

## Milestones Trust

# 25-27 Teewell Avenue

### Inspection report

25-27 Teewell Avenue  
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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 

#### Overall summary

25-27 Teewell Avenue provides accommodation and personal care for six people. People who live at the home have mental health needs. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

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 were receiving care that was responsive and effective. Care plans were in place that described how the person would like to be supported. This included the early warning signs that a person's mental health was changing. The care plans provided staff with information

# Summary of findings

to support the person effectively. People had been consulted about their care needs and their views sought about the service. Systems were in place to ensure that complaints were responded to.

Other health and social professionals were involved in the care of people and referrals to other agencies were made as required. Safe systems were in place to ensure that people received their medicines as prescribed.

People were encouraged to be independent and some had full control over their money, medicines and could access the community independently. Others chose to go out with staff and the staff assisted them with their medicines and looking after their money. There was enough staff to support people both in the home and the community and to respond to their changing needs.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles. Systems were in place to ensure important information was shared amongst the team to ensure a consistent approach to people's care.

People could be confident that 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 in respect of an allegation of abuse.

The service was well led. There were systems to monitor the quality and seek the views of people to improve the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People's safety had been assessed and actions to reduce the risks to them and others. The service provided a safe environment for people.

People were safe because 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 in respect of an allegation of abuse.

People were supported by sufficient staff to keep them safe and meet their needs.

Good



### Is the service effective?

The service was effective. People's freedom and rights were respected by staff who acted within the requirements of the law. This included the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making decisions.

People's nutritional needs were being met. People could help themselves to tea, coffee and snacks whenever they wanted. People had access to other health and social care professionals.

Staff were trained and supported in their roles. They were knowledgeable about the people they supported.

Good



### Is the service caring?

The service was caring. People received a service that was caring and recognised them as individuals. Staff were caring in their approach and took the time to listen to what people were saying.

Staff were knowledgeable about people's daily routines, personal preferences, and the impact this may have on their mental health.

Good



### Is the service responsive?

The service was responsive. People were supported to follow their interests and take part in social activities. They were involved in making decisions about how they wanted to be supported.

Staff were knowledgeable about the people they were supporting and monitored their changing needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing these plans.

People could be confident that their concerns would be listened to and acted upon.

Good



### Is the service well-led?

The service was well led. People benefited from a service that was well led where their views were actively sought.

Staff were clear on their roles and aims and objectives of the service and supporting people in an individualised way.

Staff described a cohesive team with the registered manager working alongside them. Staff told us they felt supported both by the management of the service and the team.

Good



# Summary of findings

The quality of the service was regularly reviewed by the provider/registered manager and staff.	
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# 25-27 Teewell Avenue

## 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 was an unannounced inspection which was completed on 2 June 2015. One inspector carried out this inspection. The previous inspection was completed in May 2013 and there were no concerns.

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 did not ask the provider/registered manager to complete their Provider Information Record (PIR) in this instance. 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 planned to make.

We spoke with three people living at 25-27 Teewell Avenue, two staff and the registered manager. We looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and staff training information.

# Is the service safe?

## Our findings

People told us they were safe and liked living in the home. People told us there was sufficient staff to support them in the home and if they wanted to go out in the community. One person told us there were always two members of staff on during the day and they could go out with staff whenever they asked. Staff told us there was always enough staff in the home enabling people to go out and support people in the home safely. Rotas confirmed there was always two staff on providing care and support during the day and one staff member at night. On the day of our inspection there were two Milestone's bank staff working in the home alongside the registered manager. They confirmed they worked regularly in 25-27 Teewell Avenue. The registered manager told us it was important that people were supported by staff that knew them well. The service had a pool of five bank staff that supported the team and people regularly to cover staff absences.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. Staff felt confident that any concerns would be investigated by the registered manager. There was a whistle blowing policy enabling staff to raise concerns about poor practice. There had been one safeguarding alert raised in the last twelve months by a visiting social care professional. The Trust had investigated the concern, which was not substantiated. The outcome of the investigation was shared with the Care Quality Commission and the local authority's safeguarding team.

Each person had information in their care plan detailing how staff should support and monitor a person in respect of their personal safety and vulnerability. For example, ensuring their money was safe, relationships with others or their risks in respect of accessing the community safely.

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

Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. The home's

policy allowed people to smoke in their bedrooms, if their smoking was judged as low risk in terms of risk to the premises and others. Risk assessments were in place for individuals in respect of them being permitted to smoke in their bedrooms to ensure they were safe and not a risk to others. People were able to smoke in the conservatory which was a designated smoking area. People in the service were encouraged to watch a fire video which increased their knowledge in the event of a fire breaking out in the home and ensured their safety.

Checks were completed on the environment by external contractors such as the fire system and routine checks on the gas and electrical appliances. Certificates of these checks were kept.

An annual audit was completed by the Trust's health and safety team in respect of whether the premises were safe and fit for purpose. Where concerns had been raised these had been actioned. Regular maintenance was being completed on the premises. The registered manager said there was a planned redecoration programme in place. This financial year they were planning to redecorate the hallway in 25 Teewell Avenue. We noted the carpet in this area was heavily soiled and may benefit from being cleaned or replaced. We also saw that a lounge patio door had condensation, which blurred the view over the garden and may benefit from replacement.

The home was clean and free from odour. Staff were prompt in cleaning any spillages and there were dedicated mops for areas of the home to prevent risks of cross infection. Staff confirmed there were sufficient protective clothing such as aprons and gloves. A member of staff was seen wearing gloves and an apron when carrying laundry from a bedroom to the laundry room. Staff received annual training in infection control. There were policies and procedures in place to guide staff on minimising the risks in respect of infection control.

The registered manager clearly 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 relevant records were in place. We will be making arrangements to check on this to ensure safe recruitment procedures were in place to protect people across the Trust.

# Is the service effective?

## Our findings

People told us they were happy with the care and support they received from the staff. People told us the staff listened to what they had to say and spent time with them.

There was detailed information in care files to inform staff about people's mental health and general well-being. The sign of a person's mental health deteriorating was clearly documented. This included the early warning signs and the action staff should take to support the person. The actions for staff to take were clear and very person-centred. This included liaising with the person's GP or if in crisis then a psychiatrist and the community mental health team.

Staff were knowledgeable about the people they supported and confirmed they had access to care documentation to enable them to support people effectively. They described people as individuals and were knowledgeable about their mental health and day to day support needs.

People told us they were generally satisfied with the food. People told us the staff prepared most of the meals. However, some people could access the kitchen to make snacks and drinks whenever they wished. Staff were observed offering people a choice of drinks and snacks where people were unable to do this for themselves.

The menu showed that people were offered a varied and healthy diet. There was only one choice for the main meal; however people told us they could have an alternative. Everyone knew they were having curry for tea on the day of our visit, most people said they were looking forward to it. However, one person said they did not like curry and staff were discussing with them alternatives. No one had been assessed as being at risk of malnutrition.

Care records included information on people's physical health needs, for example people had their weight and nutritional needs assessed. The registered manager told us, where people had been assessed as being at risk of weight loss or choking a care plan would be put in place. Records were kept of health care appointments including visits to the doctors, dentist and opticians. One person told us the staff supported them to make appointments with their GP. They told us they could see their GP in private if they choose. Information was in place to guide the staff on what support people needed when attending health care appointments.

Where people's needs changed staff were proactive in contacting social workers and other health care professionals for advice and support. A social worker was visiting on the day of the inspection to review a person's care with the registered manager and the person. This ensured the person was receiving an effective service and the staff were supporting the person appropriately.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. The registered manager and the staff told us everyone presently accommodated at the home had the mental capacity to make decisions.

Staff described how they supported people to make day to day decisions, for example about how they wanted to spend their time, when to get up and go to bed and what to wear. Staff were aware when people could not make decisions for themselves, for example when a person's mental health had deteriorated. Meetings were held so that decisions could be made which were in people's best interests. Records were maintained of these decisions and who was involved. It was clear from talking with staff and the information in care records the person would always be involved.

The registered manager told us everyone presently had been assessed as having mental capacity, so therefore no applications for a Deprivation of Liberty Safeguard (DoLS) were required. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. People were observed moving freely around their home and no restrictions were placed on them. People confirmed they could leave the home at any time. Although some people preferred to go out with staff and one person said they did not like to go out but this was their choice.

Policies and procedures were in place guiding staff about the process of DoLS and the MCA. All staff received annual training updates about the MCA and the DoLS. The registered manager and staff were knowledgeable about the legislation and how it impacts on their day to day roles of supporting people.

Staff received training so they knew how to support people in a safe and effective way. The registered manager had

## Is the service effective?

devised an annual plan of training for the staff team. This included dignity in care, mental capacity and deprivation of liberty safeguarding and mandatory training such as first aid, fire, infection control and safeguarding adults. Some of this training was delivered by the registered manager who had completed a train the trainer course and some through e-learning. We were told the dignity in care training included information about mental health and how to support people in a person centred way. In addition the registered manager told us the safeguarding training was personalised to the service and included information on how they could protect each person. This was to ensure it had real meaning for the staff and would include discussions about any risks and personal signs to look out for.

Staff felt they were provided with a good range of training and were competent in the tasks they carried out. They told us training needs were discussed at staff meetings and also in individual supervision meetings with their line manager. Both of the bank staff on duty told us they were included in staff training days and meetings and were supervised by the registered manager.

There was a policy in place to guide the registered manager on their responsibilities to ensure all staff received supervisions with their line manager at least six times per year. This included regular bank staff who should receive supervisions every four months. Staff confirmed they met with the registered manager regularly to discuss their roles, training and any concerns that either party might have.



# Is the service caring?

## Our findings

People spoke positively about the care and support they received. One person told us, "This is the best home I have ever lived in, I like it here." They told us the staff helped them when needed. Other people told us they were happy and generally well supported by the staff team". One person told us they had a key worker, a named member of staff that they could spend time with. This member of staff was responsible for ensuring their care was delivered. Another person told us, "I don't want to go out at the moment but the staff will always pop to the shops and get the things I need."

We observed staff knocking on bedroom doors before entering the room. Staff described how some people did not like staff entering their personal space and this was respected. This demonstrated people's right to privacy was respected. This was clearly recorded in the people's plan of care. People had keys to their bedroom doors giving them further privacy and security. One person told us they liked to keep their bedroom door locked when they were downstairs in the lounge area or out in the community.

The relationships between people and the staff were friendly and relaxed. People looked comfortable in the presence of staff. Staff were sitting and engaging with people in the lounge/dining area. Conversations were inclusive and involved the people living in the home.

People told us they liked the staff that supported them. The two staff that were on duty told us they were bank staff although they had worked in the home regularly over a period of six years. It was evident they were knowledgeable about the people they were supporting and how people's mental health was monitored. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed. They spoke positively about the people, describing their interests, likes, dislikes and their personal history.

Where people chose to spend time in their bedrooms this was respected. One person chose to remain in bed. Staff were observed knocking on the person's door gently asking if they would like any assistance or to join the others for lunch. The person's decision to remain in bed was respected. There was clear information about the person's capacity to make decisions and guidance for staff.

We were told that some people could become anxious by having visitors in the home they were not familiar with. Staff reassured people about what we were doing and took time to explain our role. We were made aware when and how people may show anxiety. This meant people were not adversely affected by our presence. What we had been told was included in the plan of care for people which enabled staff to support people consistently without increasing their anxiety levels. For example, one person's care plan stated that staff should not approach a person if they were anxious and ask lots of questions as this only heightened their anxiety levels. It was clear the person would discuss their concerns when they were ready as they needed time to process their own feelings.

Records about people were held securely in a locked cupboard in the office. Staff told us that people could view their records any time they requested. People had signed their plans of care where relevant. Annual reviews had been organised for people to discuss long term goals and progress. These were done informally so as not to increase the person's anxiety or effect their mental health. People were asked during their annual and three monthly reviews whether they were satisfied with the care and any improvements that could be made.

People had been consulted about their end of life plans and what they wanted to happen in the event of their death or if they should suddenly become ill. One person had refused to discuss this area and this was respected.

# Is the service responsive?

## Our findings

People had their needs assessed by the registered manager before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported, for example, when they wanted to get up, their likes and dislikes and important people in their life. These were reviewed on a three monthly basis.

Care plans were tailored to the person and included information to enable the staff to monitor the well-being of the person. Where a person's mental or physical health presentation had changed it was evident staff worked with other professionals including the person's GP or social worker. The registered manager told us people were fairly settled and stable in relation to their mental health so there were very little links with the community mental health team. If this changed they were confident in making a referral to the appropriate professional for advice and support.

Care, treatment and support plans were seen as fundamental to providing good person centred care. They were thorough and reflected people's needs, daily routines, choices and preferences. People's changing care needs were identified promptly, and were reviewed with the involvement of the person. Staff confirmed any changes to people's care was discussed regular at team meetings or through the handover process.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach.

We observed the afternoon handover between staff. The handover was comprehensive and subtle changes had been discussed about people. This showed staff were knowledgeable about the people they were supporting enabling them to respond to their changing needs. In

addition to the daily handovers, staff completed daily records of the care that was delivered. These were positively written. Daily records enabled the staff to review people's care and their general well-being over a period of time.

People had a choice about who provided their personal care. They were empowered to make choices and had as much control and independence as possible. Two people preferred female staff supporting them and this was clearly written in their plan of care. The registered manager told us this was followed as much as possible unless the person required immediate support and there was no female staff on duty. For example, the night shift when there was only one member of staff.

People were encouraged to be as independent as possible. Care plans clearly described the support needs of people whilst in the home and the local community. Some people were supported to look after their own medicines if they had been assessed as being safe to do so. Others looked after their own money and accessed the community independently.

People could choose where to eat their meals. Some people chose to eat their meal in the dining/lounge area whilst others chose to eat their meals in their room. This was because although they may be happy to live in the care home they did not always want to mix with other people as this caused them some anxiety due to their mental health.

A copy of the complaints procedure was displayed in the entrance hall of the home. Regular one to one meetings were held with people, records confirmed that they were reminded about how to raise concerns. Care documentation included a profile on how the person may raise concerns and or express they were unhappy with the service being provided. One person had been supported to raise a concern when the Trust made a decision for homes not to use dish drying clothes. This was because the Trust had made a decision this was an infection control hazard and told everyone green paper towels should be used instead. However, the person missed this activity and in light of the complaint dish drying clothes had been re-introduced. This showed that people were empowered to raise concerns about the service and their views were taken into account.

# Is the service well-led?

## Our findings

The staff said the registered manager was supportive, approachable and worked alongside them. The staff told us they were confident to report poor practice or any concerns, which would be addressed by the management. Communication between the registered manager and staff was positive and respectful. People were aware of the management structure in the home and knew who to speak with if they were unhappy.

The service had a clear vision and set of values that included involvement, compassion, dignity, independence, respect, equality and safety. These values were incorporated into people's care plans and other information that was available to staff. Staff described how these were put into practice and how these had been kept under review through discussions at team meetings. Staff told us the importance of recognising people as individuals and this was very much driven by the registered manager. A member of staff said, "The manager is very much a person's person and takes an interest in the people and staff alike".

People's views were sought through an annual survey. People expressed a high level of satisfaction with the care and support that was in place, the environment and people knew how to complain. Comments were positive about the care and support that was in place.

Regular staff meetings were taking place enabling staff to voice their views about the care and the running of the home. Minutes were kept of the discussions and any actions agreed. The registered manager told us, it was important for the regular bank staff to participate in staff meetings and training to ensure they felt part of the team. It was evident it was important they also had the knowledge and skills to support the people living at Teewell Avenue.

Staff had delegated responsibilities in relation to certain areas of the running of the home such as checks on medicines, care planning, finances and health and safety. The registered manager told us, "It's important that the team felt valued and worked together to support people, whilst recognising the different personalities".

Staff received regular individual supervisions with the registered manager enabling them to discuss their performance and training needs. Annual appraisals were completed with each member of staff. This enabled the registered manager to plan training needs for individual staff members. This fed into the business plan for the home to enable the registered manager to plan and monitor training needs of the individual staff and the team throughout the year.

We reviewed the incident and accident reports for the last twelve months. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents. The registered manager reviewed and signed off the incident and accident form to ensure appropriate action had been taken. However, there were some gaps in February and April 2015. There was no overview of the incidents to enable the registered manager to identify any themes without going through each incident and accident report. Staff evidently felt confident to contact the registered manager or the on call manager for advice in respect of any incidents or accidents as these discussions had been recorded on the record of the accident or incident.

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.