wanted staff to

enter.

Is the service caring?

Our findings

People were unable to fully tell us about their experiences of living at Court View and whether the staff were caring. People were observed actively seeking staff's company and were relaxed with them. This demonstrated people felt comfortable with the staff that supported them. A relative told us they felt the service was caring and the atmosphere was always friendly when they visited. They told us they had confidence in the staff team as they had worked there for many years and knew their relative really well. They also told us they knew their daughter was happy as there was no reluctance to return after visiting the family home.

Staff talked about people in a positive, caring and friendly manner. The registered manager and staff clearly knew the people well. It was evident they were knowledgeable about the people they were supporting. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed. There was a calm and friendly atmosphere in the home.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date. They also spent time with people individually. A member of staff told us about the key worker role, it was evident they had an in-depth knowledge on the person's support needs. They told us there were plenty of opportunities to go out on a one to one basis enabling them to build a positive relationship. This member of staff told us, although there was a key worker system in place; all staff had an active role in supporting people.

People were encouraged to be as independent as they were able. For example, people could access the kitchen to make drinks and snacks without staff support. One person was being supported to complete their washing independently each week.

Staff knew 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, and what activities they would like to participate in. Staff told us how they were reviewing whether one person's hobbies was in fact what they really liked doing and exploring other ideas with them. The staff were also concerned the wool that was being used for their rug making was in fact contributing to the person's cough. It was evident that the staff were concerned and not only seeking advice from health professionals but also looking at environmental factors and the person's interests to promote the person's well-being.

Everyone had their own bedroom which they could access whenever they wanted. These had been personalised by the person in respect of decoration. People were observed moving around their home freely. People were relaxed in the company of staff and the atmosphere was friendly. One person chose to spend much of their time in their bedroom. Staff respected this person's choice but said they would regularly check that the person was happy. This person proudly showed us a fridge they had in their bedroom which they could keep their drinks and snacks in. They told us they went shopping with staff for these items.

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. A relative confirmed they were kept informed and were involved in decisions where relevant. One person saw family members regularly, however not everyone had the involvement of a relative. Where there was no family involvement the staff recognised the importance of using advocacy services to support the person to speak out and ensure decisions were made in their best interest.

Staff cared for people when they were no longer receiving a service. Staff told us they were continuing to visit a person who had recently moved to a new service. On the day of the inspection, they were taking the person's belonging and spoke positively about the person but also of the loss that they were no longer living at Court View. Staff said at first they wanted to continue to meet the person's needs at Court View but recognised it was in their best interest to live in a service that provided 24 hour support rather than staff that worked sleep ins.

Is the service responsive?

Our findings

Staff were responding to people's care needs throughout the inspection. This included supporting people with making lunch, and supporting people with activities both in the home and the community. A relative told us how their relative had blossomed since being in Court View. They told us they had seen the person grow and develop especially in the area of communication. They said this was because the staff spent time talking to their relative.

There were two people living in Court View, both had lived there for many years. Two people had moved from the service in the last six months as their needs had considerably changed. One person had been admitted to hospital and an alternative placement was sought by the family and the person's social worker in July 2016. This was because the service could no longer meet their needs. The other person moved in October 2016 as they required more assistance in relation to moving and handling and needed assistance at night. Staff told us this had been a difficult time. The registered manager said they had made referrals to the local authority and repeatedly chased these as the person's needs had changed over the last 12 months. The decline had been really rapid in the three weeks before they moved. A health care professional told us they had raised concerns in respect of the service meeting this person's needs especially at night when they needed two staff. As a consequence they said the person was moved the day after their visit to another home operated by the Trust. The registered manager told us they had increased staffing but funding for nights had not been agreed.

The registered manager told us they were actively trying to fill the vacancies to ensure the long term viability of the service. They told us about the referral system and the assessment process that would follow to ensure the person was suitable and the staff could meet their individual care needs. The service is registered with us to provide accommodation and personal care to five people. The registered manager told us the fifth bedroom was now the office and the service was now only suitable for four people. We discussed the process should the provider want to reduce the occupancy to four people.

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. 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. The registered manager told us they were in the process of reviewing the information to ensure it was more accessible to people and better evidenced their involvement. Staff described how they supported people and this collated with what was written in the care plan. A relative told us they had been invited in for care reviews but these had not happened in the last two years. They said they could always speak with staff if there were any concerns and these were resolved quickly.

There were no hospital passports. This would be beneficial should a person be admitted to hospital. These passports should contain important details about a person that hospital staff should know when providing treatment. This information would help to ensure that people received the support they needed if they had to leave the home in an emergency.

Care plans included information about how staff were to monitor a person's well-being and it was noted that staff should assist people to be weighed monthly. This enabled the staff to monitor any weight loss or gain and take appropriate action. We saw that both people had not been weighed for a period of six months. This meant the staff were unable to respond to areas of concern or provide medical professionals with this information over a period of time.

Both people had a structured timetable of activities tailored to their needs. One person had an opportunity to go out every day whilst the other person preferred to go out twice a week. Staff said they offered the person an opportunity to go out but often they refused. This person was offered an opportunity to go out with staff but refused on the day of the inspection telling staff they would prefer to relax in their bedroom. This person told us they liked to go shopping with staff on a Monday and a Thursday. They also told us they went out for lunch and liked to visit their parents on the weekend. People were also offered an annual holiday.

The provider's web page highlighted that their service was very much part of village life. The people living at Court View provided cakes, biscuits and drinks to those taking part in the May Scarecrow Trail. Staff supported people to get involved in the community and build relationships. We were told the people were well known in the local area and neighbours often stop for a chat when people visit the local cafes, community centre or pub.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Written records were maintained to enable staff to keep up to date. This was useful if staff had not worked in the home for a period of time. Staff told us they were a very small team of five and there was good communication in place to ensure they were responding to people's needs.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. There had been one complaint in the last twelve months raised by a relative. They were concerned that a male member of staff was working in the home when they had visited. The provider had investigated the concerns and had responded to these. The registered manager told us they tried to cover all shifts by female staff but on occasions a male care staff may cover. There was no information in the care file about people's preferences in relation to the gender of staff they preferred.

Is the service well-led?

Our findings

There were significant gaps in a number of records including daily diaries, weight monitoring, recording of menu choices, staff signatures on medicine administration records, food probing and the fridge and freezer temperatures. The lack of consistent records meant that people's care needs may change and this would not be picked up by staff and it would be difficult to evaluate the care provided. In relation to the lack of records relating to health and safety then the risks to people could not be effectively monitored and minimised.

The staff member who had the responsibility for reviewing health and safety told us they were always reminding staff to record information such as food temperatures, menu recording and records of the temperatures of the medicine cabinet. When we read the staff communication book, the registered manager had asked all staff to 'please remember to record'. This had also been identified in the audit completed in October 2016 by a senior manager from the Trust in respect of weight monitoring, recording of staff meetings and fire checks.

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

There was a registered manager in post. A new manager had been appointed in October 2015. They were registered with us as the manager in April 2016. Staff told us there had been quite a few managers working in the home in the last five years and with each new manager brought change. The registered manager said they had not made too many changes to provide the service with some stability and for them to get to know the staff and the people that lived at Court View. Staff said the manager was approachable and supportive. They told us that if they went to the manager with a query or an issue they knew it would get sorted. A relative said there had been quite a few management changes within Court View over the last three years. They told us they had found all the managers approachable but often would want more information about the changes to the service. However, they understood that senior management could often not discuss matters, such as staff changes or matters relating to other people living in the home because of Data Protection.

There had been a stable care staff team at Court View with the registered manager being the last person to be employed. One member of staff had worked at the service since it first opened twenty years ago. The registered manager had worked for other services operated by Milestones Trust. One member of staff was on a secondment to another service. We were told secondments enabled staff to experience different areas and ways of working and helped with their development.

Observations of how staff interacted with each other and the management of the service showed there were open relationships in place. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. The registered manager told us they were meant to be supernumerary but chose to work shifts enabling her to work alongside her staff team and cover any shortfalls.

The Trust had a clear management structure which included a board of trustees, directors, heads of service and area managers who were based at the Trust 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. The chief executive visited the service annually to meet with staff and people who use the service. The registered manager was liaising with the service user involvement manager to enable them to make improvements on how they seek feedback from people using the service and to help make the care documentation more service user friendly. The registered manager said they were planning to use pictures and symbols so that people could be more involved. This formed part of the service's improvement plan with a target date of January 2017.

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. It was noted during an audit in October 2016 that there was a recommendation from the previous audit that the bank and agency folder was still not up to date. Where the senior manager had identified areas for improvement there was no date for when this was to be completed. However, the registered manager and the area manager for the service had developed a six week plan to ensure improvements were taking place. Staff were aware of the action plan and the areas they were responsible to complete. For example one member of staff told us they were going to review a person's care file.

People were asked about the quality of the service and whether there were any concerns during these checks. In addition staff's knowledge was checked in relation to key policies such as their understanding and role in safeguarding vulnerable adults and equality and diversity. Where there were shortfalls, action plans had been developed and were followed up at subsequent visits. For example it was noted that the frequency of the supervisions had not been happening in line with the Trust's expectations. It was also noted that staff had not had an appraisal for over two years. When this was checked again in October 2016 the auditor had acknowledged the improvements in this area. Annual appraisals were being completed with each member of staff as discussed earlier in this report. The supervision matrix we were shown showed the improvements with every member of staff having had supervision in September and October 2016.

The registered manager acknowledged that some areas that required improvement had not been completed as quickly as they had liked. They told us this was because they wanted to involve the team when making any changes. Some of the delay was also due to two people's care needs having changed significantly over the last six months and they had been the priority in respect of planning and delivering their ongoing support. These two people had since moved as the home was no longer suitable.

Monthly staff meetings were not taking place. The last team meeting was April and May 2016. The registered manager told us instead of the monthly team meetings staff had received training on person centred planning and then positive behaviour response and dementia awareness on subsequent months. Good practice would have been to also have a team meeting enabling staff to voice their views about the care provided and the running of the home. The registered manager told us it was difficult to organise as some staff were on annual leave, she said, "It had been difficult as two staff (one being the manager) in attendance did not make a team meeting".

Staff had delegated responsibilities in relation to certain areas of the running of the service such as completing fire checks and health and safety. This enabled staff to be involved and removed some pressure from the registered manager.

Annual surveys were sent to friends and family. These were collated to look for any themes. Two relatives had responded. Feedback was positive in respect of care delivery, activities and the homely environment which was either rated as outstanding or good. Some areas were rated as don't know or not applicable. These related to care reviews which meant family were not invited to these, the food, how the service was meeting their relative's spiritual needs and ensuring social inclusion. Both relatives had said they were unhappy about the state of the front drive and garden.

People's views were sought through an annual survey. The registered manager told us a quality auditor visited the service and completed an observation of how staff were supporting people. As part of the audit people were asked about their views of the service. The auditor had recorded that the staff promoted a homely environment and staff were respectful and polite. The auditor did say that when staff were preparing the tea because there was only one member of staff there was very little interaction between the member of staff and the people that were in the home. However, this improved during the meal and after.

All accidents, incidents, complaints and safeguarding concerns that had been made were followed up to ensure appropriate action had been taken. The registered manager analysed these to identify any changes required as a result of any emerging trends.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. There had been very few reportable accidents and incidents.

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 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with safe handling of their medicines. There were gaps in recording when medicines were given. Regulation 12 (1) (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services were not protected against the risks because staff were not consistently completing records relating to care delivery, weight recording, menu recording, fridge/freezer and food temperatures. This meant care and systems could not be evaluated effectively. Regulation 17 (1) (c) (d)