

Milestones Trust

Charnhill Crescent

Inspection report

33 Charnhill Crescent
Mangotsfield
Bristol
BS16 9JU

Tel: 01173774018
Website: www.milestonetrust.org.uk

Date of inspection visit:
06 April 2023
13 April 2023

Date of publication:
24 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

33 Charnhill Crescent is a care home registered to provide personal care and accommodation to a maximum of 4 people. The service provides support to people with Mental Health needs. At the time of our inspection, there were 4 people using the service. The service is located in a detached home in a residential area within close proximity to community facilities.

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

People living at the home told us they were happy with the care provided and that the staff were nice. The staff knew people well and were enthusiastic about providing person-centred care.

Staff were aware of their responsibilities in safeguarding people from abuse. Risks were managed and health and safety checks in the home had been carried out. The home was clean and maintained well.

Care records were person-centred, reviewed regularly, and updated when people's needs changed. People took part in a range of activities both in the home and in the wider community. People were supported to keep in regular contact with their relatives.

There were enough staff to meet people's individual needs and staff received the induction, training and support they needed to conduct their roles.

There were good systems of quality assurance checks and audits. Everyone was positive about the registered manager and the way the service was run. The provider had notified the Care Quality Commission (CQC) of significant events, such as safeguarding incidents.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good (published 16 March 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We looked at the key questions on whether the service was safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has continued to be rated as good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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.

Is the service well-led?

Good ●

The service was well led.

Charnhill Crescent

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Charnhill Crescent is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Charnhill Crescent is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 4 members of staff and the registered manager. We observed interactions between people living at the service and members of staff throughout the inspection.

We reviewed a range of records. This included 4 people's care records and 3 medication records. A variety of records relating to the management of the service, including staff training and quality audits were looked at.

Is the service safe?

Our findings

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

At our last inspection, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe with the staff and told us the home offered a safe environment for them. One person told us, "Yes I do feel safe. The staff look after me".
- Incidents had been notified to the safeguarding authorities and CQC appropriately.
- Staff had completed safeguarding training and were able to demonstrate a good understanding of the subject.

Assessing risk, safety monitoring and management

- Risks were assessed and managed appropriately. Care files included appropriate individual risk assessments with guidance for staff on how to anticipate and mitigate the risks.
- Care files were reviewed regularly and information relating to risks was updated. Staff were knowledgeable about the risks for each person living at the service.
- Health and safety certificates were in place and regular health and safety checks, such as fire safety equipment and water temperatures, were completed. Any issues identified were addressed with appropriate actions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 particular 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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely. There was a robust recruitment procedure in place which included appropriate pre-employment checks. This included the Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People living at the home told us they got along well with the staff, one person told us "I like the people here, they're really kind."
- There were enough suitably trained staff to meet people's needs. Staffing levels were flexible and adapted to support people. A regular and consistent staff team supported people.

Using medicines safely

- Staff had completed medicines training and competencies were checked regularly to ensure their skills remained current.
- Medicines administration records were completed appropriately, and regular documentation audits and medicines counts were completed to check for any issues.
- Medicines were safely managed. People received their medicines as prescribed and in line with the guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

At the time of the inspection, the home was open to visitors. This was in line with government guidance.

Learning lessons when things go wrong

- We saw records for recording incidents and any lessons learned had been shared with the staff team through meetings and supervisions.
- There was an open culture around reporting incidents and near misses, and actions were implemented to minimise risks for people.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- Robust systems of daily, weekly, and monthly quality assurance checks and audits were in place. Where issues were found they were dealt with promptly.
- The registered manager and the deputy manager had a good understanding and were working towards a positive and inclusive culture, and this was a high priority for them. The registered manager had recently been appointed and was in the process of increasing the diversity of staff within the home by recruiting staff from diverse backgrounds.
- Staff told us they were supported and were positive about the changes being implemented in the service. One staff member told us, "It is better now, the manager is very supportive and listens to our ideas for improvement."

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 service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- The registered manager was aware of their responsibilities in relation to the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The management team had clear roles and responsibilities. The different strengths displayed by the management team were used accordingly to help manage and develop the service.
- Quality assurance systems in place were thorough. Oversight and management of all aspects of the service had improved since the last internal audit conducted by the provider. The audit highlighted improvements required in some aspects of health and safety such as the inappropriate storage of COSHH chemicals in the laundry room, improvements had been implemented.
- Staff told us they were enthusiastic and positive about supporting people's goals and aspirations, whilst helping ensure goals were realistic and achievable.

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

characteristics

- Regular resident meetings took place where people could have their say about the general running of the home and bring up any issues or make suggestions.
- Staff supervisions and meetings took place regularly, giving staff the opportunity to discuss their work, training and development and any other matters.
- The registered manager involved appropriate healthcare professionals in reviews and discussion around support. People were able to discuss their mental health and recovery openly. People told us about goals and aspirations they hoped to achieve.
- The registered manager had established good relationships with health and social care professionals. They had been in regular communication with the GP and pharmacy regarding people's needs.

Continuous learning and improving care, working in partnership with others

- A number of audits and checks were conducted regularly to ensure quality remained at a good standard. These included medicines checks, checks of health and safety equipment and documentation.
- We saw evidence that any issues identified had been addressed with appropriate and timely actions. The registered manager told us about a recent incident regarding a medication error due to miscommunication with the pharmacy and GP. The issue was resolved and the registered manager created their own MAR charts to obtain a better oversight of medicines management to ensure the error does not occur again.
- Incidents and safeguarding's were logged and reviewed to identify themes.
- The registered manager had a clear vision for the service and was working on a plan to engage residents in being involved in social enterprise projects in the community.
- The service has been nominated this year for the Care and Support West Awards 2023, for providing good outcomes for people. The awards, celebrate the dedication of care professionals in the South West.
- The registered manager and staff team had established good partnership working with the local mental health teams.