

Milestones Trust

58 Crantock Drive

Inspection report

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 30 March 2017 and was unannounced. The service provides accommodation for up to 8 adults with a learning disability. At the time of our visit there were six people living at the service.

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.

At the last inspection of October 2015, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we could not be satisfied that one person's food and fluid intake and pressure areas were being monitored adequately. Records evidencing what staff were doing to support this person required improvement. During our visit of 30 March 2017 we followed this up and saw that improvements had been made and the requirement met.

The registered manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had considered actual and potential risks to people, action plans were in place about how to manage, monitor and review these. Medicines were managed safely and staff followed the provider's policy and procedures.

The provider's recruitment policy and practices helped ensure people were supported by suitable staff. The registered manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift.

People were confident in their surroundings and with each other. The atmosphere in the afternoon on the day of our inspection was very pleasant and people were doing their own things to relax and pass the time of day.

People moved into the service only when a full assessment had been completed and the registered manager was sure they could fully meet a person's needs. People's needs were assessed, monitored and evaluated. This ensured information and care records were up to date and reflected the support people wanted and required.

Staff had the knowledge and skills they needed to carry out their roles effectively. They were supported by the provider and the registered manager at all times. People were helped to exercise choice and control over their lives wherever possible. Where people lacked capacity to make decisions Mental Capacity Act (MCA) 2005 best interest decisions had been made. The Deprivation of Liberty safeguards (DoLS) were understood by staff and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

People received a varied nutritious diet, suited to individual preferences and requirements. Mealtimes were flexible and taken in a setting where people chose. Staff took prompt action when people required access to community services and expert treatment or advice.

The service had a family atmosphere and homely feel. Staff were knowledgeable about everyone they supported and it was evident they had built up relationships based on trust and respect for each other.

People experienced a lifestyle that met their individual expectations, capacity and preferences. There was an ethos of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated.

The provider and registered manager had a clear vision about how they would continue to improve the service for people and staff. The service was important to them and they wanted the best for people. There was an emphasis on teamwork and unison amongst all staff at all levels.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service was very caring and had improved from a previous Good rating to Outstanding.

The provider, registered manager and staff were fully committed to providing people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service has improved to good.

Is the service well-led?

Good ●

The service remains well-led.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 March 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one inspector. This was because the service had a small client group with learning disabilities and we didn't want people to feel unhappy with too many visitors to their home.

During our visit we met with all six people living at the home. We observed people for short periods of time so that they didn't feel anxious about our presence. We spent time with and spoke with two relatives, the registered manager, the assistant team leader and staff members on duty. We looked at three people's care records, together with other records relating to their care and the running of the service. This included policies and procedures, audits, quality assurance reports and annual survey reports completed by relatives. We reviewed notifications received from the service. A notification is information about important events which the provider is required to tell us by law.

Is the service safe?

Our findings

The service was safe and staff took every precaution to keep people from unnecessary harm. Staff were kind and protective, they wanted people to be happy and feel safe. People we met with looked content and confident in their surroundings. Two relatives told us they felt their sister was in safe hands and they were looked after well.

The registered manager and staff understood their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority and CQC. Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Staff confirmed they attended safeguarding training updates and this was a good way to refresh their knowledge and understanding. The registered manager and an assistant team leader attended training through the local authority. An independent trainer visited the home annually to update staff knowledge and discuss individual safeguarding scenarios and how these should be dealt with.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identified any trends to help ensure further reoccurrences were prevented. The assistant team leader told us how they monitored for signs of infection as a possible cause. If a person had fallen they reviewed the environment to see if risks could be eliminated for example moving furniture.

Risk assessments gave staff clear written guidance where potential risks had been identified. Photographs had been taken of equipment and provided a pictorial step by step guide on how to use them safely. Equipment included, bed rails, a stand aid and self-propelling wheelchair. Information alongside these was up to date and had been reviewed. Health and well-being assessments were also completed if required for maintaining skin integrity, monitoring nutritional needs and continence. These assessments provided staff with the level of risk and gave staff clear instructions of any care or intervention that may be required. Examples of intervention the service would take included referral for specialist advice from a dietician, district nurses and supplying specialised equipment such as pressure relieving aids.

Staffing levels were constantly reviewed to ensure they were effective. Staffing helped ensure people were safe and were able to spend their day how they chose to, for example going out to enjoy an activity. Levels were determined by the amount of support people required. Staff were always available in communal areas of the home. During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. Staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments. In addition to this senior care staff hours were deployed each week to

assist with office management. The registered manager ensured there was a suitable skill mix and experience during each shift. Everyone covered vacant shifts rather than use agency staff and the service had its own bank staff.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. Recruitment considered the personality, approach and demeanour of potential new staff. They met people as part of the interview process and staff asked for their views after the interviews were completed and the interviewee had left. One person living in the home enjoyed being part of the interview panel and asked candidates questions.

Policies, procedures, records and practices demonstrated medicines were managed safely. Medicine management was person centred. Each person had a medicines file, this provided staff with details about how people preferred to take medicine for example on a spoon, what drinks they preferred to swallow tablets with and how much fluid they needed. Some medicines were given as required (PRN medicines). People's files contained information explaining to staff what to look out for should they think someone was in pain and may benefit from an analgesic. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed.

Is the service effective?

Our findings

The service was effective. Throughout our visit staff were confidently and competently assisting and supporting people. People were cared for by staff who had received training that equipped them with the skills they needed to care and support people. The registered manager supported staff with training in order to keep up to date with best practice, extend their skills, knowledge and in some cases their roles. Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. There was an expectation that staff would supported and encouraged to undertake a diploma in health and social care at level two or three (formerly called a National Vocational Qualification). In addition to mandatory courses, staff accessed additional topics to help enhance the care people received.

The service had a small, steadfast group of staff. They felt supported on a daily basis by the registered manager, assistant team leader and other colleagues. Additional support/supervision was provided on an individual basis. Supervisors supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences. Practical observation sessions to help staff develop their practical skills, for example, medicine rounds.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

One person had been supported to take control of their own money. This followed an assessment of the person's capacity to do so and, practical consideration of how this could be achieved. Safeguards were put in place and the person was now in a position to make decisions regarding their finances. This has had a significant impact on the person's wellbeing. One example being, they now employ the services of a private hairdresser.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and with staff and visitors. They chose to spend time in the lounges, various seating areas, the dining room and their own rooms. They engaged with various preferred activities/interests throughout the day.

Staff ensured people were protected from the risks of poor nutrition and hydration. They provided choice and provided nutritious food that supported health needs. People were supported and educated by staff to eat a balanced healthy diet, without compromising their choice and preferences. People were encouraged

and supported to plan and prepare meals. There were no rigid menus, meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed eating out and having takeaways. Hot and cold snacks and drinks were available throughout the day. Opinions about meals were always sought to help ensure people were satisfied with the choice, variety and quality of the food.

The registered manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported by staff for all appointments they attended. The level of support was individualised and people were empowered to represent themselves at the appointments as much as possible. All appointments were documented and included the outcomes of these. Care plans and risk assessments were updated if this was required.

Is the service caring?

Our findings

Throughout the inspection we saw various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. The registered manager and staff demonstrated a determined, positive commitment to people and would always go that extra mile in order to ensure they felt valued. Staff supported people as equals, their approach was respectful and patient. It was evident that over time staff had built up positive relationships with people that were based on trust and personalisation. They wanted people to feel important and live a life that was meaningful and fulfilling.

The registered manager and staff provided us with an extensive background of people's lives prior to living at the home and it was evident they knew people well. This had helped enhance a person centred approach to care and support where people could aspire to achievable goals and aspirations. In addition staff had captured this knowledge in people's records which reflected a mutual respect for people, where positive attributes were recognised and fostered. People had asked those they lived with and staff to consider what they liked and admired about them. Written accounts reflected the promotion of self-worth and feeling valued and loved.

We read a reflective account by a staff member about one person and how they had changed since living at the home. They wrote, "She is always learning and achieving new things. Over the last two years she has tried new sports, taken part in outward bound courses and had training in understanding self-advocacy and finance awareness. It's been a privilege to watch her grow and find her own independence and personality".

Staff always encouraged people to reflect on their positive attributes and what others including staff, liked and admired about them. We saw some lovely written accounts about what people had shared which promoted self-awareness, confidence, assertiveness and a sense of value and self-worth. Written comments included, "She has a lovely big smile and a cheerful outlook", "She always asks how my family are which I like, she is pleased to see me when I come on duty", "A happy, bubbly lady, who is good company", "She is willing to have a go at anything and that's a wonderful way to be" and "She is always great at making others laugh, she's very loving".

We saw staff had offered kind and compassionate care and overcame obstacles to achieving this. For example, one person was referred to health professionals and subsequently diagnosed with a life threatening condition. Staff worked closely with hospital staff in assisting them to plan an individualised treatment programme. This included working with hospital staff to ensure they understood and were able to respond to; the person's communication needs and use techniques to prevent them becoming anxious. The person was supported to all appointments by staff who knew them well. Specific treatment times were agreed to minimise waiting times and hospital transport planned in advance.

As a result of this well planned support the person completed their eight-week course of treatment. The registered manager told us, "The GP referred to the person's recovery as 'miraculous' and both nurses and staff were in tears". This showed the staff team made arrangements to ensure the person received the same treatment as any other member of the public, it is quite possible that had it not been for the commitment of

the staff the person may have died as a result of this condition.

Another example involved a person who had been not been on a holiday for a number of years. We were told their previous placement had informed the provider that holidays' were inappropriate for the person due to their mental health. The person themselves thought this unfair and wanted to experience a holiday. Work was undertaken with the person and other health and social care professionals to consider the risks involved and plan a holiday.

They were initially supported to go on mini break to assess what they liked, and learn more about their mental health cycle in different situations. This allowed staff to assess whether, with the right support, they could achieve a positive outcome from a holiday. This required a positive approach to risk management and investment and patience from staff in understanding the person and the best ways to support them. What the person and staff learned was that short, local holidays were possible so the person could return home if necessary. This had resulted in a successful weekend caravan trip in April 2017 to Somerset for the person, supported by staff. The person and staff are now looking at future possibilities of holidays based on this successful outcome.

Staff had supported people for many years. People were confident in their surroundings and with each other. We had several opportunities to see how relationships between the registered manager, staff and people were promoted and supported. Conversations were personal and reflected positive, respectful interaction. One member of staff was supporting a person who wanted to order another pair of prescription glasses on line. It was a lovely exchange in conversation, looking at frame options, colours and what would suit the person, the member of staff was genuinely interested in making sure the person was happy with their purchase.

A recent quality audit conducted by the area manager reported, "Relationships between people and staff were excellent. Communication was respectful and polite. There was laughter and the body language was positive. The atmosphere was very relaxed, calming and friendly. I am always warmly received by all". We also felt very welcome from people who lived in the home. In the afternoon we sat with people in their lounge, joined in conversations and observed them enjoying personal hobbies.

The provider had recognised the achievement of the registered manager and team through a nomination for an 'Extra Mile Award for Inspiration' in the Trust's annual award recognition program. This was as a result of fundraising activity to raise money for one person to purchase a specialised wheelchair, for long distance sporting events. We also saw a letter of commendation from the Trust's Chief executive after a recent visit to the home.

Independence and autonomy was promoted at all times and was at the centre of all care and support people received. People and staff felt proud of individual successes around independence and people being in control. One person was currently enrolled on a course learning about managing their own finances. This included understanding where their money came from, budgeting an income, how to save and the advantages of use a debit card. Staff recognised individual capabilities and promoted strengthening these. One person who had a debilitating spinal injury was fully supported and encouraged by staff to live their life as independently as possible, to pursue aspirations and to enjoy their life to the full. This included fund raising events whilst taking part in local park runs and most recently the Bristol half marathon. Another person had been on a hot air balloon ride with their sister. Events and achievements were always remembered through photographs, many of which we saw either framed or printed in professionally made albums.

In addition staff had worked with an occupational therapist to find assistive technology to promote one person's independence. This resulted in obtaining a computer tablet preloaded with prompts and videos which staff supported the person to use, after a successful trial they are now using this to help develop their independent living skills further.

People were encouraged to maintain relationships with family members and those people who were important to them. One person was supported to regularly visit their parent in a nursing care home facility. Another person was looking forward to attending their nephews wedding in June where they would be staying in a spa hotel for two days. They were very excited about the whole event and had purchased two pairs of shoes for the occasion. We were told the next plan was to look at wedding gifts. The registered manager told us the family had been 'surprised and very pleased that everyone had made such a concerted effort to make it happen'. People invited their family and friends to social events, these were welcomed and attendance was popular.

The provider, registered manager and staff team had demonstrated a caring approach to colleagues in a number of different circumstances. This had allowed the staff affected to remain in their roles, meaning consistency of support to people was maintained. It also acted as an example of being 'caring' that was wholly consistent with the values they wished to implement in the care and support of people using the service. Examples of this included; supporting a colleague through serious ill-health, the introduction of flexible hours to allow a colleague to attend university and, supporting an apprentice through a pregnancy to enable them to retain and complete their apprenticeship.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, one person had been supported to attend a local church on a regular basis. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met and they had received training to support them.

Is the service responsive?

Our findings

The registered manager reviewed the service so that people received support that was responsive, person centred and based on best practice. Assessments were always completed for those people who were considering moving into the home. The information was detailed and supported the registered manager and prospective 'resident' to make a decision as to whether the service was suitable and their needs could be met. Every effort was made to ensure that significant people were also part of the assessment including family, hospital staff, GP's and social workers. The assessments were used to develop care plans based on individual needs and were reviewed and further developed during the first four weeks of admission. People and their relatives were supported through this process by staff.

Plans captured an approach to care that included the support people required for physical, emotional and social well-being. They were personalised and included information on people's life experiences, interests, hobbies and likes and dislikes. There was specific, detailed information about behaviours, personalities and personal backgrounds. This included how people preferred to be spoken to, preferred routines and methods of communication. During our visit we saw people being cared for and supported in accordance with their individual wishes. The information people shared meant that staff knew exactly what people wanted and what was important to them.

There were some good examples where people's health and emotional wellbeing had improved since moving to the home. Staff approach, gentle encouragement, building up trust and confidence and making people feel special had a positive impact on people overall. One person had been supported to overcome health difficulties arising from a tooth extraction. This had resulted in serious mental and physical health difficulties for them. Staff had responded by adapting the care and support offered in order to overcome these. They had also learnt from the experience and told us they now felt better equipped to support the person at such times.

The service protected people from isolation and recognised the importance of social contact. The ethos of the service was to promote people being part of the local community so that it was personal to each individual, offering choice, empowerment and independence to individuals; so that people would lead fulfilling lives. In order to achieve this staff had written support plans which captured people's needs with regards to their social wellbeing and provided staff with specific information about what people wanted.

Activities were provided, encouraged and based on people's preferences and personal interests. Drama therapy, gardening club, cycling, cooking and baking, fitness and exercise classes were just a small example of what people enjoyed. People were always asked about where they would like to visit on daytrips and holidays were always enjoyed. Recent trips had included, Downtown Abbey, Cricket St Thomas, Monkey World and a local visiting fairground. Some had chosen to enjoy a mini cruise to the Belgium markets at Christmas time.

Two people had been supported to take a holiday on a canal boat in the summer of 2016. This had involved careful research, individual risk assessments being completed with people and the identification of suitable

staff to accompany them.

The complaints policy helped people understand how to express what they were feeling and what they could do if they had any concerns. The registered manager and staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling. Because staff knew people they supported very well they recognised when they were unhappy about something. People had one to one support throughout the day. This gave them the opportunity to speak or communicate with staff about anything that may be worrying them.

We saw staff had responded to concerns and complaints proactively and sensitively. For example, two people had raised complaints regarding another person. This corresponded with a reassessment of that person's needs and a decision made involving independent advocacy that the home could no longer meet their needs. The people who raised the concerns were supported to make their views known. Staff worked with the person whose needs could no longer be met to identify a new home. They then supported that person with the transition including setting up their room in the new service".

Each person had a transfer fact sheet. This was a detailed, concise overview about people and was used when they transferred between services for example hospital admissions or when attending appointments. These provided other care providers with essential information to help support consistency in care and promote people's safety. Essential information included triggers that may change someone's behaviour, pain and distress indicators and things that would make a person feel safe and comfortable. In addition to this it provided emergency contact numbers, previous and current medical history, current medicines, people's capacity and communication needs.

Is the service well-led?

Our findings

The service was well led and things had continued to improve following the last inspection. The registered manager and staff team had worked hard to identify where improvements were required and plans to resolve these had been placed in order of priority. The whole staff team were a cohesive group who were committed to moving the service forward. Relationships of trust and confidence were promoted by the registered manager in order to ensure they were respected and yet approachable. Since commencing their post the registered manager continued to display enthusiasm and passion about the service and those who used it.

The registered manager led by example. They were readily available to offer support, guidance and hands on help should staff need assistance. The registered manager also covered vacant shifts, when other staff members were not available. This promoted continuity of care and kept them up to date with people's needs. People living in the home also appreciated the registered managers presence. One person had recently commented 'you seem to here an awful lot lately'.

Good relationships were being established between people, relatives and staff and everyone agreed that improvements were being made. Two relatives told us they had recognised an improved service, with an emphasis on effective communication. They said staff were 'very caring, their relative was in safe hands and the manager was approachable and easy to talk to'. There was an emphasis on teamwork amongst all staff at all levels. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained.

The registered manager was knowledgeable about the people in their care, the policies and procedures of the service and they shared with us their views, aims and objectives. New initiatives and 'plans for the future' further promoted an ethos of empowering people, supporting independence and a continuation to further enhance the existing personalised approach of the service. They had a clear view on how this would be achieved and what it meant for people and staff. It was never assumed that people who moved to the home would stay on a permanent basis. Support pathways were developed with individuals and relevant professionals to support phased progression for the potential to live in an alternative independent community setting. Following consultation with people and staff the registered manager was obtaining quotes to partially refurbish the kitchen so that cooking and worktop facilities were also available at a height for wheelchair users.

There were various systems in place to ensure services were reviewed and audited to monitor the quality and effectiveness of those provided. Independent audits were carried out by the area manager and registered manager including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. They both also work together in 'outcome focused meeting' and reviewed progress and achievements based on the CQC Key Lines of Enquiry (KLOE's). These meetings looked at what was going well, what could be even better and general discussions around 'service user involvement, accident and incident analysis, safeguarding and finance. Action plans were developed with any improvements/changes that were required.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.

The registered manager and assistant team leader were in the process of completing a management development programme developed by the Trust. The programme was based upon the nationally recognised knowledge and performance criteria laid out in the level 5 diploma for leadership and management of health and social care programme. They told us undertaking this had helped them identify ways in which they could further improve the services' ability to reflect and learn, with the overall aim of providing an even more person centred service.