

# Milestones Trust

# Tramways

## Inspection report

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Date of inspection visit:  
28 July 2019

Date of publication:  
28 August 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Tramways is a residential care home providing personal and nursing care to up to 14 people with long term mental health needs. At the time of the inspection there were 12 people at the home

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

People were well supported to stay safe. People continued to receive safe support with their medicines. These were stored safely with systems in place to check stock levels on a regular basis. There were enough numbers of staff to care for people safely and to meet their needs. Staff told us staffing levels worked well and meant they could spend time with people on a one to one basis.

People were supported effectively with their healthcare needs. This was because staff continued to liaise with other healthcare professionals to meet people's needs. These included district nurses and community psychiatric nurses. Support plans contained clear ways for staff to support people with their mental health needs.

Staff received training and support to enable them to carry out their roles. Staff felt able to approach senior staff and the registered manager. Staff were aware of where to find policies and procedures when needed.

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

There was an effective management structure in place. There was a team of support workers, team leaders and the registered manager. Staff spoke positively about management at the home.

There were systems in place to monitor and improve the quality of the service. Audits were carried out and people's views were sought. Where shortfalls were picked up the registered manager was using the information to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The service was rated Good at our last inspection in March 2017.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tramways on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.



# Tramways

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Prior to the inspection we reviewed all information available to us including notifications. Notifications are

information about specific events the service is required to send us by law.

During the inspection-

We spoke with four people who use the service.

We spoke with three care staff and the shift leader. We reviewed two care plans and looked at other records relating to the running of the home such as audits, medicines records and meeting minutes.

After the inspection – We continued to seek clarification from the provider to validate evidence found. This included training records, employment records and quality assurance information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff.
- People felt able to talk to staff about things that may concern. Where this was done this was followed up with the person and others that may be involved. For example, if there was conflict between two people at the home.
- Staff told us they supported people to raise concerns and felt actions would be taken by the registered manager.
- Safeguarding procedures were in place for staff to follow. These included contact details of the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks were minimised because there were assessments in place to help staff provide safe support for people. The assessments also helped ensure people could make their own choices in their life. For example, some people smoked, and they were supported to do this.
- Assessments identified measures to clearly reduce risks. Risk assessments were also in place for people's health.
- Accidents and incidents were recorded. This information was used to look for themes or patterns in the kinds of incidents occurring. This helped to identify any action necessary to prevent reoccurrence.

Staffing and recruitment

- There were systems in place to ensure staff were safely recruited. Disclosure and Barring Service (DBS) checks were completed to check whether staff were suitable to work with people in social care. The records included confirmation that gaps in employment history had been checked
- People were cared for by enough staff. Staffing numbers were planned according to the support each person required and their individual care and support needs.

Using medicines safely

- People continued to receive safe support with medicines. Medicines were stored safely in a locked room, so they were only accessible to people authorised to do so.
- Regular checks were undertaken, and these picked up any discrepancies or errors.
- Systems were in place to return unused medicines to the pharmacy. This was recorded in a book to ensure

the risk of medicines being misused was minimised.

#### Preventing and controlling infection

- Systems were in place to prevent and control infection.
- Staff followed safe infection control practices. The staff discreetly encouraged people to follow safe hygiene practises in the home.

#### Learning lessons when things go wrong

- There were systems being used to ensure the service learned lessons when things went wrong. These were used to improve safety and reduce risks to people staff and visitors.



# Is the service effective?

## Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person's needs had been identified and assessed. The assessments clearly set out what people's mental health needs were. For example, for a person who heard voices the assessment clearly set out when this might happen and how to support the person at these times. 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.
- Annual reviews were taking place to ensure the support people received was effective.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- Staff confirmed they received the training they needed to support people effectively.
- New staff had an induction programme, which ensured they received training in areas relevant to their roles. This included completing the care certificate, where they were new to care.
- Staff received regular supervision and support. Staff told us they felt well supported in their roles.

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

- People were supported to meet their nutritional needs and their choices about their diet were respected.
- People told us the food was enjoyable, one person said "it's lovely food".
- People's preferences and needs were documented and communicated. This ensured the chef offered people the meals they enjoyed.
- People were asked for their choices about what they wanted to eat daily, and alternatives were provided if necessary.
- People told us they discussed the menu at the weekly house meetings and there was always an alternative to the planned menu if they did not like what was being cooked.

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

- Staff had clear guidance setting out how to support people with health conditions. They also worked with other health and social care professionals in meeting people's needs.
- People had access to the local community learning disability team and referrals could be made through

people's GP.

- People were supported to attend regular health checks with healthcare professionals such as opticians, dentists and their GP to maintain good health.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to ensure their physical and mental health needs were met. For example, any signs people's mental health might be deteriorating were described in their support plans. It was also set out when the support of other mental health professionals might be required.
- People saw healthcare professionals when needed. For example, district nurses came to the home to see a person. Some people were also supported by psychiatrists and community psychiatric nurses.

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

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

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

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

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

- Support plans included information about people's capacity and ability to consent. For example, in one plan it explained how a person often declined care. It was clearly stated that although this may be viewed as an 'unwise' decision, the person had capacity and was able to make the decision.
- There was three people in the home with a Deprivation of Liberty Safeguards authorisation in place (DoLS). This process had been completed correctly and in accordance with legal requirements.

# Is the service caring?

## Our findings

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

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

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

- People were supported by staff who were kind and caring towards them.
- People gave us positive feedback about staff This included "The staff are warm and caring ", another person said, "They look after me very well ". One person did say "They ignore me ". This comment was passed onto the senior manager who agreed to speak to the person who gave permission for us to do this.
- Staff were receptive to people's needs. The staff were skilled in meeting these and showed kindness to everyone.
- There was information in each support plan to guide staff when assisting people.
- For some people with more complex needs there was communication guidance in place. This helped staff recognise certain people's emotions, such as when they were happy or worried.

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

- People were able to make their views and opinions known in relation to the running of the home. In home meeting minutes we saw people were given the chance to ask about important matters. For example, if new staff were coming to work at the service.
- People's religious and cultural needs were respected and met. This was set out in their support plan. Some people were supported to follow and practice their beliefs.
- Support plans showed people were listened too. Interests and preferences in daily life were clearly recorded. For example, one person chose to stay very independent from other people and staff. They were well supported so they could do what they wished to do each day.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who staff respected their privacy and dignity. Staff would only enter bedrooms with permission.
- People had personalised their bedrooms.
- People were encouraged to be independent. People were encouraged to assist in household tasks such as washing and some tidying of the home.

# Is the service responsive?

## Our findings

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

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

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

- Support plans were detailed and provided information about people's social, physical and health care needs. The support plans were person-centred and included details about people's likes and dislikes, interests, hobbies and personal qualities. For example, support plans explained how each person chose to express themselves, and what they liked to do on a day to day basis in the home.
- Support plans explained people's cultural needs. This included if a person chose to go to a place of worship when living at home and followed certain faith-based practices.

Meeting people's communication needs

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

- People had clear information given to them in way they understood. For example, staff rotas were on display and so were menus and planned activities. This helped people to know what was going on in a way they could understand.
- Care plans were personalised to each person. There were photographs and easy read information. This showed people were assisted to understand their care.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed and felt their concerns would be listened to and acted upon.
- As was applicable at the last inspection there was a complaints policy and procedure in place. These were reviewed regularly to ensure they were fit for purpose.
  - Notices were on display in a range of formats in the home. This helped people to know how to make their views known.
  - An external advocate visited the service. Their role was to be a supportive and independent person that people could talk to.

End of life care and support

- The service did not currently support anyone who needed end of life care.

- People had previously been supported with EoLC at the service. Staff were trained to support people with their care if it was needed.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood their responsibilities for reporting to the CQC. They also understood the regulatory requirements of their role.
- Complaints, accidents, incidents and risks were being regularly and openly looked at. These were regularly reviewed to look for themes and ways to improve.

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

- The current registered manager was aware of their responsibilities in line with legislation. They were aware for example, of notifications needed to be made when certain events took place. A record had been kept of notifications made.
- The rating for the service from our last inspection was displayed on the service's website as is required by Law. It was also on display in the home.

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

- Staff told us positive team working had improved under the current registered manager. They also said communication was good. For example, staff told us they had information at handover to provide support for people.
- Staff said they felt well supported with personal issues.
- Staff meetings were held regularly. This was to ensure information was shared. In meeting minutes particular issues about people were also talked about. This was to ensure staff were aware and followed an up to date plan of support for each person.

Continuous learning and improving care

- As was applicable at the last inspection there were systems being used to check the quality of the service provided. These systems included seeking the views of people in the home and their representatives.
- A representative of the provider visited the service regularly. This was part of the quality monitoring system. The representative from the organisation recorded how people felt about the service and how staff

were performing.

- The registered manager carried out a monthly self-assessment which was linked to our inspection methodology. This looked at whether the service was safe, effective, caring, responsive and well-led.

Working in partnership with others

- The service worked closely with other agencies. This was to try to ensure positive outcomes for people. They liaised with health and social care professionals.
- The provider and the registered manager also attended local networking meetings. These included attending provider forums organised by the local authority.