

Milestones Trust

Byways

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

The inspection took place on 25 March 2018 and was unannounced.

Byways Residential care home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Byways care home accommodates eight people in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

People were supported by enough staff to keep them safe. The staff levels helped reduce the risks of people experiencing harm. Staff had been trained in how to keep people safe. People were helped to stay safe because the provider had systems that helped reduce risks to them. The staff knew how to protect people if they had any concerns about their safety or wellbeing. People were helped by staff to manage and receive their medicines safely.

People were properly supported to stay healthy. They were supported to have positive relationships in their life. Each person had a detailed care plan in place. These had been planned and written with people and their relatives. Care plans set out how to meet each person's care and support needs. Care plans were reviewed regularly. This was so that they were up to date and reflected people's full range of care and support needs.

The staff supported people's independence and encouraged them to take part in activities they valued. The staff were kind and caring. The engagement and communication we saw between people and staff was warm and positive. People went out often to see family and take part in a range of social events.

Staff felt they were supported in their work and they also felt the management were supportive. The quality of care and service that people received was checked and monitored. This was to make sure it was safe and suitable for them.

The staff felt positive about working as a team and they felt there was usually a good morale and team spirit among them. People were supported with their range of day to day needs by a team of staff who were well trained and properly supported and supervised in their work. The staff were able to go on regular training courses and felt developed and supported in their roles. This helped the staff to improve and develop their

skills and competencies when they supported people at the home.

The visions and values of the organisation were understood by the team. Individual staff showed they understood these visions and values in their work. They included providing personalised care, treating people as unique individuals and supporting independence.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Byways

Detailed findings

Background to this inspection

We carried out this unannounced 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.

The inspection took place on 25 March 2018 and was unannounced. One inspector carried out the inspection.

Before the inspection, we looked at all 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 read the Provider Information Record (PIR) and previous inspection reports before our visit. The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

We met six people who were living in the home. Staff we spoke with included the registered manager, a senior staff member and two support staff.

We observed how staff interacted with the people they supported in all parts of the home.

We viewed the care records of two people. We also checked staff training records, staff recruitment files, supervision records and staff duty rotas. We also viewed a number of other records relating to the way the home was managed and run.

Is the service safe?

Our findings

The risks to people of abuse were minimised. This was because staff had a good awareness of what the different types of abuse were that could occur. The staff understood how to report concerns about people at the home. The staff explained that they were able to approach the registered manager if they were concerned about a person at the home. The staff also told us they had been on training and updates on the subject of safeguarding adults from abuse. Staff also said that the subject of safeguarding people was raised at team meetings and at their one to one support meetings. This helped make sure that they knew how to raise any concerns and what to do to keep people safe.

A copy of the procedure for reporting abuse was on display on notice boards in several areas of the home. The procedure had been written in an easy to understand way to help make it easy to read and use. There was also information from the local authority advising people how to report abuse. The registered manager reported all concerns of possible abuse to the local authority and informed CQC when required.

The staff we spoke with had an awareness of the different legislation used to protect people's rights and keep them safe. Staff knew what whistleblowing at work was and how they could do this. Staff understood they were protected in law if they reported possible wrongdoing at work. Staff had also attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations people could safely contact.

Medicines were managed and administered safely to people. The medicines that people needed were stored safely in a trolley that was locked away inside a secure cupboard with other medicines when not in use. Staff regularly checked medicines that needed extra storage security. There were regular stock checks on the remaining balances of medicines that people had been given. There were daily checks carried out and records kept of the fridge and room temperatures. This was to ensure medicines were stored at the temperatures needed to maintain their effectiveness. Staff had guidelines in place to refer to for people who had medicines prescribed to be taken as and when required. There was guidance to support staff to give 'take if required' medicine, for example to help people manage their mood and anxiety levels. Body map templates were in place when they were needed. These guided staff as to when to apply creams and lotions. This helped to ensure people received their medicines safely.

People were supported by a sufficient number of suitably competent staff to keep them safe. The registered manager and staff also told us staffing levels were good and always at a high level. They said people were well supported with what they wanted to do. The staffing levels were increased on the days that people went to community based activities or to see friends and family. We saw that staff were readily available when people needed two staff to help them with their needs. Staff sat with people, spent time and engaged them in social conversation. Staff gently provided support to people who needed extra assistance with eating and drinking.

The provider's recruitment procedure aimed to keep people safe by reducing the risks of unsuitable staff being employed. Potential new staff were only taken on for employment after a number of checks had been

completed. These included references, proof of identification and criminal records checks. Staff we spoke with told us they had undertaken these checks. Disclosure and Barring checks were carried out on all the staff. There was proof of identification in the form of passports. There was also a probation period that all new staff were required to work. This could be extended if there were any concerns about the suitability of new staff to work at the home.

When people had been involved in an accident or an incident had happened, learning took place. If a person for example exhibited behaviours that were challenging towards others, changes to their care and support were put in place if needed. The staff recorded what had happened after any incident or accident. This information was used to make sure they reflected any changes to people's care after an incident. The staff told us this information was also raised at team meetings. This was to make sure that staff were aware of issues that had arisen if an incident had occurred.

To protect the health and safety of people staff and visitors, there were systems to keep people, the environment and equipment safe. There was a fire risk assessment in place to guide staff to support people in the event of a fire. The firefighting equipment and fire detection systems were regularly checked to ensure they were in working order. Moving and handling equipment was also regularly checked and maintained in good condition. This meant people had safe equipment to support them with their mobility needs.

The premises looked safely maintained in the areas we saw. Health and safety checks of the premises were carried out regularly. When needed suitable actions were put in place to reduce the risk of harm and to aim to keep people safe. There was guidance in place that explained how to support people to use the kitchen and facilities safely. Checks were also completed to ensure that electrical equipment and heating systems were safe.

The staff followed systems that were in place to reduce risks from cross infection. The staff helped maintain a hygienic environment. They used colour coding systems for their cleaning equipment. This helped to reduce the risks of the spread of infection. For example, cleaning equipment used to clean toilets was not used to clean bedrooms or other areas. The staff had protective plastic gloves and aprons to use when giving personal care. This was to reduce risks of cross infection.

Is the service effective?

Our findings

We spent time seeing how the team supported and engaged with people. This was because some people who lived at the home could not tell us verbally how they felt about the care and service they were being provided with. The staff on duty maintained a warm and gentle tone of voice and an open friendly body posture. . The staff sat next to people who were sat on the floor and engaged them in social conversations. They sang with people and used good humour that we were told the people concerned really responded to. People responded to all of these approaches in a very animated way. We saw the staff encouraged people to make choices throughout the day of different activities they valued taking part in.

We saw people went out with staff for a trip to the community. We saw other people make drinks and snacks with staff support. We heard laughter and good humoured interactions between people and staff. Our observations showed that people were being well supported by staff to meet their needs.

People's care records showed when they saw the dentist, GP and other healthcare professionals. We saw appointments were made for people when required. Arrangements were in place for people to receive the services of opticians, and dentists and chiropodists if needed. Some people were supported by a community based speech and language therapy team. This was to assist them with specific complex nutritional needs.

We saw staff assist people with their nutritional needs. Staff assisted people in the correct ways that were set out in their care plan. However one person who required a texturised meal had their all the parts of the meal blended into one texturised serving. Good practice around making textured meals appetising is to blend and serve each part of the meal separately on the plate. This makes the meal look and smell more appetising for the person. We brought this matter to the attention of the registered manager. They agreed to take action to review how meals were presented to people.

People were offered a choice of suitable and nutritious food and drinks. The staff told us they had got to know over a period of time working with people, what meals people enjoyed. We saw information about people's dietary preferences written in each person's care plan. We saw staff support people to eat their breakfast and lunch. The staff assisted people who needed extra support in a calm and discrete way. The staff prompted certain people to eat their meals. People approached the staff who asked them what they wanted for breakfast and lunch. The staff supported some people to assist with making their own lunch. People were also offered drinks and snacks during the morning and the afternoon between meals.

Staff had an understanding of how to obtain consent and the importance of ensuring peoples' rights were maintained when they offered them care and support. The staff we spoke with explained how they asked and then talked though with the person what they were about to do before carrying out care and support. We saw staff ask people before they carried out any part of their care.

Staff consulted people and respected their choices. People were offered choices about what they would like for their lunch and what activities they may wish to take part in during the day. To assist people make decisions about what they wished to do, staff used a variety of communication tools such as pictures, cards

and signs.

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 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 the best interests and as least restrictive as possible. Staff had been trained in mental capacity and they were supported with policies and procedures to offer further guidance. Staff understood that a person's capacity needed to be assessed for a specific decision they were making. They also understood how this legislation applied to people who lived at the home. Families were involved when people were not able to sign their care plans and be involved in planning their care.

Staff were properly supported and supervised in their work at the home. The staff told us that the registered manager or other senior staff regularly checked the manner and approach they used when supporting people. This was to make sure that staff provided care that was suitable for people and met their needs. We saw the registered manager gave direct supervision and guidance to the staff during our visit. This showed how that they were monitoring the quality of care people received from the staff. The staff supervision records also showed that staff were formally supported and guided in their work. The staff told us that they met with the registered manager on a regular basis. The purpose of these meetings was to discuss with them how they supported people. They were also a time to review how they were performing overall. Training needs and support needs were also raised at every meeting.

Staff felt positive in their views about the training and learning opportunities they had attended. Staff said they felt they were properly trained to help them to support people effectively. They told us they had been on training in subjects that related to the needs of people at the home. Training records confirmed staff had attended training in a range of subjects. These included subjects such as caring for people with learning disabilities, safeguarding people from harm and abuse, health and safety, food hygiene, first aid, infection control and medicines management.

The team of staff that supported people had completed tailored training course around how to safely respond to behaviours that challenge. The staff we met spoke positively about this training. The staff felt it helped them to put into action positive responses with people. This was also confirmed in the training records that we viewed.

Is the service caring?

Our findings

People were supported by staff that were kind and caring towards them. We saw that people were relaxed and comfortable in the company of the staff who were supporting them. People regularly approached the staff and gently teased them. The staff responded in a warm and good humoured way. Staff showed respect for privacy by knocking on doors. Staff waited for people to respond before they went into bedrooms. Staff also asked people what they wanted to do during the day. The staff spoke to people in a respectful way at all times.

We sat with people and spent time observing daily life at the home. All of the staff that we saw supported people in a manner, and with an approach that was positive and attentive towards them. This was seen in a variety of ways. The staff sat next to people and stayed at the same height as them when they spoke with them; this helped people feel comfortable and at ease... Staff held the hands of people, or gently touched them on their arm or shoulder. The staff told us they knew people very well and they knew who liked this form of interaction with them. When the staff used these types of approaches people smiled and responded in a very positive way. Staff spoke with a soft tone of voice and in a calm and gentle way. The staff did not ignore anyone and they engaged with each person for a consistent amount of time.

The staff told us about the types of caring approaches that they used with people. The staff said it was important to show a calm friendly approach when they supported people. They also explained how they read certain people's body language and facial expressions to anticipate their mood and their needs. Staff were observed caring and responding to people in the ways they had described to us.

The staff also had a good understanding about what person centred care was. They explained that this idea meant to always respect and act on people's individual choices and wishes. The staff on duty communicated with each person in a manner that showed they treated them as an individual. This was also evidenced by how staff encouraged people to make choices such as what to eat, what time to get up, and what activities they wanted to undertake that day.

Staff provided individualised care and they were supported to do this with information in each care plan about the history of the person concerned. There was also personal life history information about what was important to people in their daily life. Details that were included were the names of their important family and friends. The care plans included guidance and information so that staff were able to provide people with individualised care. There was information in people's care records about how people's preferences were met in the ways they wanted them to be. These included for example when people chose to get up each day, what time they liked to retire for bed. They also included food preferences and dislikes, as well as activities and interests they liked to take part in and enjoyed.

Is the service responsive?

Our findings

People were supported by staff who knew how to provide care and support that was flexible and responsive to their needs. The staff had a good understanding of the different complex needs of the people who lived at the home. We saw staff effectively assist people with their care and support needs. For example, staff assisted people with physical care needs, emotional needs and their nutritional needs. Staff also told us how they supported people if they showed behaviours that may challenge such as anger. The staff said they would maintain a calm and consistent approach to support people and keep others safe.

The care and support of each person was planned in a flexible way. The team understood how to provide people with the support they needed in a way that was responsive to their needs. Staff said they read the care records of the people they were supporting every day when they started work. The staff were able to tell us how to provide flexible care and support to the people who lived at the home. We saw staff assist people with their personal care, and social care needs in the ways they had explained. This was as was written in their care records and showed that care was well planned. It also showed staff provided support to people that was consistent.

Each care plan included up to date guidance to support staff to provide care that met people's needs. The care plans contained information that showed staff what actions to take to assist the person with their needs. They addressed areas such as personal care, medicines, communication, nutrition and social needs. Care plans were regularly reviewed and updated to make sure they were still an accurate guide about how to support each person. Care records also included pictures to make the records more easily understood for the people who they were written about.

There were systems in place to support people to have their views known about the service. There was a suitable procedure in place to respond to complaints and comments to improve the service. There was an easy to follow complaints procedure in place for people to make a complaint about the service. This included a timescales for a response, as well as a clear course of action that would be taken if a complaint was received. There had been no complaints made in the last twelve months.

The staff told us they also advocated for people to ensure their views were known. They gave us examples of how they acted for people. The staff said they had got to know people's preferences, interests and preferred daily routines over the time they had been supporting them. Each person's care plans contained this detailed information and how to meet people's individual needs. The staff said this was very important information because some people could not directly make their views known if they were not happy about the care and service.

People were supported to be a part of the community if this was their preference. The staff also told us they supported people to be able to take part in activities in the community. There was evidence that people went out most days with the support of staff. During our visit a person went out later in the morning to go to the shops. We saw many photos of people on trips to pubs, coffee shops and community venues and on holidays. The staff told us people went out for a trip into the community, if possible every day.

Is the service well-led?

Our findings

Due to last minute sickness two staff willingly worked on what were their days of annual leave. Both staff were positive about giving up their leave so that people could receive consistent care from people they knew. This showed that those staff followed the values of the organisation they worked for. This was because those staff put the needs of the people who lived at the home first.

We saw the registered manager supported people in a very positive way. They also spent time with staff who wanted to see them. The registered manager made plenty of time for people and staff during our visit. The staff told us that the registered manager was open and supportive in their management style. The staff said that the registered manager worked alongside them often. They also said they were helpful and supportive when needed for assistance.

The registered manager kept themselves up to date about current matters that related to care for people with learning disabilities. They regularly attended meetings with other professionals and colleagues who work in the same sector in social care. The registered manager told us that they always shared information and learning from these meetings with the staff team. There were online articles and journals about health and social care matters on display. These were for staff to read in the office.

The registered manager had good relationships and communication with healthcare professionals and we received positive feedback about the way they had driven up standards in the home since they became manager. The registered manager showed how they were committed to improving the service they provided. They had put in place a number of initiatives to drive up improvements. These include introducing a very positive person centred approach into the home. This was a way of providing care that the registered manager themselves was trained in. This was to help ensure staff stayed up to date and were given support and advice about the best ways to support people.

Staff told us team meetings took place regularly and the team told us they were readily able to make their views known to the registered manager. We saw records of recent minutes of staff meetings. These were used as a time to keep staff updated about changes and about how the home was run. Staff were also encouraged to make their views known and say how they felt. This showed there was an open management culture.

The service was well supported by the provider. There was clear oversight and monitoring of the quality of care and overall service. The provider audited the service regularly. The registered manager was provided with feedback and an action plan. This was to make improvements where these were felt to be needed. These were then checked at the next audit. This was to ensure action had been taken and the expected outcomes from these had been achieved. Following a recent audit, it had been found that certain areas of the home would benefit from being redecorated. This was in the process of being undertaken.

The provider was seeking the views of people who used the service. The registered manager told us senior managers came to visit the home regularly. The registered manager told us the senior managers observed

how people were supported. They also sent a report after their visit. They highlighted any actions that may be needed to improve the services. At the last visit, there were some actions required. These included ensuring staff training and staff supervision was kept up to date.