

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

Byways provides accommodation and personal care for eight people. People who live at the home have a learning disability. There were seven people accommodated at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. This inspection took place on the 10 December 2015.

There was a manager in post. They had submitted an application to the Care Quality Commission to become registered. 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 encouraged and supported to lead active lifestyles in their home and the local community. They had opportunities to take part in a variety of activities including going on an annual holiday. Two staff were employed with the specific role of supporting people with activities and they worked alongside the care staff.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these procedures. Systems were in place to ensure people were safe. These included risk management, checks on the environment and safe recruitment processes.

People's rights were upheld and they were involved in decisions about their care and support. Where decisions were more complex these had been discussed with relatives and other health care professionals to ensure it was in the person's best interest. Staff were knowledgeable about legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

Sufficient staff supported the people living at the service. Staff had received appropriate training to support the people living at Byways. Staff were supported in their role and received regular supervisions. Supervisions are where a member of staff meets with a senior manager to discuss their role, performance and training needs.

People had a care plan that described how they wanted to be supported. These were regularly reviewed. Care was effective and responsive to people's changing needs. People had access to healthcare professionals when they became unwell or required specialist equipment. Feedback from health and social care professionals was positive in respect of the staff's approach to people and delivery of care.

Systems were in place to ensure that any complaints were responded to. People's views were sought through an annual survey that was completed by a representative from Milestones Trust. The new manager was exploring how people's views could be sought more effectively and they recognised this was not always

easy for people who communicate using non-verbal communication. Staff used a variety of methods to communicate with people including using visual aids such as objects and photographs.

The staff, the manager and a representative from Milestones Trust completed regular checks on the systems that were in operation in the home to ensure they were effective.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff.

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 protected from the risk of abuse. This was because there were clear procedures in place to recognise and respond to any abuse. Staff were trained in how to follow these procedures.

People were cared for in a safe environment that was clean and regularly maintained. Risks were assessed and care and plans were in place to keep people safe. People received their medicines safely and as prescribed.

Staffing numbers were sufficient to meet people's individual needs. Recruitment checks ensured staff were suitable to work at the service.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People were supported to eat a healthy and varied diet. People had care plans specific to meet their health care needs. Other health and social care professionals were involved in the care of people and their advice was acted upon.

People were supported by staff who knew them well and had received the appropriate training.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and in a dignified manner. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach. They had a good understanding of how each person

communicated their wishes and emotions.

Staff knew people well and were able to tell us how people liked to receive their care. This included interpreting people's body language when they were not happy so their care could be adjusted.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. Care plans described how people should be supported with their daily routines. These were regularly reviewed.

People took part in a range of activities in their home and the local community. Holidays were organised that were tailored to the individual.

People were able to keep in contact with friends and family. There were systems for people/ their relatives or staff to raise concerns. Relatives said they felt listened too but had no concerns about the care and support people were receiving.

Is the service well-led?

Good ●

The service was well led.

The staff and the new manager worked together as a team. The staff team were well supported by the management of the service. They were clear on their roles, the aims and objectives of the service and supported people in an individualised way.

The quality of the service was regularly reviewed by the provider/ manager and staff.

Byways

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 was an unannounced inspection which was completed on 10 December 2015. The inspection was completed by one inspector. The previous inspection was completed in October 2013 there were no breaches of regulation.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team, the GP and the local safeguarding team.

During the inspection we looked at two people's records and those 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. We spoke with four members of staff and the new manager of the service. We spent time observing and speaking with people living at Byways. Records relating to the recruitment of staff were held at the main Milestone Trust office so we were unable to check on this occasion. After the inspection we contacted two relatives by telephone about their experience of the care and support people received.

Is the service safe?

Our findings

People were unable to tell us about their experiences of living at Byways and whether they were safe. People were observed actively seeking staff's company and were relaxed with them. This demonstrated people felt secure in their surroundings and with the staff that supported them.

Care records included specific information about any risks to people such as assistance with personal care, risks when in the community, moving and handling and those relating to a specific medical condition. Staff had taken advice from other health and social care professionals in relation to risks such as choking, eating and drinking and moving and handling.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the manager. A second member of staff checked to ensure all medicines had been given by the designated member of staff.

Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were policies and procedures in the event of an emergency and fire evacuation. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced.

There were environmental audits to ensure the property and the working practices of the staff were safe. Routine maintenance was completed to ensure the property was safe and fit for purpose. Other checks were completed on the environment by external contractors such as the moving and handling equipment and routine checks on the gas and electrical appliances. Certificates of these checks were kept.

The organisation completed an annual health and safety audit to enable them to plan for any refurbishment, decoration and any major works. A complaint had been raised on behalf of the people in the home in respect of the boiler not being fit for purpose. Milestones Trust had responded and a new boiler had been fitted this earlier this year. Staff told us this had resolved the problem and now there was sufficient hot water and no concerns were raised in respect of the temperature of the home. A maintenance person was employed by the service for 12 hours per week. They completed minor repairs, redecoration and kept the garden up together. On the day of the inspection they were doing some redecoration in the hallway on the first floor.

Sufficient staff were supporting people. This was confirmed in discussion with staff and by looking at the rotas. Staff told us any shortfalls were covered by the team and a core group of bank staff. The manager told us it was important that people were supported by familiar staff and agency staff was rarely used. There was always two staff working during the morning and evening with a further member of staff working from 09:00 to 17:00. Two staff worked at night, a waking member of staff and a member of staffing providing sleep in cover in case of an emergency. In addition to the care staff, two activity co-ordinators were employed to

assist with activities both in the home and the local community and a cleaner was employed three days per week.

The new manager was able to describe the process that staff underwent to ensure a thorough and robust recruitment process was undertaken. Records relating to recruitment were held at the main office at Milestones Trust. They told us staff would not commence in post until all their checks had been completed such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. The registered manager told us they received an email from the HR department once all the documentation was in place confirming new staff were able to commence in post. They told us they had assisted in recruitment in their previous role of working for Milestones Trust.

Is the service effective?

Our findings

People were supported to attend medical appointments and were registered with a local GP surgery. Feedback from the GP was positive telling us they had no concerns about how the staff supported people with their health care needs. They told us when annual health checks were completed the staff were knowledgeable about the people they supported and all relevant information such as weights was always available.

People had a health action plan which described the support they needed to stay healthy. This was where staff recorded information about any appointments that people had attended and the support they required. People attended regular dental, opticians and chiropody appointments. Staff had recorded information about the appointment, the treatment and when they had followed up for any results, such as blood tests. Some people required their blood pressure to be checked at regular intervals. Records were seen confirming this had been completed however, we noted that on one occasion the reading was not within the normal range. There was no evidence that this had been rechecked or any contact made with the person's GP. The new manager told us they would put in guidelines for staff on what was normal for the person and the actions staff should take if the reading was not within the normal range.

Relatives told us they had been kept informed of any changes to a person's health. A relative commended the staff for the support to their relative during an admission to hospital. They told us the staff had provided reassurance to the person enabling them to have the necessary treatment during their stay in hospital. This included enabling the person to listen to their favourite music.

A health care professional told us, when they visited the home, the staff always take on board their advice and will always call if they need advice or ask them to visit.

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 their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The new manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day to day decisions. Where people lacked capacity and decisions were complex such as medical interventions, other professionals had been involved, with best interest meetings being held. The registered manager and staff had recorded decisions that had been made in a person's best interest. It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. People had photographs of activities and food choices that enabled them to make some of these day to day decisions.

Care records included information about how a person expressed if they were unhappy or did not want to

participate in an activity through the interpretation of the person's body language. This enabled staff to interpret whether people were consenting to their care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Care plan documentation included information about any authorisations and the restrictions that may be in place. These restrictions were clearly recorded, along with the reasons why they were being used and showed other professionals had been involved in the decision making process. People living at Byways required staff to support them when out in the community and constant supervision when in the home to ensure their safety. Applications had been made for everyone living at Byways. Three had been authorised and they were waiting for four people to be assessed. There was a schedule in place to enable the new manager to monitor the authorisations as usually these are only valid for one year.

Care records included information about any special arrangements for meal times and dietary needs. People could choose where to eat their meal, either in the dining area or the conservatory. Other professionals had been involved in supporting people with their dietary needs. This included speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan.

On the day of the inspection one person had been supported to go out for lunch with a member of staff and another person had been out for a Christmas party. Meals were flexible and organised around people's activities. Pictorial menus were available to enable people to choose what they wanted to eat. There was a three week rotational menu which included all the food groups and offered people variety. Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals.

Individual staff training records and an overview of staff training was maintained. The new manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. The new manager told us they liaised with the Milestones Trust training department in respect of the training courses available. The training department also made contact with individual staff to prompt them to complete any outstanding training.

The new manager was able to demonstrate new staff were supported through a formal induction. They were aware of the new Care Certificate that was introduced in April 2015 and this was being rolled out to all new staff working for Milestones Trust. There is an expectation that all new staff working in the care industry should complete this induction. New staff members were subject to a six month probationary period at the end of which their competence and suitability was assessed.

The manager told us all staff were supported to complete the health and social care diploma training or had previously completed a National Vocational Qualification. The health and social care diploma is a work based award that is achieved through assessment and training. To achieve an award, staff must prove that they have the ability (competence) to carry out their job to the required standard.

Is the service caring?

Our findings

Relatives we spoke with told us the staff were caring and knew their relatives well. A relative told us, "I am really pleased with the service that is provided they know X really well". They told us that when their relative visits them, they were always more than happy to return home to Byways which they had interpreted as meaning they were very happy living there. Another relative told us the staff had gone the extra mile when their relative had been admitted to hospital. They told us two staff had stayed with them and played their favourite music which had meant they had remained calm and relaxed during their stay.

People could have visitors to the home. Records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly. Relatives told us staff regularly organised visits to the family home so they could maintain contact. One relative told us they had gone on a holiday with their relative and they had enjoyed the experience. They said the staff had been caring throughout the holiday and attentive ensuring everyone had a really lovely experience. Relatives told us they had been invited to celebrations such as birthdays or Christmas parties. People were supported to keep in contact by telephone. One person was very keen to contact their sister to tell them about the Christmas party they had attended.

Everyone had their own bedroom which they could access whenever they wanted. People were observed moving around their home freely. Some people chose to spend time in the lounge or dining area. Staff were observed engaged with people encouraging them to take part in activities. People were relaxed in the company of staff and the atmosphere was friendly.

People were offered support in a discreet manner. One person required support from staff after the lunch time meal. Staff were quietly asking the person if they wanted to use the bathroom and support with changing their clothes. Another person was offered a shave and an opportunity to get ready for the party. Staff had paid particular attention to both people ensuring they were dressed appropriately. Other staff were observed praising both individuals on their appearance.

People were assured their privacy. Bathrooms were fitted with locks. Some people were unable to use these locks. Staff were stood outside the toilet door to protect the person's dignity and ensure their privacy from other people that may wander into the bathroom.

People's cultural and religious needs were taken into account when planning their care. We were told three people regularly attended church on Sunday supported by staff. Staff told us that if a person wanted to go to church they would be supported to do this.

Staff were knowledgeable about the people they supported. This included knowing what the person liked, disliked, their personal histories and interests. They described people as individuals and spoke positively about their personalities and how they supported them. Some of the staff had known the people for many years. A relative stated they had confidence in the staff, especially how they picked up on the non-verbal

signs that a person was not well or unhappy. They told us staff took prompt action in seeking professional advice when needed and they really cared for the people they supported.

Information was available in the care plan on how each person communicated their needs. There were also pictorial cards to aid menu choice and a file containing photographs of activities people liked to take part in. A member of staff told us they had started developing a file for each person with photographs on how each person liked to spend their time. This enabled people to be involved in making decisions with the support from staff.

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. They also spent time with people individually. A member of staff told us about the key worker role, it was evident they had an in-depth knowledge on the person's support needs. They told us there were plenty of opportunities to go out on a one to one basis enabling them to build a positive relationship. This included a recent holiday with the person.

People's records included information about their personal circumstances and how they wished to be supported. Records about people were held securely in a locked cupboard in the office.

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. The new manager told us they were presently supporting a new person to visit the home to see if it was suitable. They told us it was important for the person to feel comfortable with the other people living in the home. This was because it was their home first and foremost.

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they wanted to be supported.

People had their individual needs regularly assessed, recorded and reviewed. Care reviews were held at regular intervals involving the person, relatives where relevant and other professionals. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. For example referrals to the local community disability team for a physiotherapist assessment to ensure the moving and handling equipment was suitable.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which 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.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Written records were maintained to enable staff to keep up to date. This was useful if staff had not worked in the home for a period of time.

Individual daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs. The reports showed changes in people's well-being and how these had been responded to by staff. This meant there was information available when people's support was being reviewed.

Each person had an activity plan. Activities were taking place daily both in the home and the local community. Staff told us they supported people daily with activities as this was important for their wellbeing and to ensure people had enough stimulation. People attended community social groups including social clubs and arts and craft workshops. Staff were employed to specifically support people with social activities both in the home and the community and worked alongside the care staff. Records were maintained of the activities that people took part in. During the inspection people were supported with activities in the home such as completing jigsaws, playing a game and listening to music. Other activities included pamper days, cooking and gardening.

A member of staff told us how they supported some people to participate in a cycling group for the disabled. They told us the people enjoyed the activity and it enabled them to participate in an activity that would prove difficult if it was not for the specialist bicycles. From talking with the member of staff it was evident that people were encouraged to be as independent as possible.

Staff told us people were supported to have an annual holiday and they were asked where they would like to go and who they wanted to go with. A relative confirmed holidays regularly took place. They told us, their relative had already been on holiday this year and a further weekend was planned for them to go on a 'Tinsel and Turkey' weekend.

A health care professional told us, people were supported to attend their rebound therapy sessions and hydrotherapy on a regular basis. They told us, the staff had always proved to be reliable, arriving on time and rarely missing appointments and they always engaged with people in their care.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. There had been one complaint raised by staff on behalf of people living in the home. This was because the boiler was not fit for purpose. Staff told us this was no longer an area for concern and the home had sufficient hot water and heating as a new boiler had been installed. Some people communicated using non-verbal communication. There was information to enable staff to interpret if the person was unhappy so that staff could respond to their concerns. Relatives confirmed they knew how to complain, however they stated they had no concerns about the care and support. They said they had confidence in the staff and the new manager that they would be listened too and any concerns would be dealt with promptly.

The new manager told us in the provider information return they were planning to improve on how the service gained the views of people who use the service. They stated that in the past resident meetings were held, but these had not been successful due to the communication needs of the people living in Byways. They were planning to introduce a monthly meeting involving the person and their key worker. This would enable the key worker to review how the previous month had gone for the person and plan together the forthcoming month.

Some people used non-verbal communication. Care plans included information about how each person communicated. A member of staff told us they had recently attended a two day Makaton sign language course. This is a sign language used with people with a learning disability to aid communication. Staff also showed us photographs and pictures that can assist in supporting people to make decisions in relation to activities, menu choices and health care appointments.

Is the service well-led?

Our findings

There was a new manager working in Byways. They told us they had commenced in post in September 2015. The previous registered manager had left the service in August 2015. An application has been received in respect of the new manager being registered with the Care Quality Commission. Staff spoke positively about the management style of the new manager. They told us the manager was approachable and was very much hands on working alongside the team. A member of staff said the manager will always help out if required and will spend time with people living in the home. Staff told us they felt supported by the manager and positive changes had been implemented to improve the quality of care to people. Staff were able to contact an on call system if managers were not available for advice and support. People were actively seeking out the manager during the course of the inspection.

A member of staff told us they really enjoyed supporting the people living at Byways. They said they looked forward to coming to work and when they were not there they knew people were in safe hands as all the staff were committed to providing good care.

Feedback from a visiting health care professional stated that their impressions of the manager had been very good and working relationships so far were working well. Relatives told us they had been introduced to the manager when they had first commenced in post. Both relatives told us they had found the manager to be approachable and they would have no hesitation in making contact if they had concerns. However, both relatives told us they were more than happy with the care and support that was in place.

People's views were sought through an annual survey. The manager told us a quality auditor visited the service and completed an observation of how staff were supporting people. As part of the audit people were asked about their views of the service. The auditor had recorded that the staff promoted a lively environment, communication was active, respectful and polite with support given at the pace of the individual. Staff were good at anticipating people's needs and offered them choices.

Staff told us meetings were regularly taking place and they were able to participate in discussions about the running of the service and the care and welfare of people living at Byways. Staff told us any changes to the care practice, the running of the home and key policies were discussed. Staff were clear on the aims of the service which was to provide people with care and support that was individualised and that Byways was the person's home.

Staff told us as part of the handover, checks were completed on the medicines held in the home and finances. Records were maintained of these checks. The new manager told us they were intending to hold monthly meetings with staff. Monthly meetings were held with other managers working for Milestones Trust. This enabled them to keep up to date with changing practices and share ideas for improvement.

Staff confirmed they had different responsibilities such as health and safety, medicines, vehicle maintenance, monitoring people's finances and menu planning with people.

The Trust had a clear management structure which included a board of trustees, directors, heads of service and area managers who were based at the Trust office. They provided advice and support for staff in relation to human resources, finance, training, health and safety, quality, service user involvement and positive behavioural support. The chief executive visited the service annually to meet with staff and people who use the service.

The provider carried out checks on the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits. The manager told us they had been unable to complete some quality audits as they were waiting for a password to enable them to get on to the electronic system. They were aware of their responsibilities to continually monitor the service ensuring people were receiving a quality service that was tailored to their individual needs.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.