

Milestones Trust

6 Northumberland Road

Inspection report

Redland
Bristol
BS6 7AU

Tel: 01179423628

Website: www.milestonetrust.org.uk

Date of inspection visit:
27 July 2022

Date of publication:
01 September 2022

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

6 Northumberland Road is a residential care home providing accommodation and personal care to up to five people. The service provides support to adults of all ages who have mental health needs. At the time of our inspection there were four people living at the service.

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

People felt safe and were protected from the risk of harm and abuse because the service assessed, monitored and managed this as far as possible. Assessments were kept up to date and guidance helped staff to provide appropriate levels of support.

A new information and pre-admission process had been developed since our last inspection. This ensured people received a more individual approach which met their needs. There were enough staff to support people, and staff were safely recruited.

The environment, equipment and health and safety were regularly checked to ensure these were safe for people who lived at the service. Accidents and incidents were reviewed and lessons learned when necessary.

People were protected from infection. Staff supported people as required to ensure they received their medicines safely and as prescribed.

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

There had been changes in the staff team, and people and staff were positive about the management of the service. Systems were in place to monitor and improve the quality of the service. Action plans ensured tasks were completed and improvements were shared with the staff team. There was a focus on engaging and involving people, their relatives and staff in the development of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we also recommended the provider introduced a robust and effective pre-admission procedure for the service. At this inspection we found improvements had been made and a new procedure was in place and being used.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 August 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

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 changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 6 Northumberland Road on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

6 Northumberland Road

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. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Inspection team

This inspection was carried out by one inspector.

Service and service type

6 Northumberland Road 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. 6 Northumberland Road 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection a manager was in post who was going through the process of registering with the Care Quality Commission.

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. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

The provider had not been asked to complete a Provider Information Return (PIR) since the last inspection in 2021. 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 five members of staff. This included the manager, service co-ordinator, clinical nurse advisor and support staff. We spoke with two people who lived at the service and one relative. We also received feedback from a professional who had worked with the service. The views of everyone we spoke with have been incorporated into this report.

We viewed a range of records and documents. This included three people's care records and medicine records. We were shown online information about staff in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents.

We spoke with people briefly and observed their experiences during the inspection. We received feedback from four relatives or friends of people who lived at the service. The views of everyone we spoke with have been incorporated into this report.

We considered this information to help us to make a judgement about the service.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection the provider had not ensured care and treatment was always provided in a safe way because risk assessments were not always comprehensive, and incidents were not always reported. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of harm because the service assessed, monitored and managed safety as far as possible.
- Individual risk assessments were carried out to ensure people were safe and staff had guidance to support them. This included risks such as managing aggressive behaviour, safety in the community, medicines and safe use of the cooker.
- Risk assessments were regularly reviewed to accurately reflect people's needs and ensure staff provided appropriate levels of support.
- Practice and documentation were internally investigated after the unexpected death of a person who lived at the service. Risks had been appropriately managed, and information shared as necessary.
- Liaison and planning before people were admitted to the service was thorough and ensured their needs could be met. A new information pack had been developed to gather details and support people who were moving to the service. This meant a more person centred approach could be delivered from the beginning with the individual's input and a smoother transition ensured.
- The environment was regularly checked to ensure it was safe for people to live in.
- Health and safety checks were monitored, and servicing and repairs carried out when required. Fire safety was maintained, and drills regularly carried out. Prompt action was taken when shortfalls were found.
- Accidents and incidents were recognised, reported, investigated and reviewed to learn from trends or improve practice where necessary. These were shared with the staff team.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Staff had completed safeguarding training and said they were confident about raising concerns. One staff member told us, "I would always raise anything. I've done it in the past. I would absolutely be listened to".
- Concerns were reported to the appropriate authorities or other agencies as required. One professional told us they had found the team to be proactive and developed effective plans to keep people safe from

potential harm.

- People told us they felt safe living at the service. One person said, "This is my safe haven" and another told us, "I definitely feel safe here".
- Relatives said their family members were safe. One relative told us, "I trust them completely to look after him. They relate to him and make sure he's safe".

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

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 Mental Capacity Act (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.

Staffing and recruitment

- People were supported by enough staff to meet their needs. Comments included, "There's always enough staff to see me any time" and "There's always been staff around. I can just find someone to talk to".
- There was a core staff team who knew people well and provided consistency and experience to the people living at the service.
- Recruitment information was managed by the provider away from the service, but we saw evidence that pre-employment, criminal record and other checks had been carried out. This information helps employers make safer recruitment decisions. Some staff information was kept locally. The management team had identified that staff files needed to be reviewed and filed electronically. This was in progress at the time of our inspection.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's preferences for how they liked to take their medicines and details such as allergies were recorded. Staff had up to date information available to support them in keeping people safe.
- Staff had completed medication training and had regular competency checks to ensure they remained at the appropriate standard.
- One person had been taking responsibility for taking their own medicines, but this had recently suspended following a risk assessment. There was a clear plan in place to support the person to take their medicines independently again in the future. Staff made sure people had the support they needed to manage their medicines safely.
- Individual guidance was in place for the administration of medicines which were given 'as required' (PRN).
- Regular medicine audits were completed to monitor safety and ensure risks were managed.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- Families and friends had been supported to visit in line with government guidance throughout the pandemic.
- A relative told us they had been able to visit the service at different times and was happy that there were no restrictions on visiting.

Is the service well-led?

Our findings

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

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

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

At our last inspection we found systems in place to monitor and improve the quality of the service were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager understood their role and worked with the team to meet regulatory requirements. For example, statutory notifications were submitted in line with legal requirements, health and safety checks were carried out and regular audits were completed.
- The provider had systems in place to monitor and continue to improve standards and safety. Audits of subjects such as health and safety, infection prevention and control and feedback about the service were carried out regularly and there was oversight from within the organisation.
- Action plans ensured tasks were completed and changes and improvements were shared with the staff team.
- The previous CQC rating was displayed in the service and on the provider's website. The display of the ratings is a legal requirement which informs people, visitors and anyone seeking information about the service of our judgments.

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

- There was a warm and relaxed atmosphere at the service. We saw the values of the organisation reflected in the actions of staff.
- The management team at the service were visible, well known and respected. They led by example and worked with staff in supporting people.
- People spoke positively about the management team. Comments included, "[Name] is always around. You can talk to them about anything".
- A relative said, "[Names] are marvellous, out of this world. They've been excellent".
- The management team were passionate about driving improvement and providing high quality care. The manager told us, "I recognise that history is important, but we also needed to make changes. Staff were

nervous, but we're getting them on board".

- People told us they were happy living at the service. One person said, "I'm very happy here. I like the pace of life and the number of people". Another person had only recently moved in, but they said, "I'm looking forward to it, they put in more time and effort here".
- Staff were positive about the culture and leadership at the service, and felt the whole team was very supportive. They were motivated and felt valued. One staff member said, "I love helping the guys and seeing them move on. Sometimes they come back and visit. It's so good to help show them what they can do; anything's possible".
- One professional told us they found the staff team to be, "Friendly, caring and all have a great understanding of each resident's individual care and support needs".

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 management team understood requirements in relation to duty of candour and had an open and honest approach.
- They had effective communication with people, their families and other agencies when incidents occurred within the service.
- People who lived at the service and staff were encouraged to bring issues of concern to the attention of the manager. People and staff knew how to do this.
- The management team had submitted the required statutory notifications to CQC following significant events at the home.

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

- Staff supported people to give feedback, make choices and suggestions in daily 1:1 sessions and regular meetings with managers.
- People's views were sought as part of regular provider audit processes.
- People's relatives had been actively involved in contributing to the service and care plans. Staff were responsive to this and met individual needs flexibly.
- At the time of our inspection a friends and family survey was about to be sent out.
- An involvement lead had recently been appointed within the organisation, and meaningful methods of gathering feedback were being explored.
- Staff were able to raise issues and make suggestions at any time. They also had regular supervision with managers which enabled them to share their views. Comments from staff included, "If there are any issues or problems, we just talk them through" and "[Managers names] are really proactive. We all support each other too".
- It had been difficult to hold staff meetings due to the pressures of Covid 19, but these were now being planned again.
- People were kept up to date and involved in changes within the service.

Continuous learning and improving care

- The management team had a drive to continue improving care and support people to achieve positive outcomes.
- A complaints process was in place and feedback was encouraged.
- Lessons learned were shared with the staff team to prevent reoccurrence and improve the service being provided.
- The management team were open and responsive during our inspection.

Working in partnership with others

- The home worked closely with other professionals to ensure people received joined up care. One professional told us they were satisfied with the sharing of information by the service, and noted that staff had been responsive to feedback when a change to practice was required.