

Milestones Trust

120 Furber Road

Inspection report

120 Furber Road
St George
Bristol
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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

The inspection took place on 30 November 2015 and was unannounced. The service was last inspected in September 2014 and met with legal requirements.

120 Furber Road is registered to provide personal care and accommodation to up to five people with complex learning disabilities. There were five people at the home on the day of our visit.

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 received safe care from the staff who supported them at the home. When risks to people were identified suitable actions were put in place to reduce the likelihood of them reoccurring.

Summary of findings

There were systems in place to minimise the risks to people from abuse. The staff were trained to help them to understand what abuse was and how to keep people safe.

There were enough staff employed to support people to provide them with safe care. Staffing numbers were increased when needed. For example, when people required more support with their care due to changes in their physical health.

Staff were caring in their approach to people when they assisted them with their needs. Due to their needs people were not able to tell us verbally how they felt about the staff. However we saw that people looked relaxed, happy and engaged with the staff.

People were supported to eat and drink enough to be healthy and menus were planned based on people's likes and dislikes.

People's legal rights were protected because the provider had a system in place to ensure the requirements of the Mental Capacity Act 2005 were implemented. This legislation protects the rights of people who lack capacity to make informed decisions.

People were well supported so that they were able to take part in individual activities as well as group ones. People went out for trips into the local area and to a number of community based groups. These included an arts and crafts group and a cycling club.

People's care plans clearly explained how to meet their care and support needs. The staff team had got to know the people they supported very well. The care and support people received was based on the staff teams knowledge of their needs and preferences.

People were well supported with their physical healthcare needs and external healthcare professionals gave specialist advice and guidance when needed.

Staff felt they were properly supported in their work and they said the registered manager was supportive.

The quality of care and service received was checked and monitored to make sure it was safe and suitable.

The visions and values of the organisation were understood by the team. The staff showed that they followed these visions and values in their work. The key values included the providing personalised care and treating people as unique individuals.

There were suitable checking systems in place to ensure that the service people received was suitable, and to improve the overall quality.

You can see what action we told the provider to take at the back of the full version of the report. Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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 were supported by staff who knew how to provide safe care and how to report abuse.

There were detailed risk assessments to guide staff to support people safely.

People were supported by enough staff to safely meet their needs.

Medicines were managed and given to people safely.

Good



Is the service effective?

The service was effective.

The staff provided care that was of a high standard that met peoples range of needs.

People were well supported to eat and drink a varied and healthy diet.

People were supported by staff who understood the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

Staff were caring and kind in their approach to people they supported.

People had built up trusting relationships with the staff and engaged with them in very positive ways.

Good



Is the service responsive?

The service was responsive

Peoples care records clearly explained how to support people to meet their care needs.

People received a service that was planned in a flexible way that ensured their needs were met.

Good



Is the service well-led?

The service was well led

The staff team felt supported by the registered manager. The registered manager had built up close and trusting relationships with people who lived at the home.

The quality of care and service received was checked and monitored to make sure it was safe and suitable.

The organisations visions and values were understood by the team. The staff team demonstrated that they followed these visions and values in their work. They included the principals of personalised care and ensuring people were treated as unique individuals.

Good



120 Furber Road

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 our inspection, we reviewed the information we held about the service this included statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

The inspection took place on 30 November 2015 and was unannounced. The inspection was carried out by one inspector.

Because of their complex needs, people were not able to tell us their views of the service. To find out what daily life was like for people at the home we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to the registered manager and three care staff we also met four of the five people who use the service.

We looked at two care records, five medicine administration records, two months of staff duty rosters, training records and three-recruitment files. We also looked at a range of health and safety information, quality audits and a number of records that related to how the home was run.

Is the service safe?

Our findings

People were safely assisted with their care needs in a number of ways. For example, staff supported people whose mobility sometimes meant they experienced falls. Staff supported people who were at risk of choking by discreetly being near them at mealtimes. Staff assisted people who went out in the home's car by ensuring they were safely strapped in before they went out.

Staff had a good knowledge of risks people may encounter and how to keep them safe. For example, they told us how one person was at risk in the community due to a lack of awareness of road safety. Staff explained how they helped the person to cross roads safely. Another risk assessment explained how to keep a person safe when they had an epileptic fit. Staff were aware of the contents of each person's risk assessments and what to do to keep each person safe.

The staff had a good understanding about what abuse was and knew what action to follow if they were concerned about anyone at the home. The staff explained to us about the different types of abuse that could occur. The staff also knew that they had a responsibility to report an incident of abuse if they became aware of it at the home. The training records confirmed the staff team had been on regular training courses about the subject of how to protect people from abuse. There was up to date guidance information displayed in the home to assist people to recognise what abuse was and how to report it.

There was a whistle blowing procedure for staff to follow. The procedure advised staff how they could report concerns about the home. The staff we spoke with understood what whistle blowing in the work place was. They understood that it was to report to the senior management if they thought there was malpractice at work. The whistle blowing procedure was up to date with the contact information of who staff could report concerns to if they had them.

When people had been involved in an accident or an incident had happened, learning took place. Changes to people's care and support were put in place when needed. The staff documented what had happened after an incident or accident and this information was used to

update care plans. This was to make sure they reflected any changes to people's care after an incident. The staff told us this information was discussed in meetings to make sure that staff were aware of issues that had arisen if an incident or occurrence had happened.

Appropriate checks were undertaken before staff began work. There was confirmation that a Disclosure and Barring Service (DBS) check was carried out on all new staff. The DBS help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. We saw two references, a completed application form, a health declaration and evidence of staff members' qualifications. This showed recruitment procedures for new staff helped protect people from the risks of unsuitable and unsafe staff.

Medicines were managed safely and staff ensured people were given them at the times that they were needed. The staff on duty gave people their medicines by following a safe procedure. The staff checked they were given the right person their medicines. They also spoke to each person and explained what they wanted to give them and why. The staff stayed with each person while they took their medicines. The staff who gave out medicines had been on training in medicines management to ensure they were competent to do so. Medicine administration records were accurate and up to date. They showed when people were given their medicines or reasons why not. Medicine supplies were kept securely and regular checks of the stock were undertaken.

The premises looked safely maintained in the areas we viewed. Health and safety checks were carried out regularly. Suitable actions put in place to reduce the risk of harm and to keep people safe. For example, there was guidance in place that explained how to support people to use the kitchen and facilities safely.

Regular health and safety checks of the premises were undertaken and actions put in place when needed to make sure the premises were safe and suitable. For example, new equipment had been purchased to assist people to get in and out of the bath safely. Checks were also done to ensure that electrical equipment and heating systems were safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked

Is the service effective?

Our findings

We observed the staff provide people with effective support with their needs. For example, staff supported people whose mobility was impaired and talked to them in an encouraging way while they were assisting them. Each person was given plenty of staff time and no one was ignored at all during the time we observed how people were cared for. We saw staff discreetly prompt people so that they could assist them with their personal care needs.

Staff engaged each person in animated conversations and they used open body language and facial expressions to communicate with people. One person used sign language to communicate. The staff responded to this person and were able to communicate with them. Pictorial aids were also used to help certain people make choices about their day. For example, what they wanted to eat, and what they wanted to do. Staff made sure people were sat in a comfortable position before they had lunch. The staff spent plenty of time with people encouraging them to eat and drink enough.

Staff consulted people and respected their choices. For example, people were offered choices about what they would like for their lunch and what activity they wished to take part in on that day. To help people make decisions about what they wished to do, staff used a variety of communication aids such as pictures, cards and signs.

People were provided with a choice of suitable and nutritious food and drinks. The staff told us they had to know over the time they had worked with people what meals people liked and disliked. There was information about people's dietary preferences were written in their care plans.

Staff gave people suitable support with their nutritional needs. There were enough breakfast and lunch served to people. We saw that staff assisted people who needed extra support in a calm and friendly manner. We heard the staff prompt people to eat their meals in a discrete way. People approached the staff who asked them what they wanted for breakfast and lunch. The staff supported people to assist with making their own lunch. People were offered drinks throughout the morning and the afternoon between meals.

The menus showed people were offered choices of main courses for lunch and dinner. The registered manager told

us a dietician reviewed the menus to ensure they were well balanced. There was guidance from a dietician recorded in one person's care records. This was to assist the staff in supporting the person with their nutritional needs.

Care planning processes helped ensure people received suitable support to meet their nutritional needs. We read information in the care plans we looked at which showed that the person's particular nutritional need had been identified. The care plans clearly set out what actions were required to help people to meet their identified nutritional needs. For example, it had been identified if people needed extra support from staff with their meals in case of the risk of choking. It had also been identified when that the person required a soft diet for their health to be maintained. The staff were able to tell us how to effectively assisted the person in the way set out in their care plan. This showed staff understood how to meet the person's nutritional needs.

Records showed when people did not have the capacity to consent, the provider acted in accordance with legislation. The registered manager showed us that to comply with the the Mental Capacity Act 2005, appropriate applications had been made for everyone at the home. These had all been accepted by the the Local Authority. There were records of best interest meetings being held and decisions agreed by relevant professionals involved in peoples care. The registered manager told us consent to care was reviewed as and when necessary or at least each month. The records confirmed regular reviews had taken place for each person.

Staff training records confirmed that the team had been on regular training in Mental Capacity and the Deprivation of Liberty Safeguards. The staff demonstrated they had a clear knowledge and understanding of the subject.

People were well supported with physical health care needs. Visits from other health professionals such as the GP and other health and social care professionals were recorded in people's care plans. Care plans were updated to reflect changes required based on health care professionals' advice. The care records showed that a GP carried out regular health checks with people to review their physical health care needs. Dieticians, a physiotherapist and a chiropodist also provided assistance and guidance when required.

Is the service effective?

The staff told us that the registered manager regularly checked how they were supporting people with their care. We saw the registered manager provide direct supervision and guidance to the staff during our visit. This showed that the registered manager was monitoring the quality of care staff were providing. Supervision records confirmed staff were formally supported and guided in their work. The staff told us that they met with the registered manager regularly to discuss work matters and review how they were performing. Training needs and performance related issues were also discussed at each meeting.

Staff were also positive in their views about the training opportunities they were able to go on to help them to support people effectively. They said they had been on training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. These included a course about caring for people with learning disabilities, safeguarding people from abuse, health and safety matters, food hygiene, first aid, infection control and medicines management.

There was an induction-training programme for all new employees to ensure that new staff were properly trained and supported in their work. The staff induction programme included areas such as how to support people with complex learning disabilities and safeguarding adults. Completed records showed that the registered manager had ensured staff had received proper training and were assessed before they could work with people at the home.

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Staff training files confirmed staff had attended training in Mental Capacity and the Deprivation of Liberty Safeguards and that training was updated appropriately. Staff were able to demonstrate a clear knowledge and understanding of these subjects.

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Is the service caring?

Our findings

People looked relaxed, comfortable and animated when in the company of the staff. People frequently approached the staff so that they were in their company. All of the staff communicated with people by using a warm and engaging approach. Staff used very friendly facial expressions, a gentle and good-humoured tone of voice and open body language. People responded positively to the staff and laughed and communicated with them. Staff responded to people's body language and verbal communication attentively.

The staff communicated with people in an engaging way, for example, we heard one of the support workers talk and sing with a person they were assisting. The person responded to the member of staff with laughter and conversation. This showed staff knew how to engage with the people who they supported.

We spoke to the registered manager and support workers about the sort of support and assistance they provided people. The staff told us about the types of approaches that they used. The staff said it was important to show a calm friendly approach when they supported people. They

also told us they read people's body language and facial expressions to anticipate their mood and their needs. Staff were observed caring for people in the ways they had described to us.

The staff on duty knew what the idea of person centred care was. They understood this and emphasised the importance of respecting people's individual rights and choices. The staff on duty communicated with each person in a manner that showed they treated them as an individual. This was also evidenced by our observations of the staff. We saw how they encouraged people to make choices such as what to eat, what time to get up, and what activities they wanted to undertake that day.

Information was available in the care plans about the history of the person and what was important to them so that they were able to live a fulfilling life. This included the names of their important family and friends. The care records contained guidance and information so that staff were able to provide people with individualised care. There was information in people's care records which set out how people's care needs were met. We also saw examples of people's preferences were written in their care records such as what time they chose to get up each day, what time they wanted to go to bed, food likes and dislikes, and activities and interests they enjoyed.

Is the service responsive?

Our findings

People were supported so that community involvement was promoted. There was evidence that people went out regularly with the support of staff. Two people went to an arts and crafts group run by student nurses at a university. When the people concerned came back from attending the group they showed staff the artwork they had made. The staff gave people lots of positive responses to what they showed them.

During our visit another person went out later in the morning to go to the shops. There were photos of people on trips to pubs, coffee shops and other community venues. The staff told us people went out for a trip into the community, if possible every day.

The staff had a good knowledge of the different needs of people they assisted with their care and support needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs. They said they also supported people to be able to take part in activities in the community. The staff showed in discussion with us they understood people's complex learning disabilities and how they affected their life. For example, they told us how they supported one person who experienced Epilepsy so that they were still able to live a fulfilling life in and out of the home.

Staff told us they read people's care records every day when they were working. The staff were able to tell us how to provide flexible care and support to the people who lived at the home. We saw staff assist people with their personal

care, and social care needs in the ways they had explained to us and as was written in people's care records. This helped to show that people's care was well planned and that staff provided care that was consistent.

The care records contained detailed guidance to enable staff to support people to meet their needs. The records included pictures to make the records more accessible to the people who they were written about. The care plans contained information that showed staff what actions to take to assist the person with their needs. The care plans were written in an easy to understand format and had been regularly reviewed and updated to make sure they were still accurate.

The provider had a suitable system in place to respond to complaints and comments to improve the service. There was an easy to follow complaints procedure in place for people to make a complaint about the service. There had been no complaints made in the last twelve months.

The staff told us they also advocated for people to ensure their views were known. They gave us examples of how they acted for people. These included when people's meals were not the one they had chosen. Another example staff told us about, was ensuring that one person who did not like to be in a noisy environment, was able to sit somewhere quiet. The staff further explained that each person's care plans contained detailed information about how they liked to spend their day. They said this was very important information because people could not directly express their views verbally if they were not happy about the care and service.

Is the service well-led?

Our findings

The staff spoke positively about the registered manager who they said was very person centred in their approach to running the home and the people who lived there. The registered manager was open and accessible to people who used the service and the staff. People who lived at the home went to the office to see the registered manager during our visit. The registered manager was also observed spending plenty of time with people assisting them with their needs.

The registered manager told us they kept themselves up to date about current issues that related to care for people with learning disabilities by attending meetings with other professionals and colleagues who work in the same field in social care. They explained that they always shared information and learning from these meetings with the staff team. They also told us they read online articles and journals about health and social care matters.

The staff told us that staff meetings were held regularly and staff said they were easily able to make their views known during meetings. The staff said the registered manager was always open to new ideas and suggestions about the way the home was run and how to meet people's needs. The registered manager and staff also told us these meetings were used as time to talk among each other about people's needs. The staff said because people were not able to verbally make their views it was essential that the team talked in depth about people they at the home

Where required, actions resulting from these were assigned to a member of the team or the registered manager to act upon. People's care records had recently been updated after a staff meeting discussion.

The provider was actively seeking the views of people who used the service. The registered manager told us the chief executive had been to visit the home on a number of occasions. The registered manager told us the chief executive met staff and the people who used the service. They also sent a report after their visit; in this, they highlighted any actions that may be needed to improve the services. At the last visit, there were no actions required.

The service people received was checked and monitored so that it was suitable and effective. The manager checked the quality of the care people received on a daily basis by working alongside the staff who supported them. The care people received was quality checked by another manager on a regular basis. Areas of the service also being quality checked and monitored included health and safety, staff training and supervision, meals and people's involvement in the way the home was run.

The staff had an understanding of the provider's visions and values. They were able to tell us they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported people they visited. We saw staff care for people in a way that demonstrated they reflected the values of the organisation. For example staff encouraged people to make choices and were very respectful to them.

All staff were invited to complete a staff survey which asked for their views about the organisation and about working at the home. They were also asked 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.