Milestones Trust

218 Kingsway

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Our inspection took place on 13 July 2017 and was unannounced.

The home provides care and accommodation for five people with mental health needs.

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

At our last inspection in January 2015, the service was rated as Good. At this inspection, the service remained Good overall, although the rating for safe changed to Requires Improvement. The service was safe in most aspects, however we did find some discrepancies in relation to stock levels of some medicines. The stock levels of three medicines were incorrect according to the home's own records. We also found one medicine that had a date written on the packaging that was three years old. We have recommended that the service review systems for recording stock levels.

People told us they felt safe living in the home and there were risk assessments in place to ensure staff had guidance in how to support them safely. There were sufficient numbers of staff to meet people's needs and keep them safe. People received a broad range of training and supervision to enable them to carry out their roles effectively.

People were supported by a well established staff team who understood people's needs well. There was clear information about people's mental health needs and what support they needed to maintain their wellbeing.

People were independent in most aspects of their daily living; we observed how people carried out tasks such as laundry and ironing. People followed their own routines and were able to go out as they wished. People were supported to follow their own routines and interests and staff supported them in this. People were supported to make complaints if they wished to do so; these were fully investigated.

The home was well led in many aspects. People were positive about the support they received and the team they worked with. There were systems in place to monitor the quality of the service provided. This included gathering the views of people in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

At our last inspection, the service was rated Good. At this inspection, the service was rated requires improvement because some discrepancies were found with stock levels of medicines.

Risk assessments were in place to support staff in providing safe care for people.

There were sufficient staff to ensure people were safe and their needs met.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remained Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on 13 July 2017 and was unannounced.

The inspection was carried out by one Adult Social Care inspector. Prior to the inspection we looked at all information available to us including any feedback received and notifications from the service. Notifications are information about specific events the service is required to send us by law.

We spoke with all five people living in the home. We spoke with two care staff and the registered manager. We looked at three care files for people in the home and looked at other documents relating to the running of the service such as medicine records, quality assurance documents and staff training records.

Requires Improvement

Is the service safe?

Our findings

Most aspects of the service were safe, however we did find that procedures for the administration of medicine were not fully robust. Most people were assessed as being able to manage their own medicines with some support as necessary from staff. For example one person requested staff to stay with them when taking their medicines as they were worried about dropping tablets on the floor. Another person came to the office to request their medicine and took them with staff observing. It was clear from the records we viewed that a full assessment had been carried out to establish whether the person was able to manage this aspect of their support. This including assessing whether person understood the risks of missing doses for example. We observed during our inspection that one person came to the office to request their inhaler. Staff supported them with this promptly.

There was a system in place to record stock levels of each person's medicines which were stored in a lockable cupboard in the office. We found that stock levels of three out of six medicines we checked were incorrect according to the home's own records. We also found that one of the three incorrect medicines was labelled with a date from approximately three years ago. It wasn't clear when the 'use by' date for this medicine was or what the date referred to. The arrangements for this particular medicine had changed since the date recorded on the packet and it was now being included in a blister pack for the person concerned. It wasn't clear why this old stock was still being held and why the stock level for it was incorrect. Following our inspection, the registered manager told us they were carrying out a full stock check and would be discussing medicines with the staff team to try and identify how these discrepancies had occurred.

We recommend reviewing the systems for record keeping of stock levels to ensure they are accurate.

Everyone we spoke with told us they felt safe living the home. People were kept safe because there were risk assessments in place to guide staff in providing safe care and support. Risk assessments were used to promote people's freedom and independence rather than place unnecessary restrictions. For example, for one person there was a risk assessment in place to support them in being outside of the home independently. There were measures in place to support this person through arranging mutually convenient times for staff to contact the person to check on their wellbeing, and for staff to have information about where the person was staying. This allowed the person to live as independent a life as possible whilst maintaining safeguards to ensure their wellbeing.

We also saw how people were assessed in terms of their ability to access the community safely through crossing roads for example. Some people felt safer with staff accompanying them outside of the home and this was supported. We observed how people were free to leave as they wished but let staff know where they were going as a safety measure. There was information in people's care files about whether it was safe for them to be in the home without staff present. For one person it was documented they could be alone for up to an hour. This again ensured there were no unnecessary restrictions placed on people's lives.

There was 1-2 members of staff on duty throughout the day. Staff told us this worked well as people in the home were independent and didn't require high levels of support. However, staff said that numbers of staff

were flexible according to people's needs and what was going on. For example, if people needed support with health appointments, staffing would be adapted to accommodate this. There was also a member of staff present overnight to support people if needed.

There was an established team of staff in place who knew the needs of people well. A core group of bank staff employed by the provider were used to help cover staff absence. The registered manager told us they hadn't needed to use outside agency staff for a number of years. No staff had been recruited to the home within the last four years. However the organisation had systems in place to carry out checks on new staff to ensure their suitability for their role. This included carrying out a Disclosure and Barring Service check (DBS) and seeking references from previous employers. A DBS check highlights whether a person has any convictions that would affect their suitability and whether they are barred from working with vulnerable adults.

Staff understood how to safeguard the people they supported. Staff had training in safeguarding vulnerable adults and told us they were confident in doing so. Staff also understood the term whistleblowing. This is the term used to describe the action a person can take if they are concerned about practice in the workplace. Staff knew where to find policies relating to this if they needed to refer to them.

There were safety checks in place in relation to the physical environment of the home. Regular checks were carried out on fire safety equipment for example, and there was checks in place relating to gas safety.

Good

Is the service effective?

Our findings

The service was effective. People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 (MCA). The MCA is legislation that protected the rights of people who are unable to make decisions about their own care and treatment. There was information in people's files about their ability to make decisions. All in the home had capacity to make significant decisions about their lives. However, staff understood the principles of the MCA and had received training in the subject; they were able to tell us for example that people making unwise decisions does not indicate a lack of capacity.

Nobody in the home was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people were free to leave the home as they wished. For those people who wanted supported outside of the home, this was because the person preferred to have staff accompany them. We have reported under 'Safe' how risk assessments promoted ways of supporting people without placing unnecessary restrictions on their lives.

People had a Wellness Recovery Action Plan (WRAP) in place which was a plan that helped people manage their own mental health symptoms. The registered manager told us this was also used to help plan a person's support at any time when they might lose capacity to make decisions, such as if they were experiencing a mental health crisis.

Staff supported people to see healthcare professionals when they needed to. One person told us how staff supported them at a regular health appointments they had, by driving them to the health centre. There was information in people's files about the healthcare professionals involved in their care. This included when a person's mental health may have deteriorated and required the support of their psychiatrist. Some people had physical health issues and there were clear plans in place to describe what support the person would need with these. This included describing the signs that the person was becoming ill and when emergency help might be required.

People were supported to eat and drink well. One person received support with their finances to help them better manage their diet. It was clear from our discussion that the person understood why they needed staff to support them in this way and the consequences of their diet if they had no staff input. People told us they discussed weekly menus together and took in turns to prepare meals. Though people could opt out of this arrangement if they wished and prepare their own food. There was fresh fruit available for people to eat when they wished.

Staff were positive about the training and support they received. The registered manager kept a matrix to show what training staff had completed. This including topics such as safeguarding vulnerable adults, mental capacity, equality and diversity, health and safety and medicine administration competency. There had been no new staff recruited to the service in the last four years and therefore nobody had been required

to complete the Care Certificate. This is a qualification that all staff in the care sector are required to complete to show they are able to meet the minimum standards required of a care worker.

Staff told us they had regular supervision and there were records to evidence this. Supervision is where staff meet with their line manager to discuss and monitor performance and development needs. Staff said they had these meetings every few weeks but also felt able to approach the registered manager at any time for support. The registered manager told us they had discussed supervision sessions with staff recently to identify how it could be improved and used to better effect.

Good

Is the service caring?

Our findings

The service was caring. The staff team was stable and many had been working at the home for a number of years. This meant strong relationships had been built and staff knew people in the home extremely well. People spoke positively about living at the home and their relationships with staff. Comments included "Staff here are very good" and "People here are all nice and friendly". It was evident throughout our inspection that people felt comfortable with staff. Friendly and respectful conversations took place and humour and laughter was shared. We observed how staff sat with people to engage in conversation, outside of care tasks. On the afternoon of our inspection, people sat outside to enjoy the warm weather and staff sat with them talking together. This contributed to a friendly and homely atmosphere.

One person told us how they liked staff to be involved in helping them choose clothes for the day by picking out clothes from their wardrobe. This person also told us how staff helped them out their hair up as they wished and painted their nails with them.

People's privacy was respected. There was a form in place to make clear whether the person's information could be shared with other people. For one person there was clear instructions about their wishes and exactly what information could be shared with who. Staff checked with people before going in to their rooms.

There was a sense of community within the home with people caring for each other. People told us how on one day a week, they would cook a meal for other people in the home. This encouraged and supported people's independence as well as supporting relationships between people. We also saw how people were independent with daily living skills and this was encouraged. People managed their own laundry and ironing. During our inspection we saw people carrying out these tasks and staff supported them to do it safely.

People were encouraged to be involved in planning their own care and in the running of the home. It was clear from recording of people's reviews that their views and opinions had been heard. In one record of a person's review, we read that the person was happy with their support and said that "staff are very kind and helpful". Staff took account of people's different ways of engaging with the care planning process. For one person, the registered manager had written up a review of the person's care and would share this with the person afterwards and make changes if they wished to; this worked best for the person in encouraging them to take part in their review and give their views and opinions.

People maintained contact with their families and other people who were important to them. One person showed us photographs of family who had come to visit them in the home. The family lived some distance away but visited a few times in the year. Another person told us how they regularly went to see family who lives close by and on occasion stayed with them overnight.

Good

Is the service responsive?

Our findings

Staff at the home knew people well and understood their individual needs. People's care files contained clear information about the person and how they should be supported. This included sections entitled 'all about me', containing information about the person's life before they came to the home.

People's mental health needs were well described in their support plans. The service used the Recovery Star model to support people with their mental health. This model provides a framework to set goals in various aspects of people's lives, including managing mental health, identity and self-esteem, relationships, daily living and addictive behaviour. Along with the person concerned we saw that goals had been set in each of these areas of the person's life. Staff had identified with the person concerned what might trigger some of their mental health symptoms and what could be done to support them when this happened. For one person, the measures in place included seeking support from staff, spending time in their room and considering PRN (as required) medication.

We observed that people's identified needs were met, as described in their care plan. For example, for one person it was important to them to be able to go out each day and make a particular purchase. They preferred staff to come with them to make the purchase and we saw that this was accommodated. We also read that this person's anxiety could be helped by discussing what was on the menu that day. We heard this person discussing the day's meals with staff.

People's changing needs were addressed and action taken to meet them. One person showed us their room and told us about a new bed that had been bought for them, which they felt safer with as it reduced the risk of them falling. People were able to personalise their rooms as they wished them to be and put up personal photographs and pictures. We observed that people were able to follow their own daily routines as they wished. People came down from their rooms at various times to get their breakfast and went out when they wanted to.

There was a keyworker system in place. A keyworker is a member of staff with particular responsibility for the wellbeing of the person they are allocated to. Staff told us they had time to carry out their keyworker duties. One member of staff told us this role included carrying out a review every eight weeks and tried to go to the cinema with the person on a regular basis. This system ensured that people had strong relationships with staff.

People's levels of independence meant they were able to follow their own interests and hobbies and staff supported and encouraged this. One person told us how they enjoyed going to the theatre and regularly went to local shows. Another person had a yearly pass for a local attraction they enjoyed going to. We also saw that people in the home had a pet cat. One person in particular took responsibility for looking after the pet and we saw that they discussed with staff how they needed to go and buy some food for it. Staff told us that some people in the home had discussed a wish to go on a cruise. Staff told us they had booked this and we heard people discussing with staff what sort of clothes they needed to take with them. Another person told us that staff had booked a weekend away for them.

There were systems in place for people to make complaints if they wished to. There was information on display in the home for people to refer to. People told us they felt able to speak with staff about any concerns they had. We saw records of complaints that had been made and it was clear that these had been responded to. In one example, a concern was raised about the conduct of staff. It was clear from the record of the complaint that it had been fully investigated and a satisfactory outcome reached for the person concerned.

Good

Is the service well-led?

Our findings

The home was well led. People and staff were positive about working in the home and positive about the support they received from the registered manager. Comments included, "very good", "always listens" and "x is a very nice manager". Staff felt there was a strong team of staff in place who worked well together to meet people's needs. Staff described working in the home as being like a "second family".

The home's monitoring systems included gathering feedback from people who used the service. All five people in the home gave their opinions in the latest satisfaction survey. All of them said that their support was either excellent or good and all said they were happy with their support plan. One comment arising from the survey was that some people felt staff did too much for them. The registered manager had only recently received these responses back but told us they would be discussed and acted upon at the next resident's meeting. This was an example of how the service listened to people and acted on their concerns.

The registered manager told us they attended monthly managers meetings with other managers in the organisation. This gave opportunity for managers to discuss best practice together and share ideas. The registered manager told us they had been involved in promoting service user involvement in the organisation. This included involving people in recruitment to the Milestones Trust and including people in policy development. This was one of several ways in which the service and organisation encouraged people to be actively involved in the running of services.

The registered manager completed a monthly self-assessment that covered the five domains inspected by the Care Quality Commission, safe, effective, caring, responsive and well-led. The home also received bi-monthly visits from senior staff within the organisation who would check one particular domain. The chief executive of the organisation kept in contact with the home regularly and we saw letters on file detailing their visits.

Resident's meetings took place regularly. We saw from meeting minutes that this time was used to talk to people about important events and developments in the service and events going on in the community that people might like to attend. Regular staff meetings also took place and this was an opportunity to discuss any particular issues with the service and to keep staff updated. For example at the last meeting, new safeguarding information was discussed, as well as medicines competencies.

Prior to the inspection we saw that few notifications had been made by the service. We discussed this with the registered manager who told us there had been no issues that required notification; however they were aware of the kinds of information that needed to be shared with the Care Quality Commission, such as safeguarding concerns and serious injuries. We saw that the home's previous report and rating was on display for people to view.