

Milestones Trust Tramways

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 11 November 2015 and was unannounced. At our last inspection in January 2014, the service was meeting the regulations inspected.

Tramways is one of the services provided by Milestones Trust. It is a home for 12 people with mental health needs. At the time of our visit there were 12 people living there.

There was not currently 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 not cared for in an hygienic environment. There was a very strong odour in parts of the home. Domestic staff were hardworking however the odour was impacting on the quality of life for the people who lived there.

Summary of findings

Complaints were not always investigated or action taken in response to any failure identified by the complaint or investigation. One person had made a complaint about the odour in parts of the home. This had not been investigated and the person who made the complaint had not been given any response to the matter that they had raised.

The manager's system for auditing the quality of the care and the overall service was not up to date. This meant there was a risk that the quality of care people received was not properly checked to ensure it was safe and suitable for people.

We have recommended that the service seek support and advice to ensure that it has in place an effective system to monitor quality and address shortfalls.

People had positive views of the staff and the way that they were supported with their particular mental health needs.

People were treated with kindness and care by the staff who supported them. Staff spent lots of time with people they were supporting. There were positive interactions between them. People approached staff in a relaxed way when they wanted to talk with them.

People's mental health needs were assessed and the care was planned and delivered in a way that properly met their needs.

People were supported to eat and drink enough to stay healthy and they were involved in planning meal choices were acted upon so that they were included in the options available.

There were systems in place to support staff so that they followed the Mental Capacity Act 2005. This law aims to protect people who may lack capacity to make informed decisions in their daily lives. The provider had completed one application under the Deprivation of Liberty Safeguards (DoLS) for one person. This had been accepted and DoLS safeguards were in place for the person.

The staff on duty demonstrated that they understood the complex mental health needs of the people they supported. People were being well supported and to make choices about their care and in their lives. For example how they spent their day and what meals they wanted to eat.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not fully safe

The home was not fully hygienic as there was a strong offensive odour present in parts of the premises. This impacted on the quality of life for the people who lived there.

There was a system in place for staff to follow so that medicines were managed safely in the home.

There was a system to recruit staff safely and ensure they were trained to meet the needs of people in the home. There was enough staff to provide people with a safe level of care and support.

Staff in the home knew how about the types of abuse that occur and they were aware of how to report it.

Requires improvement



Is the service effective?

The service was effective

Staff understood the complex mental health needs of people they supported and knew how to provide effective care and assistance

Staff were properly supervised and well supported. They were also trained so that they were able to provide effective care to people.

If decisions needed to be taken on people's behalf, their rights were protected. This was because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were being followed at the home.

Good



Is the service caring?

This service was caring.

People were supported by staff who were kind and caring and staff respected their privacy.

People were encouraged and well supported to gain independence in their lives.

People were involved in making decisions about their care. Care plans reflected peoples involvement in deciding what type of support they felt they required

The staff team were knowledgeable about the support people required with their mental health needs. Staff knew how to provide their care in the way they preferred.

Good



Is the service responsive?

The service was not responsive

Requires improvement



Summary of findings

Complaints were not always investigated or action taken in response to any failure identified by the complaint or investigation.

People took part in a variety of different social and therapeutic activities. Activities were planned and run based on what people liked to do.

People were asked to give feedback about the home. This information was acted upon to improve the service where needed.

Is the service well-led?

Some aspects of the service were not well led

The manager's quality checking system to monitor the quality of the service provided was not up to date. This meant there was a risk that people could receive unsuitable care.

The staff and people at the home felt well supported by the acting manager.

Staff felt that the home had an open and relaxed culture. They felt able to make their views known to the manager at any time.

Requires improvement



Tramways

Detailed findings

Background to this inspection

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

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

This inspection took place on 11 November 2015 and was unannounced. We spoke with seven people who lived at the home. We interviewed five members of staff and the acting manager. We reviewed the care of 3 people.

We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed.

Is the service safe?

Our findings

When we toured the home we noted that there was a strong odour present in parts of the premises. This meant that the premises were not fully clean and hygienic. We brought this matter to the attention of the manager who agreed to address the concern immediately. People had told staff that they were unhappy because of the strong odour.

People told us they felt safe in the home and in the company of the staff who supported them. One person said “The staff are more than alright”, another comment was “I like it here”.

The staff we spoke with understood the different types of abuse that occur. Staff told us that they had been on regular training to help them to keep up to date about how to support people safely. The staff were able to explain how they would recognise and report abuse. They knew the actions to take if they found someone to be at risk. Staff training records confirmed they had been on training courses and update sessions about abuse.

The provider ensured that safeguarding incidents were properly reported to the local authority and to the Commission. Appropriate action was taken by the manager to keep people safe.

The staff we spoke with knew what whistleblowing at work meant. They knew it meant to report to someone in authority if they thought there was malpractice at work. The whistleblowing procedure was up to date with the contact information of who staff could report concerns to. It was also prominently displayed so that it was easy to access..

Medicines were looked after safely and given to people when they needed them. The medicine administration records were accurate and up to date. They showed people were given the medicines they needed at the times required. There was a medicines profile about each person. These explained what their medicines were and if there were any known side effects when taking them. There were suitable secure storage facilities for the safe keeping of all medicines

There were checks carried out on the systems for managing medicines to ensure they were safe. The staff underwent regular medicines administration training to ensure they

knew how to give people their medicines safely. There was a medicines fridge for the storage of certain medicines that had to be kept at a certain temperature. This was checked to ensure medicines were stored at the correct temperature so they remained suitable for use.

There were systems to manage risks in a balanced way that also ensured people were able to make choices and be independent in their daily lives. The staff we spoke with had a good awareness about people’s care records and the actions and type of support needed to help people to stay safe. The staff also knew that that one of the provider’s visions and values for the services was to support people to take acceptable risks in their life while still helping them to be safe.

Risks to people’s safety and wellbeing had been identified and actions needed to support people were set out in their care records. For example, it was identified that there were certain risks when one person’s mental health fluctuated. This caused them to hear voices and feel vulnerable. When this happened the actions that were needed to help the person feel safe were clearly set out in their care record.

There was a system in place to minimise the risk of unsuitable staff being employed. Checks were carried out to ensure new staff were safe to work with people. Staff employment records contained confirmation that all staff had a Disclosure and Barring Service (DBS) check carried out on them. The DBS help employers make safer recruitment decisions aimed to prevent unsuitable people from working with vulnerable adults.

Checks were undertaken on nurses to ensure they were properly registered with the Nursing and Midwifery Council. The NMC is the regulatory body for nursing and midwifery. The nurses had current registration with the NMC and this showed they were judged as fit to practise nursing.

People were supported with their needs by enough qualified and experienced staff. We saw how staff spent time supporting people and assisting them in a calm and attentive way. The staff were able to respond promptly to people when they wanted their help. The manager said staffing numbers were worked out and increased if needed on a frequent basis. There was staffing information confirming that staff numbers were worked out based on the needs and numbers of people at the home. This was to ensure there was enough staff to effectively meet people’s needs and to care for them effectively. There were a range

Is the service safe?

of different staff on duty for every shift. They were supported in their work by catering staff, domestic staff and maintenance staff. Based on what we found the number of staff on duty at any time met peoples' range of needs.

When incidents and occurrences happened involving people at the home changes to their care were implemented when needed. The records showed the manager and staff recorded significant incidents and occurrences that had taken place involving people who used the service. We saw that staff recorded what actions had been taken after an incident or accident had happened in the home. The care records had been updated and they reflected any changes to people's care

after an incident or occurrence. The manager told us they would use this information as a topic for discussion at staff meetings. This was to ensure sure that staff were up to date with any changes to peoples care after an incident or occurrence.

Health and safety risk assessments were undertaken to minimise risks and to keep people safe. Checks took place and actions put in place when required to make sure the premises was safe and suitable. There were also checks carried out to ensure sure that firefighting equipment, electrical equipment and heating systems were safe and able to be used.

Is the service effective?

Our findings

The people we spoke with had positive views to share with us about the support and care they received. One person told us, "They are nice. Other comments made included, "The staff help me", and "I like it here more than where I used to live".

We saw the staff provided care for people that was person-centered and effective at meeting their needs. One member of staff was sensitive and respectful in their approach when they assisted a person to clean their bedroom. The person did not initially want any help. However the staff member worked at building up the persons trust and they cleaned their room together. We saw other staff sit with people who had communication needs. The staff took plenty of time to listen to the person concerned. They also gave them support and prompted them with their personal care needs.

Staff showed they had a good understanding of how to provide people with effective support for their range of complex mental health needs. They gave us examples of how they worked with people to support them with their mental health issues. For example they said open body language and a calm approach could be beneficial to people whose mental health made them feel paranoid about their world. They also told us how certain people benefited from talking to staff when they heard voices. They said this helped certain people to feel calmer and more in control of their mood.

People were effectively supported to meet their physical health care needs. There was a health action plan which was part of each person's care records. The action plans explained how people were to be supported with their physical health and well-being. For example, one person with diabetes was receiving guidance and support from a diabetic nurse. The records we viewed also showed that staff monitored people's health and well-being and supported them to see their doctor.

People were able to eat a choice of suitable and nutritious food and drink of their choosing that they enjoyed. The majority of people we spoke with said they liked the food that was served at the home. Examples of comments made about the food included "the food is nice," "the food is good" and "we have a choice". Lunch consisted of two or

three meal choices. The meal options looked nutritionally well balanced. Staff told us people who required special diets were also catered for and this was confirmed on the menus we viewed.

People told us the staff asked what meal options they would like to choose from the menus on a daily basis. Staff told people what the lunch time meal options were and asked them if they liked the choices.

We saw a copy of the menu on display in help people to know what meal choices were on available each day. The manager told us the menu were regularly reviewed by a chef to ensure they were nutritionally balanced.

There was information in care records that showed how to support people with specific nutritional needs. An assessment had been carried out to identify people at risk of malnutrition or obesity. The manager told us the staff team and the chef had recently been on a training course to help them to support people effectively with nutritional needs.

The manager told us how they ensured the Deprivation of Liberty Safeguards (DoLS) were used appropriately. They told us that one application had been made in the last year. This demonstrated that when needed action was taken to ensure that safeguards were in place to protect the interests of service users in the least restrictive way possible. There was also DoLS guidance information available to help inform staff to make a suitable DoLS application if required.

The staff said they were supported to take up opportunities to attend a range of training relevant to the needs of people at the home. Staff training records showed staff had been on a variety of training and learning opportunities. Courses that the staff had been on included understanding mental health, mental capacity, health and safety, safe moving and handling, medicines training and safeguarding adults training.

Staff told us they felt supported by the manager and other senior staff in their work. Staff had received staff supervision in the form of regular one to one meetings with a supervisor. Staff supervision is a system used to monitor and improve a member of staffs overall performance. This staff told us they felt well supported to do their job effectively.

Is the service caring?

Our findings

Staff were observed assisting people in a caring and kind way. The staff used a gentle and patient tone of voice when they spoke to people. They used this approach in a number of ways. These included when prompt people with their personal care, when helping them to tidy their rooms, and to help people plan what they wanted to do that day.

Staff also used a calm and supportive approach with people who were anxious in mood. They used warm gentle humour and encouragement to motivate people to do household activities. People were responding to staff when they used this approach and looked very relaxed with the staff who were assisting them. When staff offered people support they were polite and made sure if people were sat down that they were at the person's eye level. People in the home looked smartly dressed and well cared for.

The people we spoke with told us a number of positive comments about the staff. Examples of comments made included "They are nice" and "I like the staff".

Staff also told us their role included assisting people to build up confidence and independence in their daily life. They also said it was important to see the individual's perspective which meant ensuring people received care centred on what mattered to them. For example who they wanted to support them, how they wanted to spend their day, what time they got up, and what food they wanted to eat.

People told us they met their keyworkers regularly and spoke with them about what sort of care and support they

felt they needed. Care plans reflected these discussions and showed people were involved in planning and deciding what sort of care and support they received. People told us they were able to choose when they got up, how they spent their day and who supported them. This information was reflected in the care records viewed.

The home had an enclosed courtyard garden where people could walk safely and have time away from other people. People sat in the different shared areas in the home which showed that they were able to have privacy when they needed it. Bedrooms were for single occupancy and this also gave people privacy.

Rooms were made more personal because people had their own possessions, photos and artworks in them. There was an open plan kitchenette for people and their visitors to use. People used the kitchenette and made themselves drinks. This showed how the environment supported people to be independent.

Advocacy services were advertised on a notice board in the home. Advocacy services are independent organisations that support people so that their views can be properly represented. People were aware of this information although no one was using an advocacy service when we visited.

Care records showed that some people had been asked their wishes in relation to their end of life care and what they wanted to happen at this time had been discussed and recorded.

Is the service responsive?

Our findings

Complaints were not always investigated or action taken in response to any failure identified by the complaint or investigation. One complaint that had been made by a person at the home had not been investigated. This had been a complaint about the offensive odour. This meant the provider's own complaints procedure was not fully implemented. It also meant there was a risk people may not be safe if the investigation was not completed

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw that complaints procedure included a timescale, and a clear course of action the provider should ensure was taken to ensure complaints were satisfactorily resolved.

People were supported to take part in a variety of social and therapeutic activities. On the day of our visit people went to the shops and took part in an arts and crafts group. People went out to the cinema, to a local bowling alley and for lunch at nearby cafe on a regular basis. People were also supported to go to community based drop in groups and other therapeutic activities that they enjoyed including dance therapy.

People were carrying out daily tasks in the home and staff were observed supporting people to tidy their rooms and to do their laundry. Staff and the people they were assisting were engaged in the tasks in a positive way together.

Care records showed people had been actively encouraged to plan and decide what sort of care and support they felt they wanted. The care plans stated what actions to take to assist each person with their mental health needs. For example, care records explained how to offer some people support who needed motivation with their self-care due to their particular mental health needs.

People were sent surveys at least once a year to capture their opinions of the service. People were asked in the survey if they had any complaints about the home. The manager and a representative of the provider reviewed the answers that people gave. Examples of the topics people were asked for feedback about included their views of staff, did they feel involved in planning their care, what activities they were interested in and menus. When people had raised matters, actions were identified to address them satisfactorily. Recent changes to the environment had been put in place after the last survey.

People had been given information about the service when they arrived at the home. The welcome pack they had been given included their own copy of the complaints procedure about the service. This was set out in an easy to understand format. It clearly explained how people could make complaints if they had them.

Is the service well-led?

Our findings

The provider had a system in place to quality check and monitor the service provided. However the system was not being kept up to date and that meant it was not fully effective. For example the quality system had not identified what actions were needed to address the strong odour, or the complaints that had not been investigated. This also meant people were at risk of receiving unsafe care.

The manager was open and accessible to people who used the service and the staff. We saw people went to the office to see the manager during our visit. We observed that every time someone wanted to speak with them on numerous occasions they made plenty of time to be available for them.

Staff meetings took place for the staff team on a frequent basis. Staff told us they were readily able to make their views known to the manager when meetings were held. Where required, actions resulting from these were assigned to a member of the team or the manager to follow up. The manager had introduced a new system whereby staff were allocated different areas of responsibility for the way the home was run. One staff member told us they had just taken over the safe management of medicines in the home.

The manager told us they kept up to date in their understanding of current practice in mental health by going to regular meetings with other professionals in the same field of mental health. They said that they would share information and learning from these meetings with the staff team. They also told us they read journals about health and social care topics.

People told us that they were asked for their views about the service. One person told us, "We have residents meetings". There were records of the meetings that showed

that people were asked for their opinions and the action that had been taken in response to people's comments. For example, menus had been updated and activities and day trips had been planned.

The manager told us that people who lived at the home were represented on recruitment panels when new prospective staff were being interviewed. This showed how people were being actively involved in how the home was run.

A senior manager carried out health and safety checks on a regular basis in the home. The records we viewed showed that environmental health and safety checks were undertaken regularly. Action was taken where risks were identified.

Staff completed a staff survey which asked if they were happy working at the home and if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the manager.

The staff were aware about what the provider's visions and values were for the service. They were able to tell us the visions and values included being person centred and inclusive. The staff told us that they made sure they took followed these values when they supported people at the home. We saw the staff provide care and support in a way that showed that they did.

The provider's Chief Executive visited the home regularly. They met with people and staff and we saw a photo of them with one of the people who lived at the home on display. They completed a report after their visits that they sent to the manager. If needed they highlighted actions for the manager to take. There had been no actions needed after their last visit.

We recommend that the service seek support and advice to ensure that it has in place an effective system to monitor quality and address shortfalls.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Complaints were not always investigated or action taken in response to any failure identified by the complaint or investigation