Milestones Trust

50 Vassall Road

Inspection report

50 Vassal Road
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 07 August 2015 and was unannounced. The service was last inspected in April 2013 and met with legal requirements at that time.

50 Vassal Road is a service run by Milestones Trust. The home is registered to provide personal care for a maximum of six people. People who live at the home have complex learning disabilities and require specialised support and assistance. At the time of our visit there were six people living there.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were kind and caring in their approach and people and staff interacted in a positive way.

The atmosphere in the home was warm, friendly and supportive and staff spent a lot of time

talking and being sociable with people.

Summary of findings

People were well supported to eat and drink enough to be healthy. People were encouraged to be independent and to help prepare their meals.

Care and support was planned with people's involvement. People's needs were clearly identified in their care records as well as what assistance was required to meet them. Staff knew how to support people in the ways that were explained in their care records. People were encouraged to make choices about how they were supported in their daily lives.

People were supported by a well-established, committed and properly trained team. The registered manager was providing supportive and effective leadership of the home. Professionals who worked with the home had very positive opinions about the service. One healthcare professional told us that they had recommended that student nurses should work there because the home was so well run and provided excellent care.

There was a system in place to ensure that the requirements of the Mental Capacity Act 2005 were implemented if needed. This legislation protects people who lack capacity to make informed decisions about their lives. Deprivation of Liberty Safeguards (DoLS) applications are authorised to make sure that people at the home would be supported in a way that did not inappropriately restrict their freedom.

Staff felt very supported by the registered manager and they were being properly supervised and developed in their work. Staff were encouraged to take part in a range of different training in subjects relevant to the needs of people who lived at the home. People told us the registered manager was always available if they needed to see them.

Complaints were investigated and responded to properly. People were supported to make their views known and they had up to date information to help them to make a complaint.

The registered manager had an innovative approach to running the service. This benefited the people who lived there. For example, they had built up links with a local university and students ran a range of activities and arts and crafts groups that people attended.

The provider had ensured that regular checks on the quality of care and service were carried out. When needed, actions were carried out to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by staff who understood how to protect them from abuse.

People were given their medicines when they needed them and they were managed safely in the home.

There was a system in place to recruit safe and suitable staff.

There was enough staff who provided people with safe care and support.

Good

Is the service effective?
The service was effective.

Staff felt very motivated to provide good care and they were well trained and properly supported by the registered manager to do this.

People's choices were respected in their daily lives.

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

Good

Is the service caring?
The service was caring.

The staff team had worked with people for many years and knew them very well.

Staff supported people with their range of needs in a respectful and caring way.

People's privacy was respected by the staff at the home. People were able to receive visits from relatives and friends whenever they wanted to see them.

Good

Is the service responsive?
The service was responsive.

Healthcare professionals praised the responsive care that was provided at the home. People received 24 hour support from the staff at the home when they went had to go into hospital.

People took part in a variety of activities in the home and in the community on a daily basis.

Care plans clearly showed what actions to follow to support people to meet their care needs.

The views of people at the home and their families were sought by the provider. Surveys were carried out and this information was used to improve the service.

Good

Is the service well-led?
The service was well led

The registered manager had an innovative approach to the running of the service.

People knew the chief executive of the service and said they saw them regularly.

Good

Summary of findings

The quality of care and service people received was properly checked and monitored to make sure it was safe and suitable. People were consulted as part of this process and the feedback they gave was very positive.

The organisations visions and values were well understood by the registered manager and staff. They included providing high quality personalised care and they were being followed.

50 Vassall Road

Detailed findings

Background to this inspection

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

Before our inspection, we reviewed the information we held about the home, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 17 August 2015 and was unannounced. The inspection was carried out by one inspector.

During the inspection we spoke with two people who lived at the home. We also spoke with two members of staff and the registered manager. We looked at two people's care records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support in shared areas and also looked at records that related to how the home was managed.

We spoke with three healthcare professionals who supported people at the home. We also received an email from one healthcare professional about the service.

Good

Is the service safe?

Our findings

One person told us they always felt safe at the home. The staff on duty treated people with respect and told us some examples of how they helped to keep people safe. They said some people needed support to be able to cross roads safely and they assisted them with this. They also told us how they encouraged people who wanted to go on bike rides and tried to minimise any risks they may face.

There was a system in place to protect people from the risk of abuse. Staff were aware of the home's policies and procedures in relation to the safeguarding of adults. These included relevant contact details and clearly set out what actions to take if someone was at risk. Staff were knowledgeable about the different types of abuse that could occur. The staff were able to explain how to report concerns. They said they felt comfortable about approaching the registered manager at any time. Staff we spoke with told us they had attended training about safeguarding adults. Staff said that safeguarding was also discussed with them at staff supervision sessions.

There was safeguarding information displayed in shared areas in the home. This was to ensure people, their relatives and visitors knew how to raise a concern if they thought someone was at risk.

The registered manager reported safeguarding concerns appropriately. Referrals had been made when required to the local safeguarding team and to the Commission.

Staff were knowledgeable about what whistleblowing at work meant and how they would do this. Staff knew this meant they were protected by law if they reported suspected wrongdoing at work. There was a whistleblowing procedure on display and this had the contact details of the organisations people could safely contact.

People's care plans contained information about what actions were needed for staff to follow if intervention was required by staff to deal with difficult situations that may happen. One person's care plan clearly explained what actions to take to support them and help them feel safe when they needed to see the dentist which made them feel very unsafe and anxious. Staff supported people by following the actions set out in their care plans.

The registered manager and staff kept a record of incidents and occurrences that had happened. Staff also wrote down what actions had been put in place after an incident or accident. Risk assessments had been updated or rewritten if needed after any incident where a risk was identified. For example, one risk assessment had been updated to support someone to go out safely on regular bike rides in the country.

The people we spoke with told us they felt there was enough staff to support them. The staff also told us there was enough staff on duty to provide safe care. We were told that agency staff had never been used. The registered manager tried to use the same staff who worked for the provider if needed. This was to ensure people were supported by staff who they knew.

We observed there was enough staff who attentively met each person's needs. For example, staff sat with people and spent time listening to them when they wanted to talk about how they were feeling.

The registered manager told us the numbers of staff needed to meet the needs of people at the home were increased whenever it was required. They told us how staffing numbers had been increased recently when a person had been particularly unwell and needed extra support

There was staffing information confirming that staff numbers were worked out based on people's needs and how many people were living at the home.

Medicines were managed safely and people were given them when they needed them. Medicine charts were accurate and up to date. They clearly confirmed when people were given their medicines or the reasons why not. Medicine stock was stored securely and regular checks of the supplies were undertaken. Regular medicines audits had been carried out by the registered manager and a senior manager. The pharmacist who supplied medicines regularly audited the homes systems. There had been no concerns identified from the last audit.

Staff went on regular training to ensure they knew how to give people their medicines safely.

Checks on the suitability of any potential new employees were carried out before they were able to commence work at the home. The records of newly recruited staff included

Good

Is the service safe?

references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed on all staff to ensure only suitable employees were recruited.

The provider had systems to monitor the safety and suitability of the service. Environmental health and safety risks were identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example, an area had been identified as a suitable area for people to safely sit on their own.

Regular health and safety checks were carried out and actions put in place when needed to make sure the premises were safe and suitable. For example, bedrooms were checked to make sure the rooms and the equipment in them were safe .There were also checks done to ensure that electrical equipment and heating systems were safe for use. Fire safety records confirmed that regular fire checks had been carried out to ensure fire safety equipment worked.

Good

Is the service effective?

Our findings

Staff were observed assisting people in ways that showed they knew how to support people with their needs. This was demonstrated when staff used a calm manner and an encouraging approach with people when they assisted them with their care.

Staff demonstrated they understood how to provide people with effective support with their care needs. They told us how they worked with people to help them to feel calm when their mood changed and they felt upset. They also told us their role included helping people with activities of daily living. For example, they said they supported people with shopping, laundry and cleaning their rooms.

One healthcare professional wrote to us to give their views of the care at the home. They said, 'We have known the outstanding team for a number of years and have always been extremely impressed by the support staff and the running of 50 Vassall Road. The residents when they are supported by the support staff for their appointments with us, are clearly at ease and have a wonderful relationship that is so clear to be seen by anyone that comes across them but especially myself and the dental team.'

Another comment that a health care professional wrote about the home was, 'I really cannot praise the team at 50 Vassall Road highly enough, it is a pleasure to see the residents supported in such a positive way and all contact we have had with the manager. I have been very impressed about how much he knows about each of the residents and the empathy he expresses, we see many residents from different establishments and 50 Vassall Road impresses us most.'

Staff demonstrated they understood the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless a person had been fully assessed otherwise. A healthcare professional wrote to us and told us, 'Each member of the team has good knowledge of the Mental Capacity Act and show beautiful empathy to the needs of the residents.'

The registered manager told us how they would ensure the Deprivation of Liberty Safeguards (DoLS) were used appropriately. They told us that no one at the home currently required an application. They knew that the purpose of DoLS was to ensure that safeguards were in place to protect the interests of people in the least restrictive way. There was also DoLS guidance information available to help staff make a suitable DoLS application if required.

People were effectively supported to meet their physical healthcare needs. Each person had a health action plan. People told us they were supported to see their GP if they were concerned about their health. The action plans contained information that showed how people were to be supported with their physical health and well-being. Care plans contained information relating to when people had used other healthcare professionals or services. For example, we saw one person had been supported by staff to attend a recent GP appointment.

People were supported to prepare and cook nutritious food and drink that they enjoyed. The people we spoke with said they liked to prepare and cook their own food. People made their drinks and snacks and we saw they were able to choose what they had. Staff told us people who required special diets were also catered for and this was confirmed by the choices that were available. For example, we saw one person needed a sugar free diet and this was provided for them.

Information in care records explained how to support people with their nutritional needs. An assessment had been undertaken using a nationally recognised tool. This tool is used to identify people at risk of malnutrition or obesity. The staff team had been on a training course to help them to be able support people effectively with their nutritional needs. One person with specific nutritional needs was being supported by a healthcare specialist. The records confirmed staff monitored people's health and well-being.

Staff told us they were well supported by the registered manager to be able to effectively support people with their needs. Staff received regular one to one supervision and they told us meetings were useful because they helped them to understand people's needs. Records confirmed staff were being regularly supervised in their work and the quality of their performance.

Staff went on a variety of training courses to enable them to support people effectively. Staff spoke positively about the training and learning opportunities. They said they had been on training in subjects relevant to people's needs. The

Good

Is the service effective?

training records confirmed staff had attended training in a range of relevant subjects. These included a course about learning disability issues, mental health issues, health and safety matters, food hygiene, first aid, infection control and medicines management.

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

Good

Is the service caring?

Our findings

People spoke positively about the staff and their approach. One person said “They are very nice”.

Staff assisted people in a way that showed they were kind and caring. This was evident in a number of ways. The staff used a calm, gentle approach and manner with people. They also used gentle humour and a caring manner when they helped people to do household chores. People responded to staff when they used this approach in a way that was warm and friendly to the staff.

The staff demonstrated in conversations with us that they understood how to provide people with personalised care that met their needs. They told us they knew what time people liked to be supported to get up. The staff also told us certain people preferred a female member of staff to support them and this was always respected.

People told us they had a keyworker and spoke with them about their care and support. A key worker is a member of a staff who provides extra support to people and to help people become better at helping themselves in their daily lives. Care plans reflected these discussions and showed people were involved in deciding what sort of care and support they received.

Staff understood what equality and diversity meant. They told us it meant respecting that everyone is unique and supporting people to live their life in the way they would prefer. The staff training records confirmed the staff had been on training to help them understand how to apply the principals of equality and diversity in their work. There was also a policy in place to guide staff to ensure they always respected people’s equality and diversity.

The kitchen was open for people and visitors to use. People used the kitchen and made themselves drinks and snacks. This showed how the environment supported people to be independent.

There was an enclosed garden where people could walk safely. There were quiet rooms and two lounges. People were sat in the different shared areas in the home. This showed people were able to have privacy when they wanted it.

Each bedroom was a single room and this meant people had privacy. Each room was personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room look personal and homely.

Information about the local advocacy service was prominently displayed in a shared area for people to see. Advocacy services support people to ensure that their views and wishes properly heard and acted upon when decisions are being made about their lives.

The registered manager wrote in their PIR for the service about planned improvements to make the service even more caring. They stated that they would be completing "End of Life" training for all staff at the home during 2015 and 2016. They told us following this training they will develop individual End of Life plans for people.

Good

Is the service responsive?

Our findings

Staff from the home had provided 24-hour support for a person throughout the whole of their hospital admission. This meant the persons anxiety about going to hospital had been reduced by them being cared for by staff that they knew well. One healthcare professional told us how the staff had supported the person when they had been in hospital. They told us the staff and the manager were, "Fantastic." They also said that the support they provided for the person in hospital was, "Outstanding and a model for how care should be."

The registered manager had planned the care of the person with them to ensure they received care at the home where they wanted to be supported while physically unwell. One healthcare professional said they had "never seen care planned so well by any home in 20 years"

People received care that was highly personalised and responsive to their particular needs. People's care plans were detailed and informative and included details of the person's life history, preferences and interests and range of care needs. The care plans showed that people had been asked about their individual preferences and what goals they wished to reach. Care plans included information that clearly showed how people were supported in the way they chose and preferred. One person's care plan showed how the manager had worked closely with other healthcare professionals during a recent health concern they had. The registered manager had planned the care of the person with them to ensure they received care at the home where they wanted to be supported while physically unwell. One healthcare professional said they had "never seen care planned so well by any home in 20 years"

Another healthcare professional told us when explaining how well staff responded to people's needs that the home was, "The best care home I've ever dealt with, the care was fabulous." A further comment from a healthcare professional in hospital was, 'This was a dream of how a planned hospital admission should be carried out and was made possible by the whole nature of the support within the home. During the persons admission I got to meet and liaise with other staff members there was a total professional approach from everyone.'

People were supported and encouraged to take part in social and therapeutic activities they enjoyed. Each person was encouraged to plan their own timetable of weekly activities that they wanted to take part in. People went horse-riding, fishing and on bike rides as part of a group set up by the registered manager. They also went to drop in groups and a number of community based events and activities of their choosing. On the day of our visit, a small group of people went to lunch at the local pub. This was a regular activity that people liked to do. People told us they had enjoyed this trip. Another person liked to go fishing with a relative. Their relative had been given basic first aid training by the home to help to keep the person safe in the event of an emergency while they were fishing.

One person told us they had just come back from staying in a hotel for a holiday with the support of the registered manager. They said they had enjoyed their holiday.

The registered manager had an allotment and they said people at the home liked to join them and help them grow fruit and vegetables. This was also confirmed by the records we read.

Some people were carrying out daily tasks in the home and staff were observed supporting people to tidy their rooms. Staff and people they were assisting looked engaged in the tasks together. Care plans reflected how to support and encourage people with activities of daily living.

People's care plans showed they were encouraged to plan and decide what sort of care and support they wanted. The care plans set out what actions were required to assist each person with their needs. For example, one person needed to wear protective head gear due to epilepsy. The registered manager had been able to obtain a hard hat that looked like a baseball cap. This provided the person with the support they needed and was discreet. Another person needed specific physical support due to a physical condition and their care plan clearly set out how to provide this for them.

People, their families and professionals involved in their care were sent a survey form at least once a year to find out their views of the service. The registered manager and a senior manager reviewed the answers people wrote. People were asked for their opinions of staff including their attitude and approach. They were asked if they felt involved in planning their care, what activities they were

Good

Is the service responsive?

interested in, and the food choices. When matters of concern were raised actions were identified to address them satisfactorily. There had been no matters that required action after the last survey results.

The people we spoke with said if they were to have a complaint they could easily raise the matter with the staff and the registered manager. One person told us, “You can go to see the manager about absolutely anything and they will always listen.”

The registered manager had introduced individual books for each person’s views, concerns and complaints to be recorded in. They told us this action had made staff even more proactive about responding to people’s views and complaints. There had been no complaints made about the service since our last inspection. However, people’s comments about the home and the way it was run and activities they wanted to do had been written into their book. Each person had been given a response by the registered manger to all matters they had raised.

There was a copy of the provider’s guide about the home prominently displayed in a shared area. This contained a copy of the complaints procedure about the service. This was set out in an easy to understand format and clearly set out how people could make a complaint. Each person was given a copy of the home’s guide. This contained key worker details, useful phone numbers, safeguarding contact information and a copy of the complaints procedure.

The registered manager wrote in their PIR for the service about planned improvements to make the service even more responsive. They stated that they would, ‘Continue to promote the use of the complaints process as a route to improved services. They also wrote that they would ‘Actively look for further employment opportunities to replace posts which have come to an end for several service users. Introduce opportunities for cookery lessons, gardening activities and increased exercise related programs such as "bike club.”

Good

Is the service well-led?

Our findings

People told us the registered manager was extremely approachable and was always available if they needed to see them. People and the staff said the registered manager was always available if they needed to see them. One person said that the registered manager was "Very nice".

Staff told us their morale was high and the home was a very happy and supportive place to work in. Staff told us, "I love it here, and "It's the best job I have ever had." Two people told us that the registered manager was "nice". We saw that the registered manager knew each person at the home extremely well. They interacted in a warm and positive way with everyone at the home

Staff told us the registered manager encouraged a culture that was open and honest. The registered manager told us how they benefited from an open culture at the home. They said it meant that the staff felt very able to express their views to them. They said staff were very relaxed about giving an alternative view point. Staff confirmed this for us .Team meeting minutes showed staff always talked through a number of options and viewpoints in relation to people's care and how the home was run. For example people at the home preferred to go on separate holidays form each other and these were planned by the staff team. The home was also a learning placement for student nurses. How to provide student nurses with a constructive placement at the service was planned with the team.

The professionals we spoke with were very complimentary about the home and the high standard of care and support people they felt people received. One professional told us, "It is an outstanding home it is how care should be." Another healthcare professional said, "I don't know what else they would have to do to make them outstanding they are the best of all the homes we work with." A further comment from a healthcare professional was, "All of the staff said how much they loved working at Vassell road and all staff put it down to the great manager and leadership they received."

The registered manager had an innovative approach to running the service. This enhanced the lives of people who lived there in a number of ways. For example, they had set up a voluntary group run by student nurses from a local university. The students ran a creative group where a variety of arts, crafts and other activities were put on for people to take part in. People who lived at the home chose to attend these groups on a regular basis.

The registered manager had also worked closely with an organisation set up by the provider to encourage people to go on bike rides in the community. They had been responsible for promoting an activity whereby people from the home had free use of bikes stored in a country location not far from the home. One person told us they went on bike rides and we saw photos of other people who lived at the home taking part in this activity. The staff told us this activity had helped to build up the confidence of the person concerned. They were now much more confident and sociable with people.

The registered manager had been awarded an excellence award in 2014 for creative management by their own organisation. The certificate confirmed the award was to acknowledge that the registered manager was innovative and commendably proactive in the way they ran the service. The registered manager wrote in the PIR about how they aim to drive up quality even further. They stated they wanted to further develop a learning environment for the staff . They aim to make sure staff always recognised learning was about day-to-day practise in the home and not just training courses. This was to improve the quality of the service for people even more.

People approached the registered manager throughout our visit. Every time someone wanted to speak with them, they made plenty of time to be available for them and were very warm, accommodating and friendly.

The registered manager told us they kept up to date with current matters that related to learning disability care by regular attendance at meetings with other professionals in the same field. They told us they shared information and learning from these meetings with the staff team. They also told us they read online, articles, and journals about health and social care matters. They had Applied recent new guidance to the way that care plans were written. This was to ensure they continued to fully reflect a personalised approach.

Health and safety audits and quality checks on the care people received were undertaken regularly in the home. Actions were put in place where risks and improvements were needed. For example, some policies and procedures

Good

Is the service well-led?

needed to be reviewed with staff to ensure they were aware of them. The registered manager had acted upon this requirement from a recent audit. Recent feedback showed people were very happy living at the home and thought very highly of the registered manager.

The provider's Chief Executive visited the home regularly .They met with people and staff. They wrote a report after their visits. If needed, they told the manager what actions the registered manager needed to put in place to follow up on after they had visited.

The staff knew what the provider's visions and values were they told us they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported people at the home.

All staff were asked to complete a staff survey which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.

The registered manager wrote in their PIR for the service about planned improvements to make the service even better led. They explained that they were aiming to develop the learning opportunities for staff at the home .They were also aiming to expand and further develop community links with other organisations .People who lived at the home were going to be encouraged to be involved in these plans.