

Milestones Trust

# 63 Coronation Road

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 12 September 2017 and was unannounced. At our last inspection in July 2015 the service was rated Good with no breaches of regulation found. The service provides care and accommodation for up to six people with mental health needs. At the time of our inspection there were five people living at the service. One person was in hospital and so unable to speak with us.

There was a registered manager at the home. 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 told us they felt safe and got on well with staff. We observed positive relationships between people in the home and staff. Staff spoke positively about people and treated them with dignity and respect. Staff understood the principles of safeguarding adults and this protected people from the risk of abuse.

We noted one area in the home that was damaged by a significant damp issue. This had been noted and reported by the registered manager and action had been taken to address it.

The service was effective. People in the home had capacity to make decisions for themselves, however staff understood the principles of the MCA and how they applied to their work. Nobody in the home was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation.

Staff were well trained and supported in their roles. New staff to the organisation undertook the Care Certificate. This is a nationally recognised qualification that provides staff with the necessary skills to undertake a role in the care sector. Staff were supervised regularly to monitor their performance and development needs.

People's independence was encouraged and promoted. The registered manager had completed a project looking at how people's independence could be supported with the use of assistive technology. This included for example looking at ways in which technology could be employed to assist a person to be independent with their medicines.

The home was responsive to people's needs. People had clear and person centred support plans in place. These were reviewed and updated regularly with the input of the person concerned. If a person's needs changed this was identified and plans put in place to address the issue. People felt able to raise concerns and issues if they needed to. It was clear the registered manager took note of the concern and whether any improvements could be made for people in the home. House meetings took place on a three monthly basis to encourage people to give their views and opinions about the running of the home.

The home was well led. Staff were all positive about working for the organisation and told us

communication was good within the team. There were systems in place to monitor the quality and safety of 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. There was an area of damp in the building; however there were plans in place to address this.

People were protected from the risk of abuse because staff were trained in and knowledgeable about safeguarding vulnerable adults.

People had risk assessment in place to support staff in providing safe care and support.

There were sufficient numbers of staff to meet people's needs and safe recruitment practices were in place.

### Is the service effective?

Good ●

The service was effective. Staff were knowledgeable about the MCA and how this applied to people living at the home.

People's nutritional and health needs were well met.

Staff received training and support to carry out their roles effectively.

### Is the service caring?

Good ●

The service was caring. Staff treated people kindly and with respect.

People were involved in planning their own care.

People were supported to be part of their local community.

### Is the service responsive?

Good ●

The service was responsive. People had person centred support plans in place.

People were independent in following their own interests and activities; staff supported this.

People were confident about raising concerns and issues.

## Is the service well-led?

The service was well led. Quality and safety monitoring systems were in place and led to action being taken to address issues.

Staff and people in the home were positive about the registered manager and the support they received from them.

Good 

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## **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 checked 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 12 September 2017 and was unannounced.

The inspection was carried out by one Adult Social Care Inspector.

Prior to our inspection we reviewed all the information available to us. This included the Provider Information Return (PIR). The PIR is a form completed by the manager to evidence how they are meeting the regulations and how they intend to improve the service. We also looked at any notifications and complaints about the service. Notifications are information about specific events the service is required to tell us by law.

As part of our inspection, we spoke with four people living at the home and reviewed the records of two people. We spoke with two support staff as well as the registered manager. We reviewed other records relating to the running of the service such as medicines records, staff records and quality assurance information.

## Is the service safe?

### Our findings

The home was safe. We noted that some improvements were required in the physical environment of the home which unless addressed could pose a safety risk. There was one wall in the home with significant damp which had caused plaster to come away from the wall and caused damage on the wall by the side of the staircase. The manager had reported the issue to the facilities department within the organisation just over 12 months prior to our inspection. Although the situation was not yet resolved, it was clear from communication between the service, facilities department and contractors that attempts had been made to address it. There had been some delays in completing works due to the weather conditions required to carry it out, however there was a plan in place to resolve and repair the affected area.

People told us they felt safe with staff and felt safe living in the home. From our observations during the day it was evident that there were positive relationships between staff and people living in the home.

There were clear risk assessments in place to guide staff in providing safe care and support. These supported people to live their lives as they wished and in as safe a way as possible. For example, for those people who chose to smoke, there were measures in place to reduce the risks associated with this. With the agreement of the person concerned, people's cigarettes were stored outside of their rooms to reduce the temptation to smoke at night, which potentially could post a fire risk.

Some people were assessed as being able to manage their own medicines and there were plans in place to support them to do this. Plans had been written in conjunction with the person concerned. Medicine support plans included regular spot checks to ensure the person was taking their medicines as prescribed. This helped ensure that people managing their own medicine were able to do so safely. Two people were receiving support with their medicines and when medicines were administered, these were recorded on a Medicines Administration Record (MAR).

Stock medicine and PRN (as required) medicines were stored in a locked cupboard so that only staff could access them. Regular stock checks were taken and this gave opportunity to identify any errors in administration. We checked the stock levels of two medicines and these were correct according to the home's own records. For those people who were prescribed PRN medicines, there were protocols in place to guide staff in how and when they should be used.

People were protected from the risk of abuse because staff had received training in safeguarding vulnerable adults and were confident in reporting concerns. Training was refreshed regularly to ensure staff knowledge was up to date. Staff understood the term whistleblowing. Whistleblowing describes the action staff can take if they have concerns about bad practice in the work place. Staff identified that they could report concerns to organisations such as CQC if they had concerns about poor practice in the work place. However, staff all felt confident that the registered manager and organisation would listen to and act on concerns.

There were sufficient numbers of staff to ensure people's safety and to meet their needs. During our inspection there were two support staff on duty as well as the registered manager. Staff told us that the

staffing levels worked well. Overnight, there was one member of staff on duty to support people if they required it. Where bank staff were required to fill shifts in the rota, as far as possible the same staff were used regularly to ensure continuity of care for people in the home.

When new staff were recruited to the service, procedures were followed to ensure they were safe and suitable to work at the home. This included carrying out a disclosure and barring service check (DBS). The DBS identified anyone who has been barred from working with vulnerable adults or who has any criminal conviction that might affect their suitability for the role. References were also sought and employment history explored.

Any accidents or incidents occurring at the home were recorded and suitable follow up action taken.

## Is the service effective?

### Our findings

The service was effective. Staff reported receiving good training and support and were happy in their roles. Mandatory training included safeguarding vulnerable adults and Mental Capacity Act 2005 (MCA). Staff felt this training gave them sufficient skills and knowledge to be able to carry out their job successfully. Staff completed the Care Certificate on joining the service. This is a nationally recognised qualification that ensures staff meet the necessary standards for work in the care sector. One member of staff we spoke with was in the process of completing the Care Certificate and told us they had received good support during their probation period. One member of bank staff (meaning they could work in any setting within the organisation, rather than permanently at one home), confirmed they had the same training as permanent staff and that their training was always kept up to date. They also commented that there was additional training they could access if they wished to, to develop their knowledge and skills further.

Staff received regular one to one supervision meetings with their manager. Supervision meetings are an opportunity for staff to discuss their performance and development needs. Staff also had an annual appraisal to review their performance over the year.

People living in the home were independent and able to make decisions regarding their lives. There was nobody in the home who required support to make decisions in line with the Mental Capacity Act; however staff understood and knew about this legislation. As part of people's care planning, staff discussed with them how they would like decisions to be made if they ever lost capacity to do so for them self (for example due to ill health). This meant people's rights were protected. Staff understood that people had the right to live as they chose to do so, even if their decisions could be interpreted as poor decisions by others. For example, staff told us about one person who had a health condition requiring careful management of their diet. Staff commented that they understood it was the person's choice to eat what they wanted but that they encouraged foods that were best for the person's health.

We noted that for one person the language used in their risk assessment could indicate restrictions on their liberty. For example it highlighted the places the person was 'allowed' to go on their own, suggesting that this was under the control of staff. We discussed this with the registered manager who confirmed the person was able to go out as they pleased and staff would not stop the person if they chose to go out. The registered manager told us they would address the language used in the risk assessment.

In terms of meeting people's nutritional needs, some meals were cooked by staff and at other times people catered for themselves. One person, had in the past, experienced concerns about their weight and nutrition. Staff were aware of this and regularly checked the person's weight so that any difficulties could be identified and acted upon. Staff told us that this person was currently eating well. Recent records of the person's weight showed their weight was stable. One person told us that there was always fruit available for snacks but would like a wider range of options for snacks in between meals. We fed this back to the registered manager. People told us that menus were planned in discussion with them and they could always have an alternative if they didn't like what was on the menu.

People told us they had support to access health appointments if they required it and staff told us they had very good support from people's GP. During our visit, one person was supported to attend an appointment at the hospital.

People were supported to manage their mental health needs through devising, with the help of staff, a Wellness Recovery Action Plan. This plan helps people identify what they can do to maintain their mental health and how to recognise signs that their health might be deteriorating. It was clear that people had been involved in planning this with staff as people's views and opinions had been recorded in the document.

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring. Staff spoke warmly and positively about the people they supported. People told us they got on well with staff, both permanent staff and those on bank staff who didn't work so regularly at the home. We observed that staff were pleasant and respectful in their interactions with people.

People were encouraged to be independent in their lives and staff actively sought ways to promote this. For example, one person was being supported with their medicines. The registered manager told us about how they were looking in to ways to support the person to manage their own medicines, through exploring assistive technology. Attempts so far had been unsuccessful; however, the registered manager told us this was something they would continue to look at. People went out to local shops and other places in the community as they wished. Staff supported them in this if they wanted it. One person talked to us about the places they liked to visit locally and that sometimes staff would join them for coffee.

Support plans identified where people were independent and when extra support was required from staff. For example, we read that one person was able to complete daily living tasks with prompting and support and that light supervision was required when heating food.

People had opportunity to give their views and opinions on the service provided. People told us they used to have regular house meetings but they weren't so regular recently. The registered manager told us they had reviewed the frequency of meetings and now intended to hold them approximately every three months as this encouraged better participation. People felt able and confident to speak with staff in between these times if they had any concerns or issues. A survey was also carried out annually and from the results of the last survey, we saw that people were happy and satisfied with the service they received.

It was clear that people had been involved in planning their own care and support. People had signed a 'statement of consent' confirming that they would participate in a programme of assessment and developing a plan of support. The statement also confirmed that people were aware of the complaints procedure should they require it and knew about advocacy services.

People were able to follow their own routines and preferences for how they wished to spend their day. People got up at a time of their choosing and were able to make their own snacks and drinks. People had their own rooms to use for privacy but there were also lounges and outdoor spaces for people to socialise if they wished to. We observed during the inspection how this encouraged positive relationships between people living in the home.

People were able to maintain relationships with people that were important to them. People regularly visited family members and had plans in place to support them to do this safely. Relatives were also able to visit the home as they wished.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People had support plans in place that were person centred. There was information included about people's lives prior to living in the home. This supported staff to treat people as individuals with their own unique needs. Information was included, for example about people's communication needs. For one person, staff were guided to speak in short simple sentence to encourage the person to remain focused on the conversation. Another person had memory issues that affected their communication.

Within people's support plans there was information about what a 'good day' and a 'bad day' looked like. This helped staff recognise when a person might need extra support.

Support plans were discussed with the person concerned and evaluated regularly. This gave chance for staff to identify any changes in the person's needs and address them. For example, we noted that for one person staff had observed deterioration in the state of their room and as a result implemented more regular checks. For another person there had been an incident regarding their conduct when outside of the home visiting family. The incident had been discussed with the person concerned and their support plans updated.

There was information included in people's support plans about their cultural and religious needs. One person came from a background of a particular faith and staff had explored with the person whether they wished to practice their religion. Another person attended church on a regular basis. People were independent in following their own interests and activities, although staff supported and encouraged participation where possible. One person was being encouraged to join a photography group as this was an activity they enjoyed and had a talent for. There were photographs taken by the person on display around the house. Another person had undertaken a volunteer placement at a local community venue.

There was a keyworker system in place at the home. A keyworker is a member of staff with particular responsibility for the wellbeing of the person they are allocated to support. Staff were positive about this role and told us they had time to spend with people on a one to one basis. One member of staff told us the person they were keyworker for was currently in hospital and since then, their mobility had decreased. The member of staff was looking at what activities the person would be able to do when they returned from hospital.

There was a process in place to respond to and manage complaints. People told us they felt confident and able to raise any concerns they had about the service. One person for example told us they had raised an issue with the registered manager about having a smoking room inside the house for those people who smoked. People were able to go outside to smoke but said it could get very cold in winter and would prefer to be able to smoke indoors. It was clear the registered manager had listened to this and explored the possibility but told us that due to the organisation's policy an indoor smoking room wasn't possible. There had been no formal complaints made about the service in the last 12 months.

## Is the service well-led?

### Our findings

The service was well led. There were systems in place to identify issues and concerns with the service and these led to action being taken to address and resolve the concern. The issue with damp in the home, reported on under Safe had been identified and reported and there was a plan in place to address it.

Quality monitoring systems focussed on the five domains inspected by the Care Quality Commission. The registered manager completed a self-assessment each month, which prompted them to review for example whether necessary notifications had been made to CQC, whether medicines stock checks were correct and whether staff training was up to date. We noted in the August self-assessment that the organisation's values and aims poster needed to be on display. During our inspection we noted that this had been done. We saw from the poster that organisational values included respect, creativity, excellence and equality. We observed during our inspection how these values were incorporated in to support planning and in how staff conducted themselves.

People and staff were all positive about the support they received from the registered manager. Staff told us that communication was good within the team; at handover of shifts for example, all the necessary information was handed over so that staff were aware of important information. Staff meetings also took place as a means to discuss important issues and developments in the service. We saw from the minutes of the last team meetings that issues such medicine stock checks and fire safety was discussed. It was evident during our visit that there was a positive atmosphere in the home and staff worked well together to ensure people's needs were met.

The registered manager received support from the wider organisation. For example, an infection control audit and annual quality audit was carried out by staff from head office. We also noted that the chief executive of the organisation had visited the service recently. This gave people in the home opportunity to make links with the organisation and discuss any issues they may have.

The registered manager was aware of the responsibilities of their role. Notifications were made when required by law. Notifications are information about specific incidents such as any safeguarding incidents, significant injuries or deaths at the home that are set out in legislation. We also observed that the rating for the home from our last inspection was on display.

The registered manager told us about their interest in assistive technology to support the lives of people in the home and increase their independence. They had completed a project looking at what technology was available and how much it would cost to implement. This demonstrated a creative approach and a desire to continually improve.