

Milestones Trust

8 Graeme Close

Inspection report

8 Graeme Close
Fishponds
Bristol
BS16 3SF
Tel: 0117 965 2696
Website: [www.
admin@aspectsandmilestones.org.uk](http://www.admin@aspectsandmilestones.org.uk)

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 15 April 2015 and was unannounced. At our last inspection in January 2014, the service was meeting the regulations inspected.

8 Graeme Close is one of the services provided by Milestones Trust. The home provides accommodation and personal care for up to 16 people with mental health needs. At the time of our visit there were 15 people living there.

There was a registered manager for the service. 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 not always treated with respect. We heard a member of staff referring to personal information about people in shared areas of the home. The comments made were repeated and compromised the dignity of people who lived at the home.

Summary of findings

Supervision to support staff effectively perform their work was not up to date; it was not being carried out as frequently as the provider's own supervision policy stated it should have been.

People could not be assured that their complaints would be handled properly. One complaint had been made over six months ago about the attitude of staff. This had not been fully investigated.

The registered manager's system for auditing quality was not being used properly. This was evident because they had not identified and fully acted upon the shortfalls that we found on the day of our visit. There was a risk that the quality of care people received was not being properly checked to ensure it was safe and suitable for people.

People spoke positively about the staff and the way that they were supported by them with their particular mental health needs. People were treated in a kind and polite way by the staff in the home. Staff spent time to speak with people they were supporting and there were positive interactions between them. People were approached staff in a relaxed way when they wanted to talk with them.

People's mental health needs were assessed and their care was planned and delivered in a way that properly met their needs.

People were supported to eat and drink enough to stay healthy. People were involved in planning menus and their views about meal choices were acted upon so that they were included in the options available.

There were systems in place to ensure that staff followed the Mental Capacity Act 2005 if people lacked capacity to make informed decisions in their daily lives. The provider had completed one application under the Deprivation of Liberty Safeguards (DoLS) for one person. This had been accepted and DoLS safeguards were in place for the person.

The staff on duty understood the complex mental health needs of the people who lived at the home. People were supported and encouraged to make choices about their care and in their lives.

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

There was a system in place to ensure that medicines were managed and given to people safely.

Staff were recruited safely and trained to meet the needs of people who lived in the home. There was enough staff to provide people with a safe level of care and support.

Staff in the home knew how about the types of abuse that occur and they were aware of how to report it.

Good



Is the service effective?

Some aspects of the service were not effective

Staff were not being effectively supervised as frequently as the provider's supervision policy stated they should have been.

Specialist health care support was provided by relevant health care professionals. For example, the psychiatrist and community mental health nurses supported some people at the home.

When decisions were made on people's behalf, their rights were protected. This was because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were being followed at the home.

Requires Improvement



Is the service caring?

Some aspects of the service were not caring

A member of staff was indiscrete on one occasion; however, in general we observed that people were treated with dignity and respect and their independence and privacy were promoted.

People were involved in making decisions about their care. Care plans reflected peoples involvement in deciding what type of support they felt they required

The staff in the home were knowledgeable about the support people required and knew how to provide their care in the way they preferred.

Requires Improvement



Is the service responsive?

Some aspects of the service were not responsive

One complaint made about staff at the home was not fully investigated. This meant people could not be confident that their complaints would be fully investigated.

Requires Improvement



Summary of findings

People were able to take part in a variety of different social and therapeutic activities. Activities were run based on what people enjoyed doing and benefitted from.

Surveys were undertaken regularly and people were asked to give feedback about the home. This information was acted upon to improve the service where needed.

Is the service well-led?

Some aspects of the service were not well led.

There were systems to assess the quality of the service provided in the home although these were not fully effective. The systems used had not identified how to address recent shortfalls including the frequency of staff supervision.

There was a registered manager employed in the home. The staff and people who lived at the home felt well supported by them. People told us the home had an open and relaxed culture. They felt able to make their views known to the registered manager at any time.

Requires Improvement



8 Graeme Close

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.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 15 April 2015 and was unannounced. The inspection team consisted of one inspector.

We spoke with 11 people who lived at the home and five members of staff. We looked in detail at the care three people received. We also looked at records that related to how the home was managed.

Is the service safe?

Our findings

People told us they felt safe in the home and in the company of the staff who supported them. One person said “The staff are lovely”, another comment was “Yes I feel safe”.

Staff understood the different types of abuse that could occur. Staff told us that they had attended training to help them to know how to support people safely. They would recognise and report abuse, and knew the actions to take if they thought someone was at risk. The training records of the staff team confirmed they had been on recent training courses on the subject of safeguarding adults.

There was a reporting system in place to help protect people who lived at the home. The staff we spoke with understood what whistle blowing at work meant. They knew it meant to report to someone in authority if they thought there was malpractice at work. The whistle blowing procedure was up to date and prominently displayed with the contact information of who staff could report concerns to. The procedure was written in an easy to understand format to make it easy for people to use.

The provider ensured that safeguarding incidents were properly reported to the local authority and to the commission. Appropriate action was taken by the registered manager to make sure people who lived at the home were protected.

There were systems in place so that medicines were looked after and given to people safely. The medicine administration records were accurate and up to date. They showed people were given the medicines they needed at the times required. There was a medicines profile about each person. These explained what their medicines were and if there were any known side effects when taking them. There were suitable secure storage facilities for the safe keeping of all medicines

Audit checks on the systems for managing medicines were regularly carried out. The staff underwent regular medicines administration training to ensure they knew how to give people their medicines safely. There was a medicines fridge for the storage of certain medicines that had to be kept at a certain temperature. This was checked to ensure medicines were stored at the correct temperature so they remained suitable for use.

There were systems to manage risks in a balanced way that allowed people to make choices and be independent. Information in the care records demonstrated how possible risks to people’s safety and wellbeing had been identified. For example, it had been identified that there were risks when one person’s mental health changed and they experienced hallucinations. It was been clearly explained in their care records how staff could keep the person safe had been clearly explained in their care records. The staff we spoke with were aware of the content of people’s care records and the actions required to keep people safe.

Checks were carried out to ensure new staff were suitable to work with people. The staff employment records included evidence that staff members had a Disclosure and Barring Service (DBS) check carried out on them. The DBS help employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable adults. Checks were undertaken on nurses to ensure they were registered with the Nursing and Midwifery Council. The NMC is the regulatory body for nursing and midwifery. Its purpose is to establish and improve standards of nursing and midwifery care in order to protect the public. The nurses had current registration with the NMC and this showed they were judged as fit to practise nursing.

There was enough qualified, skilled and experienced staff to meet people’s needs. The staff spent time supporting people and assisting them in a calm and attentive way. The staff were able to respond promptly to people when they wanted their help. People we spoke with said that they thought there was enough staff to meet their needs. One person said “There is never a problem”.

The registered manager said staffing numbers were assessed and adjusted if needed. Staffing information confirmed that staff numbers were worked out based on the needs and numbers of people at the home. This was to ensure there was enough staff to effectively meet people’s needs and to care for them effectively. There were nurses, senior support workers and support workers on duty for every shift.

Learning from incidents and investigations took place and changes to the care and support people received were implemented where needed. The registered manager and staff recorded significant incidents and occurrences that had taken place involving people who used the service. We saw that staff recorded what actions had been taken after an incident or accident had happened in the home. The

Is the service safe?

care plans were updated so they reflected any changes to people's care after an incident or occurrence. The registered manager told us they would use this information as a topic for discussion at staff meetings. This was to ensure sure that staff were up to date with any changes to peoples care after an incident or occurrence.

Health and safety risk assessments were undertaken to minimise risks and to keep people safe. Checks took place and actions put in place when required to make sure the premises were safe and suitable. There were also checks carried out to ensure sure that electrical equipment and heating systems were safe and fit for use.

Is the service effective?

Our findings

Staff told us they felt supported by the registered manager and other senior staff in their work. However, staff had not been provided with staff supervision meetings as frequently as the provider's supervision policy stated they needed to be. The policy stated staff were to meet with their supervisor at least once every six weeks. There were gaps in supervision records that showed three staff had not met with a supervisor for over six months. Staff supervision is a system used to monitor and improve a member of staff's overall performance. This meant staff were not supported to do their job effectively. It also meant there was a risk that staff did not provide effective care.

People had positive views to share with us about the support and care they received. One person told us, "They are very supportive". Other comments made included, "The staff are good, "They look after me well" and "They help me when I need it".

Staff demonstrated they understood how to provide people with effective support for their complex mental health needs. They worked with people to help them to feel calm when they felt upset in mood due to their mental health issues. Staff told us part of their role was to assist people to gain independence in their daily life. They also said their role was to see things from the individual's perspective. This also meant ensuring people received care centred on them as a person and what they wanted. For example staff told us that certain people preferred to be cared for by staff of the same gender and this was always respected.

People were effectively supported to meet their physical health care needs. There was a health action plan which was part of each person's care records. The action plans explained how people were to be supported with their physical health and well-being. For example, one person with diabetes was receiving guidance and support from a diabetic nurse. The records showed that staff monitored people's health and well-being and supported them to see their doctor. A psychiatrics and community mental health nurses also provided support to people with their health care needs when required.

The staff said they were supported to take up opportunities to attend a range of training relevant to the needs of people at the home. Staff training records showed staff had been

on a variety of training and learning opportunities. Courses included understanding mental health, mental capacity, health and safety, safe moving and handling, medicines training and safeguarding adults training.

People were provided with a choice of suitable and nutritious food and drink that they enjoyed. The majority of people we spoke with said they liked the food that was served at the home. Examples of comments made about the food included "The food is not bad," "The food is good" and "We get a choice". Lunch consisted of two or three meal choices. The meal options looked nutritionally well balanced. Staff told us people who required special diets were also catered for and this was confirmed on the menus we viewed.

People told us the staff asked what meal options they would like to choose from the menus on a daily basis. Staff told people what the lunch time meal options were and asked them if they liked the choices. Alternative options were available for people. The chef spoke with people and offered one person a different meal because they had changed their mind about what they wanted.

A copy of the menu was displayed in shared areas to inform people the choices on offer each day. The registered manager told us menus had been reviewed by a chef who worked for the provider with specialist knowledge to ensure they were nutritionally balanced.

There was information in care records that showed how to assist people with their nutritional needs. An assessment had been undertaken using the Malnutrition Universal Screening Tool (MUST). This is used to identify people at risk of malnutrition or obesity. The registered manager told us the staff team and the chef had recently been on a training course to help them to support people effectively with nutritional needs.

People's rights were protected because the registered manager and staff understood about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and when they may need to be applied for. Staff told us that currently there was one person at the home who did not have mental capacity to make decisions in their lives. They were aware that the Mental Capacity Act 2005 exists to protect people who may lack the mental capacity to make

Is the service effective?

their own decisions about their care and treatment. Staff told us they had been on training about the subject of mental capacity. The training records confirmed that the staff team had attended recent learning on this subject.

The registered manager told us how they ensured the Deprivation of Liberty Safeguards (DoLS) were used appropriately. They told us that one application had been

made in the last year which had been authorised by the local authority. The staff knew that if people needed to have their liberty taken away from them this should only be done when it was in their best interests and to protect them from harm. There was also DoLS guidance information available to help inform staff to make a suitable DoLS application if required.

Is the service caring?

Our findings

We heard staff talking about people's intimate care needs in shared areas of the home. The comments made were repeated a number of times. This compromised the dignity of certain people who lived at the home. We heard the majority of staff speak with people in a caring and respectful tone. Staff used a friendly and gentle tone of voice when they spoke with people. People looked relaxed and comfortable to approach staff. There were warm and positive interactions between them.

The staff assisted people in a way that demonstrated they were suitable and competent to meet their needs. For example, staff used a calm approach with people who were anxious. They also used gentle humour and encouragement to motivate people to do household chores as part of daily life. People responded positively to staff when they used this approach.

People made a number of positive comments about the staff. Examples of comments made included "They are lovely" and "They are alright".

People told us they met their keyworkers regularly and spoke with them about what sort of care and support they felt they needed. Care plans reflected these discussions and showed people were involved in planning and deciding what sort of care and support they received. For example one person liked to go to the shops every day independently. Their care plans showed how they had been supported to build up their confidence to go out alone.

People told us they were able to choose when they got up, how they spent their day and who supported them. This information was reflected in the care records viewed. We observed people got up when they wanted to and made their own choices about what they wanted to do that day. These included undertaking activities of their choice such as going to the shops, sitting in the garden or spending time in their room.

The environment helped ensure that people were able to have privacy when they wanted. The home's design included a courtyard garden where people could walk safely. There was a dedicated activities room and a quiet room. People sat in the different shared areas in the home. Each bedroom was a single room and this also gave people privacy. Rooms were personalised with people's own possessions, photographs, artwork and mementos. This helped to make each room personal and homely for the person concerned.

There was an open plan kitchenette for people and their visitors to use. People used the kitchenette and made themselves drinks independently whenever they wished.

Advocacy services were advertised on a notice board in the home. Advocacy services are independent organisations that support people so that their views can be properly represented. People were aware of this information although no one was using an advocacy service when we visited.

Is the service responsive?

Our findings

People's complaints were taken seriously and were mostly responded to appropriately by the registered manager. The complaints procedure included a timescale, and a clear course of action the provider would take to ensure complaints were satisfactorily resolved. However the registered manager had not fully investigated a complaint that had been made by a person at the home. This had been an allegation about certain staff. This meant the provider's own complaints procedure was not fully implemented. It also meant there was a risk people may not be safe if the investigation was not completed.

People were supported to take part in a variety of social and therapeutic activities. Care plans included information and personal history that showed that people were supported to do the activities and interests of their choosing. For example people who enjoyed going out and socialising were supported to continue with these activities. Other people who preferred to keep their own company and do things on their own were also properly supported.

On the day of our visit people took part in the weekly singing group. This group was run by the activities organiser. They had an attentive and encouraging manner with each person in the group.

Care plans reflected how staff were to support people and motivate them with activities of daily living. Some people were carrying out daily household tasks in the home and staff supported people to tidy their rooms. Staff and the people they were assisting were engaged in tasks together in the ways explained in the care plans.

People's care records showed they had been actively encouraged to plan and decide what sort of care and support they felt they wanted. The care plans stated what actions to take to assist each person with their mental health needs. For example, care records explained that some people needed motivation with their self-care due to their particular mental health issues. They also showed how people were safely supported to live a varied and fulfilling life. Staff told us they worked with people in a person centred way to ensure their particular needs were met. For example, people were supported with one to one staff time and support when they felt low in mood.

People were sent surveys at least once a year to capture their opinions of the service. People were asked in the survey if they had any complaints about the home. The registered manager and a representative of the provider reviewed the answers that people gave. Examples of the topics people were asked for feedback about included their views of staff, did they feel involved in planning their care, what activities they were interested in and menus. When people had raised matters, actions were identified to address them satisfactorily. Recent changes to the environment had been put in place after the last survey.

All of the people we spoke with said if they were to have a complaint they could easily raise the matter with the staff and the manager. One person told us, "I speak to my keyworker ". Another person told us "I would go to the manager".

Two people showed us information they had been given when they arrived at the home. The welcome pack they had been given included their own copy of the complaints procedure about the service. This was set out in an easy to understand format. It clearly explained how people could make complaints if they had them.

Is the service well-led?

Our findings

The provider had systems in place to check and monitor the quality of the service provided; however these were not fully effective. The registered manager's quality system had not identified how to address the shortfalls in the frequency of staff supervision. It had also not picked up that one complaint had not been fully investigated.

Audits were undertaken on different areas of the service and the way it was run. These included the quality of care people received, whether care plans were up to date and health and safety matters. Care plans had been updated after a recent audit to ensure they showed full information about the support people needed.

The registered manager was open and accessible to people who used the service and the staff. We saw people went to the office to see the registered manager during our visit. We observed that every time someone wanted to speak with them they made plenty of time to be available for them.

Staff meetings were held regularly. Staff told us they were able to make their views known when meetings were held. Where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up.

The staff knew what the provider's visions and values were. They explained the values included being person centred and inclusive. The staff told us that they made sure they took these values into account when they supported people at the home.

The registered manager told us they kept up to date with current practices in mental health care by attending meetings with other professionals in the same type of

mental health service. They then shared information and learning from these meetings with the staff team. They also told us they read journals about health and social care topics.

People told us they were asked for their views about the service. One person told us, "We have resident's meetings". There were records of the meetings that showed that people were asked for their opinions and the action that had been taken in response to people's comments. For example, menus had been updated and the people had been given increased access to the kitchenette.

The registered manager told us that people who lived at the home were represented on recruitment panels when new staff were employed. This was an example of people being involved in how the home was run.

A representative for the provider undertook health and safety audits regularly in the home. The records showed that environmental health and safety checks were undertaken regularly. Action was taken where risks were identified.

Staff completed a staff survey which asked if they were happy working at the home and if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.

The provider's Chief Executive also visited the home regularly. They met with people and staff. They wrote a report after their visits. They had highlighted actions for the registered manager to take after their last visit. These included the need to delegate some tasks to other members of staff. This was to help ensure the registered manager did not overburden themselves.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.