

Milestones Private Limited

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Milestones Private Limited is a service which provides care for one person living in the community.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

There was a registered manager who had been in post since the service was registered. Prior to this the service had been 'dormant' as no people were receiving personal care support.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks while ensuring people could remain independent.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

People received care which was responsive to their individual needs. Staff had a good understanding of how to support them well.

Care records provided information in relation to people's backgrounds, interests and care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; systems supported this practice.

The provider ensured care was based upon good practice guidance to help ensure people received an effective service.

Staff were caring in their approach and had good relationships with people. Promoting independence was encouraged, people were supported to improve their daily life skills and offered choices.

Staff prompted people to have pre-prepared meals. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

Positive feedback was received in relation to the management of the service. Quality checks were in place to monitor the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 April 2018 and this was the first inspection as prior to this, the service was not supporting any people. We did not rate the service as it had been providing support for one person for a short time.

Why we inspected

This was a planned inspection.

Follow up

We will return to visit as per our re-inspection programme which is six months for a service inspected, but not rated. If we receive any concerning information we may inspect sooner.

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 not rated.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

The service was not rated.

Details are in our effective findings below.

Inspected but not rated

Is the service caring?

The service was not rated.

Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

The service was not rated.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

The service was not rated.

Details are in our well-led findings below.

Inspected but not rated

Milestones Private Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one relative about their experiences of the care provided for their family member. We spoke with the registered manager and the provider, no further staff were employed currently. We reviewed a range of records including one person's care record. A number of other records were reviewed in relation to the management of the service, including quality checks and training records. We looked at two staff files to ensure safe recruitment practices had been followed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has not been rated.

Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented in care plans. One relative told us they felt their family member was in 'safe hands' with staff and they were hoping to increase their care hours shortly.
- Staff had been trained in fire safety and risk assessments had been completed in the event of a fire in a person's own home.

Systems and processes to safeguard people from the risk of abuse

- The provider's policies and procedures provided staff with guidance of how to keep people safe.
- Staff understood the signs of abuse and how to recognise and protect people from this, as training had been completed in relation to safeguarding people.

Staffing and recruitment

- People were supported by enough staff to meet their care needs.
- Staff recruitment files included relevant checks to ensure all staff were suitable to work with vulnerable adults. The provider confirmed staff were unable to start work until these checks were completed.

Using medicines safely

- No one receiving a service was currently supported with medicines.
- Staff were trained to administer medication and regular competency checks were planned to ensure they remained safe to do this.

Preventing and controlling infection

- Staff received infection control and food hygiene training.

Learning lessons when things go wrong

- The management team were aware of recording any incidents which should occur and the importance of taking any learning from these.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has not been rated.

Staff support: induction, training, skills and experience

- Plans were in place for staff to receive an induction when they first started working at the service.
- Staff completed the necessary training for example, training in relation to autism, to enable them to carry out their roles. Training was monitored to ensure this remained current. Several training certificates we found were dated on the same day. The registered manager confirmed this was the day the training was completed. They would ensure actual training dates were accurately recorded now.

Ensuring consent to care and treatment in line with law and guidance

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People using the service had capacity to make some decisions. Staff were aware of the principles of the Mental Capacity Act and that consent was required before supporting people with care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were complex, and care and support was provided in line with current guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access meals in line with their needs and choices.

Staff working with other agencies to provide consistent, effective, timely care

- The management team communicated with other agencies such as occupational therapy.

Adapting service, design, decoration to meet people's needs

- People were supported in the community in their own properties.

Supporting people to live healthier lives, access healthcare services and support

- The management team understood lifestyle factors should be considered to ensure people remained healthy.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has not been rated.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff were caring and were positive in their approach. One relative told us they could tell their family member had had a good day when staff supported them in the community, by the positive way they behaved when they came home.
- Staff completed training in relation to equality and diversity and understood the importance of supporting people around area such as sexuality and cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood the importance of people's views, wishes and choices being respected.
- The management team were aware of advocacy services and when this should be considered to support people in relation to making decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent. For example, one person liked to dry themselves off after swimming and staff encouraged this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has not been rated.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives and professionals had shared people's needs with the management team before the service started. This information was contained within people's assessments and reflected their preferences.
- Staff knew people well and support was provided in line with their wishes. One relative told us, "The care is really, really good. They know my [relative] now. They are very complex and non-verbal, they use cards to communicate and staff understand them well."
- Care records were person centred. These contained information which enabled staff to understand about people's likes, dislikes and preferences. For example, one person liked to do 'cause and effect' type activities and found noisy environments difficult.
- People's care and support plans had not been reviewed yet however this was something the management team planned to do.
- People had opportunities to follow their interests and hobbies as one person was supported to go swimming.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- People's information and communication needs were assessed, and staff understood these alongside the AIS. Information was provided to people in a way that met their needs, for example, a pictorial format.

Improving care quality in response to complaints or concerns

- No complaints or concerns had been received by the provider. A complaints policy was in place for people if this was required. One relative told us, "My feedback at the moment is I have no key points or any negative things to say. It has been really good."

End of life care and support

- No one at the service was receiving support with end of life care. The provider confirmed this was an area they would like to develop further however as more people were supported with care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has not been rated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the provider had systems in place to check the quality and safety of the care provided. For example, in relation to medicines and staff practice.
- Relatives gave positive feedback about the service, one told us, "There have been no problems from day one. Everything has gone really smoothly, I could not be happier."
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC).

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team consisted of the registered manager and the provider. They were passionate about developing the service and assessments were being undertaken for further people now.
- Although no other staff were currently employed, plans were in place to support staff with one to one meetings and team meetings in the future.
- The provider understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Views of people were not formally gathered currently, however this was something the management team planned to do as the service grew.

Continuous learning and improving care

- Learning from concerns and incidents was something the management team understood was good practice and planned to do.

Working in partnership with others

- The management team worked with professionals to support people's care.
- Management supervision was provided by another experienced care provider to ensure that the provider and registered manager could get support or advice when needed.