

Milestones Trust

87 Church Road

Inspection report

87 Church Road
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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	

Overall summary

87 Church Road provides accommodation and personal care for eight people. People who live at the home have a learning disability. There were six people accommodated at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

There was a registered manager in post. 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 involved in making decisions on how they wanted to be supported on a daily basis. Where decisions were more complex such as that relating to medical health then best interest meetings were held with the staff and other health professionals.

Summary of findings

People were encouraged and supported to lead active lifestyles both in their home and the local community. They had opportunities to take part in a variety of activities.

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, checks on the environment and safe recruitment processes.

Sufficient staff supported the people living at the service. There were four staff vacant posts and these were being covered by regular bank, or agency staff. We were told it was important that staff were familiar to people as this could be unsettling.

People had a care plan that described how they wanted to be supported in an individualised way. These had been kept under review involving the person. Care was effective and responsive to people's changing needs. There was information for support staff in recognising any relapses in people's physical or mental health and guidance on what action should be taken to support the person.

Systems were in place to ensure that any complaints were responded to. People's views were sought through an annual survey.

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 were treated as individuals and their rights were respected.

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 safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe. Recruitment procedures were robust to ensure people were supported by staff that had the right skills and were suitable to work with vulnerable adults.

There were sufficient numbers of staff supporting people. However, there was a reliance on bank and agency to cover the vacant staff posts.

Medicines were well managed with people receiving their medicines as prescribed. Risks were clearly identified and monitored to ensure people were safe.

People were cared for in a safe environment that was clean and regularly maintained.

Good



Is the service effective?

The service was effective.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People's nutritional needs were being met and monitored.

People were supported by staff that knew them well and had received appropriate training. Other health and social care professionals were involved in the care of people and their advice was acted upon.

Good



Is the service caring?

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

Staff knew people well and were able to tell us how people liked to receive their care.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. Care plans described how people wanted to be supported. These were tailored to the person and kept under review.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People could be confident that if they had any concerns these would be responded to appropriately.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The staff and the registered manager worked together as a team. The staff were well supported by the management of the service. They 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.

87 Church Road

Detailed findings

Background to this inspection

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

This was an unannounced inspection which was completed on 3 November 2015. One inspector carried out this inspection. The previous inspection was completed in May 2014 and there were no concerns.

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

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

We contacted three health and social care professionals to obtain their views on the service and how it was being managed. This included the local community learning disability team, the district nurse team and a commissioner of the service. A commissioner is a public organisation that funds the care of people.

During the inspection we looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and recruitment and training information for staff. We spoke with three staff and the registered manager. We spent time observing and speaking with four of the six people living at 87 Church Road.

Is the service safe?

Our findings

One person told us they liked living at 87 Church Road and the staff that supported them. However, another person said they did not always like living at the home due to the noise levels. Staff were observed supporting this person to find somewhere quieter for them to sit. This was clearly recorded in the care plan in relation to the support this person required from staff and other professionals had been involved in making sure the home was appropriate.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe and these covered all aspects of daily living. They had been kept under review and other professionals such as occupational and physiotherapists had been involved in advising on safe practices and any equipment required.

One person's bedroom door was to be changed so that it could open outwards. This was because there were risks to the person. The registered manager was unable to confirm a date when this was being completed whilst it was acknowledged the risk had reduced this needs to be followed up with the Trust in relation to timescales. Risk assessments were in place and we were told that the person had recently changed bedrooms which had reduced the risks to the person as it was closer to the staff office. The registered manager told us this person felt safer being closer to staff.

Staff confirmed that they had received training and competency checks in relation to the management of medicines. We looked at the medicines and the medicine administration records for everyone cared for by the service. These were in order.

People had their medicines reviewed by the GP and by the psychiatrist. We saw that one person had prescribed medicines for when they became agitated. Staff were clear on when these medicines should be offered. Staff confirmed these were rarely given as other more positive methods were used such as diversional techniques. This was confirmed in the medicine records and care records. There was a care plan to guide staff and instructions from the person's psychiatrist on the safe administration of this medicine. This information would benefit from being kept with the medicine records in the event unfamiliar staff, such as when agency staff were working in the home.

Staff were aware of their responsibilities in relation to safeguarding people who use the service. They told us that they had on-going training about this and that they could talk to the registered manager about any concerns. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people and for raising concerns. Milestones had a whistleblowing policy enabling staff to raise concerns about poor practice and any concerns they may have. The registered manager of the service understood how to support people and how to prevent abuse. We had evidence to show that the organisation took safeguarding seriously and dealt with any concerns appropriately. This included working with other agencies in safeguarding adults.

We reviewed the incident and accident reports for the last twelve months. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents, however the staff had reviewed risk assessments and care plans to ensure people were safe. Clear records were kept of the action and the investigations in reducing any further risks to people.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose. Maintenance was carried out promptly when required.

The home was clean and free from odour. Cleaning schedules were in place. The care staff were responsible for the cleaning of the home and encouraged the people to assist where they were able. There was sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control.

Staff confirmed there were sufficient staff at all times to support people in the home and with activities and social opportunities in the community. One person had one to one support for sixteen hours a day. It was evident from speaking with staff and looking at the staffing rotas that this was planned and organised, to ensure this person was

Is the service safe?

supported appropriately. There was always a minimum of three staff working during the day and evening, in addition to the one to one staff support. At night there was a waking and a sleep in member of staff on duty.

Staff told us that recently there had been a lot of agency and bank staff working in the home to cover staff vacancies. A member of staff told us they were 'lucky' as they were usually familiar staff that regular worked in the home. The manager told us four staff had recently left the employment of the service and they were actively recruiting to the vacant posts.

Visiting health professionals contacted after the inspection raised concerns about the staffing in the home telling us there had been a high turnover of staff recently and there was a lot of agency staff working who may not always know people.

The provider followed safe recruitment practices. We looked at the recruitment files for one of the newly recruited staff and found appropriate pre-employment checks had been completed. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. The registered manager told us all new applicants were encouraged to visit the home prior to the interview. This was to enable them to observe potential staff and the interactions with people who use the service.

Is the service effective?

Our findings

One person told us they had access to a GP and they saw them when they were not well. They told us they liked the staff working in the home. People were actively seeking staff that were on duty throughout the day for assistance. Staff were observed sitting with people chatting about the activities they were doing.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required. People had a health action plan which described the support they needed to stay healthy. Staff told us regular checks were being completed to ensure appointments were not overlooked. Where people's needs had changed referrals had been made to other health care professionals. This included the community learning disability team which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists.

Some of the people living in the service had been screened for dementia and staff showed a good understanding of how they were monitoring the changing needs of people in relation to ageing. This included their physical and mental health. Where people had a medical condition health care specialists were involved. This included for example attending the eye hospital for specific screening in relation to diabetes and routine chiropody appointments.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved in supporting people including speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan.

People's weight was monitored on a monthly basis where concerns had been raised in relation to weight loss or gain. Advice had been sought from the GP. In addition food and fluid charts were used to further monitor the person. We observed staff offering a person who was regularly refusing food a sandwich in between their breakfast and lunch. Staff told us it was important to 'catch the moment' when the person requested a snack or something to eat this was actively encouraged. People were offered a choice of what they wanted at lunch. One person told us they had macaroni cheese and another person a ham sandwich. The

menu seen showed people had a varied and healthy diet however; there were no different options for people to choose from. A member of staff told us "we try and cook from scratch to ensure it is healthy and there is always plenty".

Applications in respect of Deprivation of Liberty Safeguards (DoLS) had been submitted for the six people living at 87 Church Road. DoLS provides a lawful way to deprive someone of their liberty in the least restrictive way, provided it is in their best interest or is necessary to keep them from harm. Each person had been assessed using a pre-checklist to determine whether an application should be made. The registered manager had notified us about the outcome of the authorisations. Policies and procedures were in place guiding staff about the process of DoLS. There was a matrix to enable the registered manager and staff to monitor these to ensure where a further authorisation was required this could be applied for. Usually DoLS are authorised for a period no longer than 12 months.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. People's care plans clearly described how the staff supported people to make day to day decisions, for example what to wear, to eat and drink and how they wanted to spend their time. Staff confirmed verbal consent was always obtained before assisting a person. Staff were aware of those decisions that people could and could not make for themselves. Examples of these included decisions about healthcare monitoring when people may not be able to understand the relevant information.

Meetings were held so that decisions could be made which were in people's best interests involving the person's relative, advocate and other health and social care professionals. Records were maintained of these discussions, who was involved and the outcome. The registered manager told us they were planning to review these to ensure they were on the same format and covered areas such as medicine administration and finances. This had been identified through a recent provider visit in September 2015.

Staff confirmed they completed an induction when they first started working in the service. This included working alongside more experienced staff for a period of two weeks

Is the service effective?

in a supernumerary capacity. Two new members of staff told us they had been well supported by the registered manager and the staff team during their induction. They told us they had an opportunity to read people's care plans which had assisted in them getting to know the individuals living at 87 Church Road.

The registered manager confirmed staff had opportunities to complete the health and social care diploma training or had previously completed a National Vocational Qualification. The health and social care diploma is a work based award that is achieved through assessment and training. To achieve an award, staff must prove that they have the ability (competence) to carry out their job to the required standard. Three of the staff had already completed the award and the registered manager told us this would be extended to the new staff once they have completed their induction.

Staff had attended mandatory training such as fire safety, first aid, moving and handling, safeguarding, MCA and DoLS training and this was regularly updated. Other training included eating and drinking, continence management, supporting a person with dementia, autism and diabetes. The registered manager told us some staff were being enrolled on training with a local health organisation to enable staff to monitor people's health care needs more effectively.

87 Church Road provided people with suitable accommodation. All accommodation was on ground floor level. There were two lounges, a dining room and a large kitchen. These were comfortably furnished. People had access to all these areas except after 11pm when the kitchen was locked to ensure people's safety. There was a large garden to the rear of the property which people could access. The front door to the property was locked to ensure people were safe due to the busy road. Staff told us there was always sufficient staff should a person ask to go in the community.

Each person had their own bedroom which the staff had supported them to personalise in relation to décor and with their personal effects. There were sufficient bathrooms and toilets which were wheelchair accessible with a walk in shower and special adapted baths. One of the bath hoist seats was stained and would benefit from being replaced. Staff told us this had been cleaned but they were unable to remove the marks.

There was an action plan in place for the redecoration of the home. The registered manager told us two bedrooms and a bathroom was due for redecoration. This would include new flooring for one of the bedrooms and the wooden floor in the hallway to be sanded and varnished.

Is the service caring?

Our findings

Staff were aware of people's routines and how they liked to be supported. Staff 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 specific members of staff.

People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. The staff members were patient and waited for the person to respond. Staff were heard talking to people explaining what was happening next. Staff described to us, how they knew when a person was unhappy or did not want to participate in an activity enabling them to respond appropriately to the person.

A visiting healthcare professional told us "some staff are excellent, they know people well and they are really caring". People looked well cared for. People could maintain their own identity with the clothes they were wearing. Some of the ladies were wearing co-ordinated jewellery and a gentleman was wearing a tie. We were told this was very important for them as they took pride in what they were wearing. Staff positively commented on how people looked, for example about what they were wearing or their hair.

Staff recognised when people were unwell and provided them with assurance and assistance. One person was seen by a health professional and staff quickly identified a member of staff to remain with the person. It was acknowledged that this person particular liked this member of staff and was ease when they were present. Reassurance was given to the person after the visit by staff when they became anxious explaining what was going to happen next.

Staff knew they needed to spend time with people to be caring. Staff told us they were sufficient staff to enable them to spend time on a one to one basis with people. Personal care was not rushed enabling staff to spend quality time with people. A member of staff told us "it takes as long as it takes; there is always enough staff to enable people to go out when they want".

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them on a one to one basis.

People could move freely around their home and could choose where to spend their time. The home was spacious and allowed people to spend time on their own if they wished. There were two lounges and people chose where they wanted to spend their time. One person told us they did not always like it when it was noisy but they could go to their bedroom and sit quietly if they wanted. They told us they liked to do this.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. We were told that certain people could be unsettled by having visitors in the home who they were not familiar with. Staff reassured people about what we were doing and took time to explain our role and introduce us. People were asked if they wanted to meet with the inspector and where people were anxious, staff provided reassurance and respected their decision. Staff told us it was important that people were supported by familiar staff that they trusted. They told us that where possible regular bank and agency staff were used.

Staff were observed knocking on bedroom and bathroom doors prior to entering. This ensured people's privacy was respected. Some people had keys to their bedroom doors which they choose to either keep in their bedroom door or on a hook outside their door. One person had become unsettled when a new person had entered their bedroom uninvited. The registered manager told us this was not intentional but due to being disorientated in their new home. Risk assessments and guidance was in place to support both people and to minimise any anxieties this may have caused. Photographs were on bedroom doors to enable people to locate their bedroom.

People's preference in relation to support with personal care was clearly recorded. Some people preferred regular staff to assist them with personal care. A member of staff told us the registered manager always ensured there was a permanent member of staff working in the home alongside agency or bank staff.

People were given the information and explanations they need, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted

Is the service caring?

people. Care records included information about how people could be involved in making decisions. This included how information was shared with people. It was recognised for one person that information was best shared with them in an informal situation for example when driving in the car.

People had information available to them including a statement of purpose/service user guide which clearly explained the aims and the support that people can expect whilst living in 87 Church Road.

People were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Necessary services and equipment were provided as and when needed.

Is the service responsive?

Our findings

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported, enabling them to respond to their care needs. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment. People were supported to visit the home prior to making a decision to move in. This included visits for tea and an overnight stay which gave the new person an opportunity to meet with the other people living in the home and for the staff to get to know the person.

The registered manager told us staff may need training to enable them to respond to a person's care needs prior to them moving to the home. An example was given where a person had epilepsy. Additional training in this area was given to staff to enable them to respond and support this person. The registered manager told us the organisation's 'positive behavioural support manager' had organised recent training to enable them to support a new person who had moved to the home. This included devising a comprehensive support plan in respect of the person's behaviour. The registered manager acknowledged that sometimes there were delays in this training being organised.

Each person had a plan of care that provided staff with information to enable them to respond to a person's care needs. The care plan was tailored to the person and included information about a person's likes, dislikes, preferences and individual support needs. These were reviewed annually or as people's needs changed. Care plans were written in plain English and included photographs making these accessible to people living in 87 Church Road.

The registered manager told us in the provider information return that people did not particularly like formal meetings and they had recently introduced monthly individual meetings for people. This was the responsibility of the key worker. Records were kept of the meetings and included any new goals or suggestions for activities for the forthcoming month. This had only recently been implemented.

Each person had a structured plan of activities organised both in the home and the local community. On the day of

the inspection one person was being supported to attend a knit and natter group, another person was supported to go out shopping and other people were supported with activities in the home. One person was sat with staff reading a magazine and another was doing some colouring and the third person was helping preparing the lunch. Other activities included aromatherapy, sing along groups, gardening, social clubs and trips out to the theatre. One person was discussing a forth coming trip to the local theatre for a pantomime. We were told that one person had regular refused activities. There was no record of this for the last two weeks showing the person's refusal or what they were offered.

People were encouraged to be independent. One person enjoyed laying the table for the evening meal whilst others assisted with some light housework and meal preparation.

Care plans included information on how they supported people with their religious or cultural needs. People were supported to go to the local church if they wished. One person told us they liked to go to church on Sunday.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important as it was an opportunity to discuss any changes to people's care needs. They told us this ensured a consistent approach and enabled them to respond to people's changing care needs.

Where a person required support with personal care clear plans of care were in place. Care plans were in place in respect of any specialist equipment that was to be used for people such as specialist bathing equipment or walking aids to reduce the risks of falls. Staff confirmed they had received training on moving and handling to enable them to support people and respond to medical emergencies such as falls. This included first aid training.

People were supported to keep in contact with friends and family. One person had been supported by the Trust to find their family that they had lost contact with. The registered manager said it was important for people to maintain contact with family. This was seen as part of the keyworker role in supporting people to maintain contact with family. People attended local social clubs in the community enabling them to maintain contact with friends.

Is the service responsive?

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. Two complaints had been raised by people in the last twelve months. These were about

relationships in the home and noise levels. Both complaints had been addressed and were monitored to ensure that people remained happy with the outcome. This included seeking advice and support for the person from health and social care professionals.

Is the service well-led?

Our findings

Staff spoke positively about the team and the leadership in the home. They described the registered manager as being approachable. Staff told us they could always contact the registered manager or an on call manager for advice and support. Staff described a positive culture in the home, including a team that worked together to meet people's needs. Staff told us the registered manager was open and transparent and worked alongside the team. A member of staff said, "The manager is dedicated to providing person centred care, she often works alongside us and if you have any query or concern, you know it be will be dealt with".

The service has gone through a period of instability. This was because over the last twelve months four staff had resigned, in addition there had a recent death of a person living in the service and a new person had moved into the home. Staff said there was a period where the new person was unsettled but this had improved lately. As a consequence of the staff leaving there had been an increase in agency and bank staff working in the home. The registered manager told us this was settling down and agency was block booked to ensure continuity for the people living in the home. The registered manager told us they were actively recruiting to the four vacant posts.

Visiting health care professionals raised concerns about the lack of permanent staff working in the home. In addition they were concerned that due to the complex and changing needs of some people there was an increase in referrals to the local community learning disability team. When advice was given in relation to the monitoring of people sometimes the records were incomplete in relation to a person's behaviours that challenged or general wellbeing. This meant professionals were not always getting a consistent response on a person's wellbeing.

Staff told us meeting were regularly taking place and they were able to participate in discussions about the running of the service and the care and welfare of people living at 87 Church Road. Staff told us any changes to the care practice, the running of the home and key policies were discussed. They confirmed the meetings ensured staff were kept informed about the service and their individual responsibilities. Staff told us that daily handovers took place including a written record, which enabled them to

keep up to date when they had been away from the home for a few days. Staff told us as part of the handover checks were completed on the medicines held in the home and finances. Records were maintained of these checks.

Staff told us they had particular responsibilities in respect of the running of the home. These included health and safety, fire checks, medicines and infection control. A member of staff told us there were clear guidelines in respect of their roles and these were discussed during their one to one supervisions. Supervisions were a process where staff met on a one to one basis with a line manager to discuss their performance and training needs.

People's views were sought through an annual survey. The registered manager told us a quality auditor visited the service and completed an observation of how staff were supporting people. As part of the audit people were asked about their views of the service. Comments from people were positive telling the auditor they liked living in the home and the staff that supported them.

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 provide advice and support for staff in relation to human resources, finance, training, health and safety, quality, service user involvement and positive behavioural support. The chief executive visited the service annually to meet with staff and people who use the service.

The registered manager remained up to date with best practice in supporting people with a learning disability by going to regular meetings organised by the Trust and attended by other registered managers. They shared information and learning with the staff at team meetings. The registered manager also shared relevant articles and journals with the staff. These were held in a folder in the office along with any new policies. Staff had signed to say they had read either the article or the policy. The registered manager told us they were part of a working group within the Trust looking at the new Care Act and looking at how this had implications on their own safeguarding policy.

The provider and the registered manager carried out checks on the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people

Is the service well-led?

received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits.

The service had an annual business plan. The registered manager told us they were in the process of completing a new one for this financial year. We noted that the previous action plan was generalised and would benefit from being

more informative in relation to the steps and the timescales. For example the action plan stated they wanted to be more person centred however, there were no steps on how this was going to be achieved.

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.