

Milestones Trust

16 Cleeve Hill

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

16 Cleeve Hill is registered to provide accommodation for five people who require personal care. At the time of our inspection five people with learning disabilities were using the service.

This inspection was unannounced and took place on 22 July 2016.

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.

People were safe. Staff understood their role and responsibilities in keeping people safe from harm and knew how to raise any concerns. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Medicines were well managed and people received their medicines as prescribed. Infection control measures were in place.

The service was effective. Staff received regular training and the support needed to meet people's needs. People were supported to make choices and decisions. People had enough to eat and drink. Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services. The provider had plans in place to develop and improve the accommodation.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. Information was provided in ways that were easy to understand. People were supported to maintain relationships with family and friends.

The service was responsive to people's needs. People received person centred care and support. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded to this by making changes.

People benefitted from a service that was well led. Manager's had an open, honest and transparent management style. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

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.

People were safe from harm because staff were aware of their responsibilities and knew how to report any concerns.

Individual risk assessments were in place to keep people safe.

There were enough suitably qualified and experienced staff.

Medicines were well managed and people received their medicines as prescribed.

Infection control measures were in place and followed by staff.

Is the service effective?

Good 

The service was effective.

People were supported to make choices and decisions. The service complied with the Mental Capacity Act 2005 (MCA).

Staff received regular and effective supervision and training.

People were supported to make choices regarding food and drink. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

The provider had plans in place to further develop and improve the accommodation.

Is the service caring?

Good 

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in

making decisions about their care and support.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good ●

The service was responsive.

The service was planned and delivered around people's individual needs.

People participated in a range of activities within the local community and in their home.

The service encouraged feedback from people using the service and others and made changes as a result.

Is the service well-led?

Good ●

The service was well led.

The registered manager and other senior staff were well liked and respected.

There was a person centred culture and a commitment to providing high quality care and support.

Quality monitoring systems were in place and used to further improve the service provided.

16 Cleeve Hill

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 22 July 2016 and was unannounced. The inspection was carried out by one adult social care inspector. The last full inspection of the service was on 20 July 2013. At that time we found the service was compliant with the regulations.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted four health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection. You can see what they said in the main body of this report.

Not every person was able to express their views verbally. Therefore we carried out a Short Observational Framework for Inspection session (SOFI 2). SOFI 2 is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We also spoke with one relative by telephone.

We spoke with five staff, including an assistant team leader, three members of care staff and an agency staff member. We also spoke by telephone with the registered manager after our visit.

We looked at each person's care records and records relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

Is the service safe?

Our findings

We spent time talking with and, observing how people were cared for and supported throughout our visit. We saw they reacted positively to staff and seemed relaxed and contented with them. When asked if they felt safe, people smiled and reacted positively with three people saying, "Yes".

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The provider had developed an easy read version of the safeguarding procedure. This was displayed prominently. Staff we spoke with told us they had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice. The provider had not raised any safeguarding concerns in the 12 months before our inspection. There had not been any safeguarding concerns raised by anyone from outside of the service within this timeframe.

There were comprehensive risk assessments in place. Each person's risk assessment and support plan were regularly reviewed and updated when required. Risk assessments to keep people safe when they became unwell and also to support people with their daily living and develop their independence were in place. For example, risk assessments were in place to keep people safe from harm when carrying out domestic activities such as cooking and for people to use community leisure facilities safely. Risk assessments contained clear guidance and detailed the training and skills required by staff to safely support the person.

People were supported by sufficient numbers of suitably skilled staff to meet their needs. There were two staff working in the morning and two in the afternoon, with another working from 8.00 am to 4.00 pm to assist with activities. The staff rotas showed these staffing levels were provided each day. One member of staff worked at night. On the day of our inspection an additional staff member was available to support one person on a planned one to one basis. This was provided so the person could do some gardening which was a particular interest of theirs. Staff said the 8.00 am to 4.00 pm shift was being extended to 5.00 pm from next month (August 2016). Staff said there was sufficient staffing to keep people safe.

Recruitment information was held at the main office of Milestones Trust so we were unable to check the records held during this inspection. However, we have subsequently visited the offices and found that satisfactory pre-employment checks were carried out by the provider. These included a Disclosure and Barring Service (DBS) check and references from previous employers. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

Accident and incident records were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The registered manager regularly reviewed these to identify any themes or trends.

Staff followed the policies and procedures for the safe handling, storage and administration of medicines. Medicines were securely stored and records of administration were kept. Staff had received training in administering medicines. People received their medicines as prescribed. Some people were prescribed 'as required' medicines, including medicines to be administered in an emergency. Staff had received training to do this and, how and when the medicine was to be administered was clearly written into people's care plan.

Staff had access to equipment they needed to prevent and control infection. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were kept in a locked room to ensure the safety of people. The accommodation was clean, well maintained and odour free. Some people required the use of a hoist to move between their bed and wheelchair or wheelchair to bath. People had their own slings. A sling fits to the hoisting equipment to allow the person to be hoisted safely and comfortably. Slings can vary in type and size to meet people's needs. Each person had been assessed for and, had in place the most appropriate sling for them. These were laundered separately and not shared between people; this reduced the risk of cross infection.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose. This was in addition to external contractors that serviced the equipment. Records were kept when equipment was serviced.

Is the service effective?

Our findings

A relative we spoke with and health and social care professionals said people's needs were met effectively. During our visit we saw people's needs were met. Staff provided the care and support people required.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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 Act 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had received training on MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

Where people lacked capacity to make a particular decision and, their liberty was being restricted, the provider had submitted DoLS application to the appropriate authorities. However, there was no clear record of the applications submitted, the date they were authorised, when they would lapse and when CQC had been notified. This meant there was a risk of applications not being reviewed and applied for if lapsed. We spoke with the registered manager following our inspection about this. They said they would introduce a clear system for recording this to assist in managing the process.

Staff received regular individual supervision. These are one to one meetings a staff member has with their manager. Staff members told us they received regular supervision. Staff records showed these were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual meetings helpful.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Staff also received specific training to meet people's needs including, epilepsy awareness, administration of emergency medicines, individual moving and handling, diabetes and non-verbal communication training. Staff said the training they had received had helped them to meet people's individual needs.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for the work was assessed. One recently appointed staff member told us they were well supported through their probationary period and had completed a programme of training which had prepared them for their role, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. The member of staff told us they had shadowed more experienced staff before working alone. They said, "The induction training and shadowing was really good".

People chose what they wanted to eat. Menus were planned with the involvement of people. These were varied and included a range of choices throughout the week. People were encouraged to participate in the preparation of food. People were involved in shopping for food. We saw the food was well presented. Home grown vegetables were used and staff said they tried to ensure as healthy a diet as possible. People clearly enjoyed their lunch time meal. People had access to a variety of drinks throughout the day. People's food and fluid intake was monitored to make sure they had enough to eat and drink.

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle. One health and social care professional said, "Staff worked with one person who has complex health needs very effectively. They followed my instructions and advice fully and recorded relevant information". One person was recuperating following a recent operation. A physiotherapist had given staff a plan to follow to help the person. This involved staff helping the person to walk twice a day. This was being carried out and recorded by staff.

The physical environment in all the accommodation was of a high standard and met people's needs. People showed us their rooms and were proud of them. When necessary repairs were identified, these were quickly acted upon. The service had outdoor space for people to sit and enjoy the garden. One person with an interest in gardening was supported to grow vegetables. The provider had plans in place to further develop the service. These included providing additional communal living space for people.

Is the service caring?

Our findings

People were cared for by staff who knew them well. Staff were able to tell us about people's interests and individual preferences. The relationships between people at the home and the staff were friendly and informal. People were comfortable in the presence of staff and sought out their company. A relative told us they felt all the staff were caring and their family member, "Gets on very well with the staff and other people at the home".

Some people needed support with all aspects of daily living due to their learning and physical disability. Staff provided personal care behind closed bedroom or bathroom doors. Staff knocked prior to entering a person's bedroom. This ensured that people's privacy and dignity were maintained.

Staff were friendly, kind and discreet when providing care and support to people. People responded positively to staff which showed they felt comfortable with them. We saw a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures.

Each person's communication needs were documented and staff demonstrated a good understanding of these. Gestures, signs and other non-verbal communication methods were used in addition to words to aid communication. Staff had involved people, family members and relevant health and social care professionals in developing these. For example one person's plan stated, '(Person's name) has a hearing impairment and is registered as blind, staff should approach her saying her name, then touch her shoulder'. Staff said this helped reassure the person and prepare her for staff assistance.

People were supported to maintain relationships with family and friends. Staff said they felt it important to help people to keep in touch with their families. People who showed us their rooms were keen to point out photographs of family members. Care records contained contact details and arrangements. These arrangements were very detailed. One person using the service did not have regular contact with any family members. The provider had arranged for this person to access an advocacy service. Advocacy involves an independent person helping someone to express their views and opinions and ensure their rights are upheld.

Staff promoted people's independence. People's care plans documented the assistance they required but also reinforced the things they could do for themselves. Staff said they felt it important not to de-skill people and to encourage them to be as independent as possible.

Throughout our inspection we were struck by the relaxed and homely atmosphere at the service. Everyone seemed to enjoy each other's company. People were engaged in conversation with each other and staff and there was a sense of fun. Minutes of meetings held showed there were regular discussions on how people were getting along with each other. Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them on a one to one basis. Keyworkers completed a monthly review with the person that was kept with their care plan.

People's preference in relation to support with personal care was clearly recorded. This included how they wished to be supported in bathing and showering. Individual morning and evening care routines were in place and staff were knowledgeable about these.

Care records included an assessment of people's needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met and had received training on this. One person was offered support on a Sunday to attend a church service.

Care had been taken to record any information relevant to people becoming unwell or in the event of their death. We saw one person had been supported to develop a detailed plan of their wishes following their death. This included funeral arrangements, who should be contacted and involved and the hymns they wanted included in the service.

Is the service responsive?

Our findings

During our inspection we saw staff responded to people's needs and providing care and support in a person centred manner.

Care plans were person centred and provided detail on people's needs, daily routines, choices and preferences. Each person had two files containing an essential lifestyle plan and a health action plan. The essential lifestyle file contained daily diaries, assessments and other correspondence. The health action plan contained information on supporting people to lead a healthy life.

However, whilst the required information was in place for each person, the quality of the files and depth of information varied. One person's records were well presented, well organised and provided staff with clear guidance on how the person should be cared for and supported. The other four people's information was not as comprehensive or accessible. The assistant team leader said a plan was in place for these to be reviewed and updated before the end of September 2016. We spoke with them about this and suggested the one person's plan could be used as an example. We also discussed the need to ensure people and, where relevant, their families were involved in this process.

Key workers completed a monthly summary. This was informative and included information about the person's general wellbeing, a summary of activities and any health appointments the person had attended. This information was used to monitor the care provided.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. We observed a handover from the morning to the afternoon staff. A handover is where important information is shared between the staff during shift changeovers. There were written records of the handover so staff could keep up to date if they had been off for a few days.

Guidance was in place to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw care plans contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. Staff were clear that when a person was admitted to hospital, a copy of the medicines record, their medicines and the hospital passport would be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. Each person had a weekly plan of activities in place. On the day we visited each person was involved in an individual activity with staff. These included gardening, a sensory massage, visiting local shops, going out for a walk in a local park and attending a pet therapy session. The service had a vehicle to assist people to engage in activities. When

asked if there were enough activities people responded positively. One person said, "I like doing gardening and going out". Staff said they felt there were enough activities for people. A health and social care professional told us how impressed they were that staff had supported one person to develop a sensory garden.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. Complaints received had been managed effectively and action taken as a result. Each person's care plan contained a profile on how they showed if they were unhappy.

The complaints log held at the service recorded several complaints from people regarding how their care and support had been provided. On each occasion this had been investigated by the registered manager and the outcome recorded.

Residents meetings were held regularly. We looked at the record of the most recent meeting which had been held in June 2016. All five people had been involved in the meeting. A variety of areas were discussed including, activities, menus and staffing.

Is the service well-led?

Our findings

People benefitted from receiving a service that was well organised and managed effectively. A clear management structure was in place. Job descriptions for each role were clear and staff understood their own and others roles and responsibilities. During our visit we saw there was a person centred culture and a commitment to providing high quality care and support.

At the time of our inspection the registered manager was on annual leave. An assistant team leader was responsible for the leadership and management of the service during their leave. The assistant team leader said they were in regular contact with an area manager and other senior staff based at the head office. During our inspection the assistant team leader was able to provide us with the information we required. They provided us with information promptly and relevant staff were made available to answer any questions we had.

People were comfortable with the assistant team leader and were able to talk to them, or spend time with them, when they wanted. Staff spoke positively about the registered manager and felt the service was well led. They said, "The manager helps out when needed" and, "They're approachable and good at what they do". Health and social care professionals provided positive feedback on the leadership and management of the service. A relative said, "I have a high regard for (Registered manager's name)".

The provider operated an on call system for staff to access advice and support if the registered manager was not present. This allowed staff access to a senior manager at all times for advice and support. Staff confirmed they were able to contact a senior person when needed. Experienced care staff were responsible for the service when the manager or the assistant team leader staff were not present.

We spoke with the assistant team leader about notification forms that had to be submitted to CQC. These notifications inform CQC of events happening in the service and are required by law. We use this information to monitor the service and ensure they respond appropriately to keep people safe and meet their responsibilities as a service provider. They understood when these were required and how to submit them.

People benefitted from receiving a service that was continually seeking to improve. The PIR we requested had been completed and submitted on time by the registered manager. It contained relevant information and detail on the improvements the provider planned to introduce. This information helped us to carry out our inspection. The provider had in place an operational plan for 2016/2017 that acted as a long term plan.

In addition the registered manager and assistant team leader had drawn up their own improvement plan. This stated what they wanted to do, who was responsible for achieving it and when it would be done by. Areas identified as requiring completion by July 2016 had been achieved. These included, providing training on mental health and ensuring people are involved in menu planning. Other areas identified completion dates up to October 2016. These included, updating and organising people's care files and archiving old paperwork.

The provider used easy read questionnaires to seek feedback from people using the service and, had systems in place to gain feedback from relatives and professionals. Feedback received was collated and analysed. Feedback requiring action was actioned through people's care reviews if it related to individuals or, built into the quality improvement plan if it related to the service. Regular staff meetings were held. The records of these showed staff views were sought and action taken as a result.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits carried by senior staff. Audits completed included medicines management, health and safety, financial audits and care records. These audits were carried out as scheduled and corrective action had been taken when identified. A monthly 'manager self-assessment' was also completed. This was based upon CQC's key lines of enquiry and asked if the service was safe, effective, caring, responsive and well-led.

At the end of our inspection we provided feedback on what we had found up to that point. The area manager with responsibility for overseeing the service attended the feedback session along with an assistant team leader. When the area manager arrived at the service, they spent time talking with people before meeting with us. We felt this provided a positive role model for staff, because they showed by example that the people using the service were their first priority. The feedback we gave was received positively with clarification sought where necessary. The area manager and assistant team leader showed a willingness to listen, reflect and learn in order to further improve the service provided to people.