Milestones Trust

Milestones Supported Living Service

Inspection report

Unit 7, Eclipse Office Park
High Street, Staple Hill
Bristol
BS16 5EL

Tel: 01179709300
Website: www.aspectsandmilestones.org.uk

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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 21,22, 25, 27 July and 2 August 2016. The provider was given 48 hour notice as the location provides a community based service and we needed to be sure that a member of the management team would be available on the day. We spent two days in the office, two days visiting people and speaking to people on the telephone. We then returned to the main office on 2 August 2016 and provided feedback to the registered manager and head of service.

Milestones Supported Living Service provides personal care and support to people with a learning disability and or mental health needs to live in their own homes either on their own or sharing with others in supported living services. A supported living service is one where people receive care and support to enable them to live independently. People have a tenancy agreement with a housing provider and receive their care and support from Milestones Supported Living Trust.

As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house. At the time of the inspection the service was supporting 244 people across 183 locations across Bristol and South Gloucestershire. Of the 244 people they were supporting, 34 people were receiving support with personal care, as defined in the Health and Social Care Act 2014 regulations. They also provided and supported people to access leisure and day care services. This part of the business does not fall within the scope of registration.

There were two teams that worked separately from each other in supporting people with either a learning disability or mental health needs. The registered manager had the legal responsibility to support and manage both teams. 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 receiving care that was responsive and effective. Care packages were bespoke and tailored to the person. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about their care and support. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people. Safe systems were in place to ensure that people received their medicines as prescribed.

The service was not always responsible for people's accommodation however we found they had ensured people's homes were safe and comfortable, through effective liaison with the landlords and other relevant agencies. The Care Quality Commission's role in these settings was to focus on the regulated activity of personal care and had no regulatory responsibility to inspect the accommodation for people living in these settings. Environmental risk assessments had been completed.

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 the procedures. Systems were in place to ensure people were safe including risk management and safe recruitment processes. There were policies in place for lone working for staff.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles. Systems were in place to ensure open communication including team meetings and one to one meetings with their manager. Staff were committed to providing a service that was tailored to each person they supported. Staff were enthusiastic and worked with people to enable them to achieve positive outcomes. They understood their roles in relation to encouraging people's independence whilst protecting and safeguarding people from harm.

People were involved in the day to day running of the service. People were valued and supported to be as independent as possible. People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

People's views were sought through care reviews, meetings and surveys and acted upon. Systems were in place to ensure that complaints were responded to and, learnt from to improve the service provided.

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 and there was a positive culture where people felt included and their views were sought. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.

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 safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

There were sufficient staff to keep people safe. Staffing levels were tailored to the individual based on a comprehensive assessment. Safe systems were in place to ensure only suitable staff were employed.

People were kept safe as risks had been identified and were well managed. There was a culture of positive risk taking allowing people to be independent and take control over their own lives.

Medicines were well managed with people receiving their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received an effective service because staff provided support which met their individual needs. Care was tailored to the person.

People's nutritional needs were being met in an individualised way that encouraging them to be as independent as possible.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring.

People we spoke with thought the staff were approachable and kind. People were supported in an individualised way. People were supported to maintain contact with friends and family.

We saw that people had been involved in developing their plans of care to ensure their wishes were taken into account.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

People's care was based around their individual needs and aspirations. Staff were creative in ensuring people led active and fulfilling lives. People were supported to take part in regular activities.

People were supported to make choices and had control of their lives. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing their plans.

There were systems for people or their relatives to raise concerns. People were provided with information about the service.

Is the service well-led?

Good

The service was well led.

Staff felt very supported and worked well as a team. Staff were clear on their roles and 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/registered manager and staff.

Milestones Supported Living Service

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, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector, who visited on 21, 22, 23, 25, 27 July and 2 August 2016. We last visited the service on October 2013 and found no breaches of regulations.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

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 service. This included notifications, which is information about important events which the service is required to send us by law.

Before the inspection we sent surveys to people who use the service (50), relatives (50) and visiting professionals (7). We received 13 from people who received a service, four from relatives, and 0 from visiting professionals. You can see what they told us in the findings of this report.

During the inspection we talked with nine people using the service and one relative. We visited people at four different locations. In two services people lived on their own and, in two people shared with others. These were supported living services. This means they were people's own homes. The provider had asked people if they were willing to speak to us prior to our visit.

We talked with thirteen staff including five project managers, three project co-ordinators, three support staff, the head of service and the registered manager. We also spent time in the human resource department looking at recruitment files for four newly appointed staff and the training department looking at training records.

We looked at the care records of nine people, staff duty rotas and other records relating to the management of the service.

After the inspection we telephoned a relative, two people who used the service and three support workers to discuss their experience of either receiving a service or working for the Trust.

Good

Is the service safe?

Our findings

People told us they felt safe whilst being supported by staff working for Milestones Trust. People told us they were supported well and they knew when and, the name of the staff that would be supporting them. Relatives told us they felt the service that was being provided was safe. People and relatives that completed our survey all confirmed that they felt the service was safe.

Some people told us how they were kept safe by having contact details of the Trust office. They had personal cards that gave details of where they lived and that there were staff available to support them. One person was very keen to show us a small bag they carried when they were out which contained important information such as people that could be contacted in the event of an emergency. Another person told us they had a piper line that they could use to contact someone for help and advice if there was an emergency. A piper line is either a direct phone line or pendant that can be activated to contact an emergency response team that people can use to call for assistance. They also had contact details for the on call manager and Trust office. Staff said this was because to give their own address would put them in a vulnerable position as they lived on their own. An on call manager told us this had been successful as a member of the public had recently contacted the office when the person had got lost.

A member of staff gave us an example were a person spent time on their own and, to keep them safe their accommodation was fitted with fire alarms which would automatically place a call to the local fire brigade. In addition this person also had a piper line that they could use in emergencies to summon help.

Risk assessments were in place to keep people safe whilst they were in their home and the community. Copies were held in people's homes and the main office. Staff described how they kept people safe without restricting them and supported them to have control over their life. There was a lone working policy for staff and each person had clear risk assessments that described their support needs and staffing they required. Environmental risk assessments had been completed. A member of staff told us the garden gate to one of the properties had recently been changed as local children were knocking on the person's door. This had been successful in reducing the incidents and had alleviated the person's anxiety.

Where people had been involved in an incident or an accident, for example a fall or an incident of aggression, staff recorded the cause, any injuries and the immediate actions or treatment. The records were checked by the registered manager or the project manager after the accident or incident. They then assessed if any investigation was required and who needed to be notified. The reports included what action had been taken to address any further risks to people. Records confirmed that information was shared with the person's relative or other professionals as appropriate. A relative told us they were always kept informed of any incidents that had occurred. This included an incident where staff were unable to access the accommodation to support the person. There were procedures to follow in this situation which included contacting the police, a senior manager and or the person's representative.

Staff confirmed they knew what to do in the event of an allegation of abuse being made. All staff completed safeguarding training. Staff were aware of the reporting process for allegations of abuse. There were policies

and procedures to guide the staff on what to do if an allegation of abuse was made and how staff could raise concerns using the whistle blowing policy. Relatives who completed our survey told us they believed that their relative was safe from abuse and or harm from the staff of the service. Staff told us they would have no hesitation in raising concerns with the management team and they knew these would be addressed and taken seriously.

Everyone we spoke with told us there was sufficient staff. Staffing was planned taking into consideration the needs of the person. People were allocated specific hours of support and or 24 hour care depending on the complexity of their care and support needs. Some people shared hours of support. For example, in some supported living services there was one member of staff who provided core hours throughout the day and slept in at night to support all the occupants of the scheme. Additional staff then provided one to one support to people.

People were cared for by suitable numbers of staff. Staffing was planned in conjunction with the local placing authority and local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs. A commissioner is a person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Sometimes the commissioners are the people who pay for the service, but not always.

Staff described the staffing arrangements that were in place. This was clearly described in the plan of care for each person and cross referenced with duty rotas we saw. The rotas showed there were sufficient staff working and supporting people. Staff from the mental health team said agency staff were never used and this was covered by staff working for the Trust. However, regular agency was used for some people with a learning disability. Assurances were given this was always staff that the person felt safe with and they knew them well.

The teams within Milestones Trust Supported Living service worked together to ensure people's needs and requirements were met. Each team was led by a project manager who was responsible for a number of services and overseeing the support people received. The project manager also managed a number of project co-ordinators who had day to day responsibility for managing the staff in that particular area or patch. From talking with staff and people it was evident people were receiving a service from a small consistent team. This ensured people were supported by staff that were familiar to them. A relative told us this was really important as this decreased their son's anxiety. We were told that where their son had refused staff entry to his home, other staff had been redeployed who were familiar to him. We were told there was a core group of six staff supporting this person and overall they were happy with the care that was being delivered.

Staff told us they had to log in when they arrived to provide care and when they left. This system was used by staff in all services. This electronic system was used to monitor visits including one to one support with people. This enabled the provider and the local council to monitor whether staff arrived at the correct time and to ensure they remained for the full duration of the visit. People and staff told us visits were never missed. A survey completed by the Trust in November 2015 found that 88% of people found their staff arrived on time with 90% stating staff stayed the allocated time. Reasons for staff not arriving on time was the traffic or staying on to complete paperwork. People confirmed they were always informed if there was a change to their visits.

Surveys received as part of this inspection confirmed that staff arrived on time and stayed for the full allocated time. One member of staff told us they sometimes found the electronic monitoring restricting,

especially if they were out with a person and their allocated time was coming to an end. This was because they had to return to the person's property to make the telephone call. They also said some people liked to bank their hours so they could go further afield and this was not always easy to do as the electronic monitoring system was time specific. The head of the service acknowledged these shortfalls but also acknowledged it was a good way of ensuring the staff were safe and that the person had received their planned visit. Regular meetings were held with the local council to discuss the use of the electronic system so services could be flexible.

Care plans were in place which described how people were to be supported if they became upset or angry. These included information about any triggers that should be avoided and information about the best way to help prevent such reactions. These clearly described things from the person's perspective. Staff had been given training in this area.

Staff described how they supported people in a positive way using distraction and de-escalation techniques. Staff told us the training in this enabled them to support people as individuals. Staff understood it was important for people to feel safe and that each person was seen as an individual.

People's medicines were managed according to their needs. Individual arrangements were in place to make sure each person received their medicines appropriately and safely. Clear records were kept of all medicines received and administered to people. Records of administration were kept to ensure that all medicines were accounted for. Where discrepancies had occurred these had been investigated. This included making contact with the person's GP and relative and re-checking staff competence.

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 and had attended training. This was confirmed in the training records and speaking with staff.

We spent time in the human resources department where we looked at staff recruitment information. There were robust systems in place to ensure only suitable staff were employed. Staff files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included obtaining 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. Records were seen which confirmed that staff members were entitled to work in the UK.

Staff completed a six month probationary period where the provider checked if they were performing to a suitable standard. This process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment.

Good

Is the service effective?

Our findings

Everyone spoke positively about the staff that were supporting them with some people speaking very highly about the staff. Comments included, "This is the best service, I am doing really well here and that is because the staff are really good, they listen and offer good advice", "I like the staff that support me, I have no complaints". Other people clearly liked the staff that were supporting. We saw them seeking them out for reassurance and support during our visit. A relative told us the staff were really good at listening and it was evident there was a positive mutual relationship between their relative and staff. They told us, "This placement has been 100% successful and that is down to the staff. They also told us they would not want to change anything about the service.

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. MCA 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. From speaking with staff it was evident they had a good understanding of the act and how it impacted on their day to day roles of supporting people. One member of staff said, "I always assume people have capacity, some people may need information in a simplified format" and, "If we needed to make any changes to a person's care package, we would discuss with them, their parents and hold a best interest meeting where a person lacked capacity". Examples were given where best interest meetings had taken place such as people having to move out of their shared flat due to decoration and refurbishment, where there were tenancy disputes and complex health decisions. Records were kept of these best interest meetings and who was involved. Where relevant other health and social care professionals had been involved.

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. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles and found that at the time of this inspection, records showed that the service was liaising with the local authority who has the duty to submit the application to the COP. There were 16 people being considered for this. This was because they were unable to make the decision on where they were living and they required constant supervision to keep them safe.

People confirmed they were registered with a GP and attended appointments with other health and social care professionals as required. Some people attended these independent of staff whilst others required support. Records were maintained of health appointments and any subsequent action that was required. Where people needed support the service was arranged flexibly to accommodate the appointment times or, to provide support with making the telephone call to the GP practice.

People received assistance with preparing food and drinks. Information about this was recorded in people's support plans. The support plan reflected people's abilities and what they were able to do for themselves. This included, for example, help with shopping and checking the person had the right ingredients for what

they wanted to prepare. We visited four people in a shared supported living scheme. They all told us they were supported to prepare their own meal and rarely ate the same thing. Staff told us the only time people chose to eat together was at Christmas. Each person had their own fridge and storage space in the kitchen.

In another service we visited people told us they did not need any support in this area and were independent and could access the communal kitchen whenever they wanted. However, they said there was an opportunity to share a communal meal on a Tuesday if they wanted. We also visited two people who lived alone or with one other person. One person said "The staff are lovely cooks". They told us staff help them in the kitchen and with shopping on a daily basis. They confirmed they could choose what they wanted to eat depending on what they fancied. The other person told us the staff helped them to organise foods that were already prepared and all they all they had to do was heat it up. It was evident people were happy with their individual arrangements.

Newly appointed staff received an induction. This included working alongside more experienced staff in a supernumerary capacity, until they felt confident and were competent. The training manager told us staff new to care completed the Care Certificate within their first six months of employment. If staff had previous experience in care then a self-assessment was completed based on the care certificate which would enable the project managers to determine if all, none or part of the care certificate was to be completed. The care certificate is an induction programme for care staff, which was introduced in April 2015 for all care providers. In addition, all staff completed a corporate induction and then an induction to their place of work. The training manager told us the corporate induction was important to enable them to get to know the staff and, for the staff to get to know the expectations, values and ethos of the service. The chief executive played a role in the induction of all new staff sharing the values of the organisation.

There was a training programme in place which was monitored by the registered manager, project managers, project co-ordinators and the human resources manager. All staff had to complete refresher training at regular intervals. Examples included safeguarding, equality and diversity, health and safety, first aid, safe medicines administration, food hygiene and moving and handling, deprivation of liberty safeguards and mental capacity.

Specialist training was given to enable the staff to meet people's specific support and health care needs. This training included supporting people with mental health needs, specific training on supporting people with learning disabilities, epilepsy and managing behaviours that challenge. One member of staff told us they were planning to complete a train the trainer course in supporting people with autism, which they were planning to cascade to other staff. Individual training records were maintained for each staff member showing training was current or planned.

Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, any training needs and to acknowledge what was going well. Staff also had an annual appraisal of their performance. One member of staff told us they supported people with a learning disability for part of their working week and the remainder in a service for people with mental health. They told us they were managed by one project co-ordinator in respect of supervisions but both of the managers were really supportive. They confirmed they had training in supporting people with mental health and learning disabilities and they enjoyed the diversity of the two roles.

Staff meetings were held monthly within each project chaired by a project co-ordinator. These provided the opportunity for staff to discuss a range of issues and to keep up to date with information about the people

they were supporting and the wider picture of what was happening in the Trust. The project managers told us staff meetings were also an opportunity to provide additional training to staff and enable them to reflect on their practice. Examples were given where staff met with the social landlords to talk about the law, the rights of people and tenancy agreements. Another example was where a behaviour specialist talked to them about supporting a specific person. A further example was where a person with mental health needs had met with manager's to discuss their experience of their condition. Staff told us this had been a valuable experience in developing their knowledge of the condition so they could support the person more effectively and with greater empathy.

Good

Is the service caring?

Our findings

Everyone we spoke with, without exception, told us that they were treated with kindness and compassion by the management team and their support staff. One person said, "All the staff are really good and they care not just about me, but also my partner". Others told us, "Yes they care, they help me to go out and about" and, "The staff are brilliant, they listen and check that we are all ok" and, "I am really happy here, we all get on well and it is the best place I have lived both for getting on with each other but also with the staff". One person told us, "The staff all go the extra mile and you never get the impression anything is too much trouble". They gave an example when they were staying at a friends and they had forgotten their medicines and a staff member drove across town to bring this to them. They told us this member of staff did this in their own time. Another example was given by a member of staff who said that sometimes the person they were supporting would get upset and they would telephone their mobile to chat about their anxieties. They said on occasions they were not actually working with the person but they knew that five minutes spent chatting with the person would calm them down and alleviate their anxiety. This showed the staff cared for the people they were supporting.

Relatives were equally positive telling us that the staff were caring and knowledgeable about their loved one. They told us they had regular contact with staff if there were any concerns and they felt the staff genuinely liked working with their relative. One relative said some staff were better than others but on the whole they were very satisfied with the care and support that was provided. They confirmed that their relative liked the staff that supported them and where there had been concerns a staff member was removed from the service. This was about the staff's personality rather than their approach to the care.

People were involved in planning their care and support. When planning the service the project managers and project co-ordinators took into account the characteristics of staff people liked to be supported by. The views of people receiving the service were listened to and acted on. For example some people preferred staff of the same gender and this was accommodated.

People named particularly staff they liked with no one raising any concerns about any of their support workers. One person said, "All my staff are nice, they have different personalities some are quiet and others really motivate me, but I cannot fault any of them". People were matched with staff based on their interests and person specifications.

Some people were involved in the interview process of their staff team. Whilst others were introduced to staff on an informal basis, for example, to complete an activity. The potential new member of staff was observed to see if the person was happy. Examples were given where staff were withdrawn from a particular project as it was evident that the relationship was not viewed positively by the person. This was important as staff were guests in the person's own home.

People had a small team of staff that supported them. This ensured continuity and enabled the person to get to know the staff. To help staff to get to know people there was a one page profile on what was important to the person, what people admire about them and how the person liked to be supported. This

included their likes and dislikes and activities they liked to take part in.

Everyone we spoke with told us they were encouraged to be independent as much as they were able. One person told us they were now going out without staff support. This was seen by staff and the person as a really positive step. The person told us when they were supported in a residential setting they only went out with staff. Staff said an occupational therapist had been involved in the assessment of the safety and the skills of the person. Another person told us they really liked living alone, and with the support from the staff they were able to do this. Staff recognised that it was important for people to be independent as they were able and their role was to support this, rather than do things for them. Another example was an electronic device that reminded the person to take their medicines which enabled them to live independently in their own home without 24 hour staff support.

Staff talked with kindness and compassion about people. They talked about people in a positive way focusing on their positive reputation rather than behaviours that may challenge. Staff had evidently built up positive relationships with people. People were observed seeking out members of staff when we visited some of the services. Staff had clearly explained to people why we were visiting, which was to talk to them about the service they were receiving. This showed that people were fully informed about our visit.

Staff talked about people in a respectful manner and they told us they respected people's privacy and dignity. For example, when we asked staff to talk about people's needs they obtained assurance from us that the information they gave us was confidential and protected people's right to privacy. The trust also supported people that did not fall within the regulation of personal care. The provider had developed different data bases so that only information relevant was shared with us. For example we only viewed people's care record where personal care was delivered. Another example was that if people were receiving supported people funding which was also subject to a review then the reviewer would only be permitted to see those people and their care plans.

People confirmed staff spoke to them in a kind and caring manner. They told us, the staff respected their right to privacy and only entered their personal living space when invited and they always knocked prior to entering. Some people told us this was important to them. Where people had refused staff support this was recorded and respected. The staff supporting people with mental health needs told us this was often down to the person's choice. However, staff told us it was important to check on the welfare of the person in case they were going into crisis. Staff in a shared living scheme for people with mental health needs said it was important to regularly check that people were well. They also told us the other people would seek out staff if they were concerned about the welfare of another person. It was evident that the service had developed a real community feeling with people looking out for each other.

Care 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. For example, one person was supported by staff to travel half way between their home and their relatives to meet up for lunch on a regular basis. People told us they could maintain contact with their family and friends. One person told us they had been supported to go on holiday with a member of staff to visit family that lived further afield and another told us they had recently reconnected with family. Staff confirmed they had supported the person to rekindle their relationship with their relative. This was viewed as being positive for the person.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People told us they received the service that had been agreed with the provider and their social workers. Each person had an individual care package based on their care and support needs. Annual surveys were sent to people who use the service. These were sent in November 2015 by the Trust with a 54% response rate. 88% said their support was responsive and flexible and 70% said that support had helped them achieve their goals or desired outcomes.

Milestones Supported Living Service provided a range of different services to suit the individual enabling the service to respond to their care and support needs flexibly. Some people were supported in their own home with tenancy agreements. Other people lived together in shared housing with 24 hour support and then each person was allocated one to one staff support depending on their needs. One service was set up as a shared house for younger people with learning disabilities and this was seen as a stepping stone to more independent living. The range of services showed they were able to respond to people needs and provide individualised packages of care to suit the person.

People told us they knew when the staff would be supporting them and they always knew the name of the staff member. If there were any changes to the agreed time or the staff member the office staff would keep them informed. People told us they had a small group of staff supporting them who knew them well. One person told us they had different staff at the weekends and often they were not the same staff from the previous weekend. This did not seem to cause people anxiety and again they always knew who would be visiting them.

All feedback received from people we spoke with in person or by telephone was consistently positive. Comments included, "I like the staff that support me", I cannot fault this service, this is one of the best and has helped me", "The staff really do listen, they take into account my welfare and that of my girlfriend because this is important to me", "There is always someone I can talk to and you know the staff give really good advice", "Cannot fault this service, I am doing really well now, and feel so much better, it's a lot better than my previous placement". People also told us the staff signposted them to other organisations such as health care specialists or advocates. One person told us they had also joined a local social club and the staff had supported them to find this. The provider's web page also includes information about networking and different clubs which was accessible to people who use the service and staff.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Project Managers completed the initial assessment either in pairs or with the person's social worker. This was in line with the organisation's lone working policy. There was a dedicated email address for referrals which was reviewed daily by the project managers.

People had a support plan which detailed the support to be given during each visit. They were informative and contained in-depth information to guide staff on how to support people well. There were copies of the

care plan both in the main office and in people's homes. People told us they knew about their care files and we saw that people had actively contributed and consented to information held about them.

One person told us, "I've got a care plan and I can read this whenever I want". Another person gave us permission to look at their care plan and confirmed staff wrote in there every time they visited. The person described to us how they liked to be supported and this corresponded with their care plan. Care plans and risk assessments were of a good quality, they clearly identified any risks and people's individual needs. Regular reviews took place with the person, their relatives and other professionals where relevant. Daily records were maintained of the care provided. This meant people were receiving the support they needed.

For those people who had a diagnosis of mental health, there was detailed information in care files to inform staff about their needs and general well-being. The sign of a person's mental health deteriorating was clearly documented. This included the early warning signs and the action staff should take to support the person. The actions for staff to take were clear and very person-centred. This included liaising with the person's GP or if in crisis then a psychiatrist and the community mental health team (CMHT).

We observed staff promptly responding to a person who had become unwell this included communication with all staff that were present in the building at the time. Staff were observed making contact with the crisis team. A member of staff was allocated to spend time with the person enabling them to provide reassurance and keep them safe. During this time there was good communication between staff ensuring they could support the person responsively and effectively. Another person described how the staff had supported them on their recovery telling us this was "The best I have ever been". Staff confirmed the person was doing extremely well and was very settled in their environment.

We heard about examples where for some people residential settings such as a care home had not been successful. Staff described to us how living on their own had been successful for some people, and their behaviour that challenged had diminished. They told us this was because the service was set up around the person and there was one to one staffing. This enabled the staff to really get to know the person and for them to get to know the staff. Clear plans of care were in place where required to guide staff if the person became agitated. These were person centred and demonstrated that the least restrictive interventions were used. The head of service and staff told us restraint was never used, with more person centred approaches, used such as diversion tactics or not putting the person in the position where it was known to cause them increased anxiety. For example to avoid busy or noisy environments or for one person the word 'No' was not to be used. A behaviour specialist employed by the Trust supported the staff and person in devising these care plans and approaches where relevant.

Staff told us they ensured people were supported with meaningful activities either with staff support or independently. These were very much tailored to the person taking into consideration their interests and aspirations. For example staff supported people to access local social clubs, work placements and other leisure activities to enable them to meet other people. We were told this was important for some people to prevent social isolation especially where they lived on their own. One person told us they had been to visit a number of local churches with staff so they could make a decision about which was the best one for them. For other people because they had 24 hour support from a member of staff they were able to choose what they wanted to do on a daily basis. Staff described how people were supported and it was evident that each person's package of care was very much bespoke to them.

Some people we spoke with described how the staff had supported them to have an annual holiday of their choice. This may be with staff support or on their own or with a friend. Where people required staff support this was costed out and information shared with the person in respect of these costings. This was because

the person was not funded for 24 hour care. One person told us they were sharing a member of staff and going with another person to bring the costs down in respect of the staff support. They confirmed they were happy with these arrangements.

People we spoke with said they knew how to complain. People spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints within clear timescales. A copy was also available on the Trust's web site. Information about how to raise a concern or make a compliment was included in the service user guide including the contact details for the registered provider. Where complaints had been made we saw clear outcomes were recorded to ensure improvement of the service. These had been fully investigated with feedback given to the complainant.

Regular meetings were organised for people especially where they lived in shared accommodation. These were called tenant's meetings. This gave people an opportunity to discuss the shared support they received, tenancy agreements, staff changes and any improvements required to the accommodation. One person felt some pressure to attend these; however they said it was important for information to be shared at the same time with all the occupants of the shared house.

Some people we spoke with said they were planning to join the service user council. This was a trust wide initiative and looked at a variety of areas that affected the Trust as a whole. People who were supported by Milestones Supported Living Service and people who lived in the residential services were able to participate in discussions about staff changes in the organisation, the mission statement and key policies and procedures. They were also able to make suggestions such as organising social events. These were organised every two months with minutes circulated to people who used the services of the Trust.

There was a service user guide and an easy read tenant's handbook in place. These were given to all new users of the service. The service user guide included details of the agency's aims and objectives, the staffing structure and provisions of service. The tenant's handbook included clear information about the expectations of people whilst they lived in their property which included, paying rent, keeping the property clean and tidy, how to raise complaint and people's rights and responsibilities in respect of their tenancy.

Good

Is the service well-led?

Our findings

Staff spoke positively about the management of the service including their direct line manager and the senior management team. Comments included, "The best manager I have ever had", "I can be forthright but my manager just knows how to respond to me, she is very good and very supportive" and, "I am very lucky, there is a real passionate and dedicated team here and the manager is very supportive". Staff were proud of the areas they worked in and talked passionately about their working environment, the team and the people they supported. The registered manager was supported by project managers and project co-ordinators. Project managers were responsible for monitoring the project co-ordinators. The project co-ordinators were responsible for monitoring a small number of services including the staff assigned to that scheme.

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 organised drop in sessions at the Trust for people to come and speak with him. It was recognised that some people felt more comfortable with this arrangement rather than the chief executive visiting them in their own home. Although home visits were still arranged if the person was happy with this.

Milestones Supported Living Service provides support to people with a learning disability and mental health needs enabling them to live in their own home or in supported living accommodation. The main office was situated over three floors with three distinct areas. The mental health team were situated on the top floor, the learning disability team were on the middle floor and the head of service's office was on the ground floor along with the administration staff. The offices were open plan which enabled staff to work alongside each other and encouraged informal discussions on a daily basis between team members. The registered manager worked on the top floor and worked alongside the staff that were responsible for organising the support to people with mental health. There was an area manager that supported the project managers who organised the services for people with a learning disability. The registered manager and the head of service had an oversight of all the service provision. Project managers told us there was an open door approach and they would have no hesitation in speaking with the registered manager or directly to the head of service if there were any concerns or to seek advice.

Observations of how staff interacted with each other and the management of the service showed there was a positive culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. Staff were given a copy of the staff handbook which contained key policies in relation to health and safety, employment and general wellbeing. Staff were very passionate about their role in supporting people to lead the life they wanted. It was evident the service was set up around the person with the emphasis on encouragement to enable the person be independent including building links with their local community.

When we discussed any risks to the service with the head of service and the registered manager it was

evident they were informed of any known risks in relation to the care of people. In addition they saw the recruitment and retention of staff as a potential area of risk. In response to this they had employed a member of staff to review all contracts to ensure staff were working to their full capacity and there was very little down time between visits. They were also responsible for organising the recruitment of staff. The head of service told us this had been very successful with nine new staff being employed since the person had taken on this responsibility. Other staff also spoke positively about this person's role in the recruitment of staff. It was also very clear that people and their relatives were involved in this process.

There were clear communication systems in place such as handover between staff changeovers and communication books. Regular meetings were taking place. A member of staff told us the meeting were really important to them. They said, "Much of the time we are like passing ships in the night; it is a good chance to get together as a team". There were patch meetings, project co-ordinator and project manager meetings in addition to the leadership meetings. The leadership meetings were attended by the registered manager, head of service and the area manager. The leadership team also attended meetings organised by the Trust enabling them to keep up to date about any changes within the Trust and share good practice. These were also attended by area managers from the residential side of the business. The provider had systems in place to support staff and monitor performance such as, supervisions and annual appraisals.

Surveys completed as part of our inspection process by relatives confirmed they knew who to contact within the organisation and that they had been asked for their views about the service. Of the 13 people who used the service 77% said they knew who to contact within the organisation and 69% said they had been asked their views about the service. Annual surveys were sent to people, staff and relatives. These were collated to look at any themes.

The provider monitored the quality of the service by regularly speaking with people to ensure they were happy with the care and support they received. Project managers confirmed they regularly visited people to speak with them and the staff that supported them.

We saw that the registered provider had a comprehensive quality assurance framework in place. This was linked to each domain of the CQC's regulations. The head of service told us this was being reviewed as to complete a comprehensive check on each service for 230 people was quite time consuming. This had been undertaken during December for all services and used as a bench mark. Now the intention is that each scheme would be assessed quarterly and would be completed by the project co-ordinators responsible for the scheme or service. Then accommodation based schemes would be reviewed every six months and individuals service users every 12 months.

Checks were completed on people's care plans and risk assessments, medicine support, staff files and training and ensuring suitable and appropriate safeguards were in place in each area. These linked with the way the CQC inspected services looking at whether the service was safe, effective, caring, responsive and well led. People were asked about the quality of the service and whether there were any concerns during these checks. In addition staff's knowledge was checked in relation to key policies such as their understanding and role in safeguarding vulnerable adults.

An open and transparent culture was promoted. Complaints showed that where things had gone wrong, the Trust acknowledged these and put things right. For example, making sure people or their relatives had feedback about their complaints including an apology. The provider had also worked with the local safeguarding team to address any concerns and this included sharing action plans and progress.

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.