

Milestones Trust

35 Cranbrook Road

## Inspection report

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Date of inspection visit: 18 August 2015

Date of publication: 12/10/2015

### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 18 August 2015 and was unannounced. The service was last inspected in April 2014. There were no breaches of the legal requirements at that time.

35 Cranbrook Road is a Milestones Trust care home that is registered to provide personal care to up to five people. People who live at the home have long term mental health needs.

Actions to ensure the home environment was safe had not been kept up to date. For example, some old items of furniture were stored on the stairs next to the office. This was a fire exit route.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People told us they felt supported by staff who were an established and well trained team. The registered manager provided effective leadership to the staff team. Regular house meetings were held so people were able to be involved in the running of the home.

People were supported to stay safe in the community and risks that they may experience were managed safely. This was done in a way that did not restrict people's freedom or independence.

People told us they were well cared for and we saw they were relaxed and comfortable in the home. People spoke positively about the staff who supported them. Comments included, "The staff are very very good here, they know what I need".

People's care records were personalised and they clearly set out what their care and support needs were. Care plans contained information about people's likes, interests and life before they came to the home.

People were supported to do things that mattered to them in the local community. Staff supported people with a wide variety of activities in the home and the community.

Staff and people who lived at the home felt supported by the registered manager. Quality checking systems were in place to monitor the care and service people received. The registered manager's own health and safety checks had identified the need for actions to be taken to keep the environment free from hazards.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not fully safe

The premises had not been kept safe and this put people at risk.

Peoples medicines were managed safely and they were given their medicines at the times they were needed.

There was always enough staff on duty to ensure people's needs were met.

**Requires Improvement**



### Is the service effective?

The service was effective.

People were supported by well trained staff who provided them with care and support that met their needs.

People were encouraged and supported to buy and cook their own meals. Staff offered guidance and support to help people with these activities.

People's choices were respected and their independence encouraged.

The staff understood the requirements of the Mental Capacity Act.

**Good**



### Is the service caring?

The service was caring

People told us they knew the staff well and that they were all kind and caring.

Peoples' privacy was respected by the staff.

People's relatives and friends were encouraged to visit whenever they were invited.

Staff had a good understanding of what equality and diversity meant in relation to the people they supported at the home.

**Good**



### Is the service responsive?

The service was responsive

People's care plans clearly set out how to meet their identified care needs. People had been involved in writing them.

People were supported to do things they enjoyed in the home and in the community. The provider sought people's views and these were taken into account in the running of the service.

**Good**



### Is the service well-led?

The service was well led

**Good**



# Summary of findings

There were quality assurance systems in place to monitor the quality of care and service provided.

The registered manager was thought of highly by the staff team and people who lived at the home.

Staff understood the visions and values of the organisation they worked for and how to put these into practise in their work.

# 35 Cranbrook 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 inspection took place on 18 August 2015 and was unannounced. The inspection was carried out by one inspector.

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

During the inspection we spoke with two people who lived at the home. We also spoke with two members of staff and the registered manager. We looked at two people's care records.

We observed care and support in shared areas and also looked at records that related to how the home was managed.

# Is the service safe?

## Our findings

Some parts of the premises had not been kept fully safe and this put people at risk. There was a filing cabinet and other items including glass framed pictures on the top of the stairs. These created potential trip hazards. The items were also a hazard in the event of a fire as this was a fire exit route.

The registered manager told us they had reported this to their head office and asked for items to be moved from the home weeks ago. Records showed the registered manager had made this request. Some action was taken on the day of our visit and the items were removed.

Each person we spoke with told us they always felt safe at the home and with the staff who supported them there.

The staff knew how to keep people safe from abuse and how to report concerns about people's welfare. They told us they felt comfortable about approaching the registered manager at any time.

There were policies and procedures that set out what to do to minimise risks to people from abuse. Staff were aware of the home's policies and procedures in relation to the safeguarding of adults. These contained up to date contact details and clearly explained what actions to take if someone was at risk.

Staff had been on recent training on the subject of safeguarding adults. Staff said that safeguarding was always discussed with them at staff supervision sessions and at staff team meetings.

We saw safeguarding information on display on a notice board in the home. This was to ensure people, their relatives and visitors had access to up to date information so that they would know how to raise a concern if they thought someone was at risk.

The registered manager reported safeguarding concerns appropriately. Referrals were made when needed to the local safeguarding team and the Commission was informed.

Staff understood what whistleblowing in the workplace meant and how they could do this. Staff explained it meant

they were protected in law if they reported suspected wrongdoing at work. There was a whistleblowing procedure on display with the contact details of organisations people could contact.

The registered manager and staff kept an up to date record of incidents and occurrences that had happened. Staff also wrote down what they did after an incident or accident. Care records had been updated or rewritten if needed after any incident where a risk was found. For example, one person's care records had been updated to support them to go out safely on their own to the local shops.

Risk assessments were updated after any incident where a risk was identified. For example, one risk assessment was rewritten after a person's mental health needs had recently changed making them feel unsettled in mood. The risk assessments in place were informative and set out how to keep people safe and how to support them with their complex mental health needs. The assessments gave clear guidance about identified risks and what actions to take to help people to stay safe.

The people we spoke with felt there was enough staff members on duty to support them. We observed there were enough staff who were attentive in their approach to each person they were supporting. For example, staff sat with people and spent time listening to them when they wanted to talk about how they were feeling.

The staff said they felt there was enough staff on duty to safely support people. The registered manager told us they had a bank of staff they could access during sickness or leave. We were told that agency staff were used if necessary, but that the service were able to use the same staff each time. This was so that people were supported by staff they knew.

Checks were carried out to aim to ensure new staff were safe to work at the home. These were undertaken before they were able to work at the home. The records of newly recruited employees contained references, employment history checks and Disclosure and Barring Service checks (DBS). DBS checks are carried out to help employers recruit only safe and suitable staff to work with vulnerable adults. These had been carried out on all staff who worked at the home.

Medicines were managed safely and people were given them at the correct times. We met one person who was learning how to manage their own medicines. There was a

## Is the service safe?

system of staff support in place to help them to do this safely. They were being observed by staff to help them learn to look after their own medicines. Medicine records were accurate and up to date. They clearly showed when people were given their medicines or why they had not had

them. Medicine supplies were stored securely and regular checks of the stock were undertaken. All staff went on regular training to ensure they were competent to give people their medicines safely.

# Is the service effective?

## Our findings

People spoke positively about how they were supported and assisted by the staff. One person said, "They are all marvellous, my keyworker knows what I need before I do". Other comments included, "They are not too bad at all every one of them is ok", and "It is good here it is my home."

Staff were observed assisting people in ways that showed they knew how to support people with properly with their mental health needs. This was demonstrated when staff used a calm, gentle approach with people whose mental health needs had made them feel agitated. Staff also gave people one to one time and support. When people approached staff for help and support this was immediately provided.

The registered manager told us how they would ensure the Deprivation of Liberty Safeguards (DoLS) were used appropriately if they needed to put them in place. They told us that no applications to the local authority had been made in the last year. DoLS are put in place to ensure that people are only deprived of their liberty when it is in their best interests to do so and it is the only way to care for them safely.

There was also DoLS guidance available to help staff make a suitable DoLS application if required. Staff demonstrated they understood the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless a person had been fully assessed otherwise.

Mental capacity assessments were in place and best interest decisions made in relation to a person who had been assessed as not having mental capacity.

Staff were knowledgeable and knew how to provide people with effective support with their complex mental health needs. The staff team were well established and knew each person very well. Staff were observed supporting people in the ways they explained and which were also set out in people's care records.

People were effectively supported to meet their physical health care needs. Each person had a health action plan. The action plans explained how people were to be supported with their physical health and well-being.

Care records contained information relating to when people had used other healthcare professionals or services. For example, we saw one person had been supported by staff to attend a recent GP appointment. Another person had been referred to the mental health team for additional support.

People were supported to have a choice of suitable and nutritious food and drinks they told us they enjoyed. The people we spoke with said they liked to prepare and cook their own food and sometimes a meal for everyone at the home. Examples of comments made about the food included, "I cook for everyone," and "The staff help you if you need it".

People made their own lunch and we saw people were able to choose what they had. Staff told us people who required special diets were catered for and this was confirmed by the choices that were available. For example, one person needed a reduced fat diet and this was provided for them.

There was information in care records that showed how to assist people with their nutritional needs. An assessment had been undertaken using a nationally recognised tool. This tool is used to identify people at risk of malnutrition or obesity. The registered manager told us the staff team and the chef had recently been on a training course to help them support people effectively with their nutritional needs.

Another person with specific nutritional needs was being advised and supported by a health care specialist. The records confirmed staff monitored people's health and well-being. People told us they were supported to see their doctor if they were concerned about their health.

There was an induction training programme for new staff. This included a range of areas including how to support people with complex mental health needs and safeguarding adults.

Staff said they were well supported by the registered manager and other senior staff to effectively support people with their needs. Staff received regular one to one supervision and they said these meetings were useful and helped them to support people more effectively. Records confirmed staff were being regularly supervised in their work and overall performance.



## Is the service effective?

Staff received a variety of training to help them to be able to do their job and support people effectively. Staff spoke positively about the training opportunities they were offered in a range of subjects relevant to people's mental health needs. The training records showed staff had

attended training in a range of relevant subjects. These included a course about mental health issues, health and safety matters, including moving and handling, first aid, infection control and medicines administration.

# Is the service caring?

## Our findings

Everyone we spoke with had positive opinions of the service and the caring nature of the staff. One person said, "They are fantastic, they know me better than I know myself". Another comment was "The staff are not too bad ". We saw that interactions between people at the home and the staff were always very warm and positive in nature.

Two people told us their relatives were coming to meet them that day. One person explained that they were able to visit whenever they wanted to see them. There was an open visiting policy if people wanted to see their family and friends.

People said they felt supported by every one of the staff and the registered manager. Each person said they had their own key worker who was a member of the staff team. They spoke positively about their particular key workers. They said their role was to give them extra support and one to one assistance with anything they may need.

People were assisted and supported with their needs by staff who were kind and caring and knew them very well. The staff and the people we spoke with said that they encouraged people to build up confidence and to become more independent in their daily life. One person explained how they went out on their own to a regular art class. They said staff prompted them and made sure they were able to get there in plenty of time.

People had their own key to their bedroom doors so that they could lock their rooms. This was an effective way for people to have privacy and their own space when needed. People told us the staff respected their privacy and always knocked on their bedroom doors. We saw staff do this and they waited for a response before entering people's rooms. When we met people in the office, staff made sure they had enough privacy to see us alone if they wanted.

Staff said they spoke with people about their likes and the way they wanted their care to be provided. They said that care plans were written based on what people told them and they provided information about the way people wanted to be cared for. This was evidenced in the care records we viewed; people chose what time they got up, when they went to bed, and how they wanted to spend their day.

The staff understood what equality and diversity was. They explained that it meant respecting people's rights and choices. The staff also said they aimed to ensure they treated everyone as individuals. They said this meant respecting how people lived their lives, how they dressed, what their faith was, and who they wanted to spend time with. The staff training records confirmed that the staff had been on equality and diversity training.

A range of information was displayed on a notice board in a shared area so that people were informed about mental health advocate services. These independent services were to support people to raise any issues they had.

# Is the service responsive?

## Our findings

People were well supported to build up their confidence and independence in their daily lives. The staff and people told us about ways they were supported with daily living skills. One example was that people were encouraged to buy and cook a meal on a certain day each week. The people we met said us this was something they enjoyed doing. They explained that they were given some money to buy and cook a meal for other people at the home. They said this helped them to feel more independent. People were also well supported to take part in things they enjoyed. One person we met was going to their weekly art class. Another person was going to meet relatives. We also met one person who told us they often went out for coffee on their own.

People told us they had been fully involved in writing their care plans and had signed them in agreement. People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in line with people's wishes. This was evidenced by people signing their care plans as confirmation that they had been involved in planning how they were being supported.

Some people had chosen to use a 'recovery star model'. This highlighted aspects of the person's life which were going well and those that they found harder to manage. Information in their care records was detailed and identified their preferences and personal wishes. This included care routines, food choices, interests, hobbies and what was important to them.

One person said they had been supported to move to the home from another service. They said they were given opportunities to visit the home and to see whether it was

suitable for them before they decided to move in. This showed how people were supported to make the right choices for themselves about whether to move to the home or not.

People were supported to give their views about the service through an annual survey and house meetings. If shortfalls or concerns were raised these were addressed. For example people made their views known about the daily house chores they did. Action was taken to ensure each person was happy with the chores they were asked to do

The people we met confirmed that there were house meetings held regularly in the home. People also explained that they were able to discuss things that mattered to them and raise concerns if they had them. There was also a comments and suggestions book in the front hallway so that people could make comments.

An annual survey was carried out with people at the home, families and professionals involved in their care all being asked their views. We saw that this information was reviewed and acted upon where needed to make improvements. No concerns or actions to follow up on had been identified as being needed after the most recent survey that was undertaken

The people we spoke with knew how to make a complaint. There had been one complaint made about the type of support a person received in the last year. This had been properly responded to by the registered manager.

There was a system in place to ensure that complaints were properly investigated and used to improve the service. The complaints procedure was written in an easy to read format to help people to know how to complain. Each person had been given their own copy of the procedure and there was also a copy on display in the home.

# Is the service well-led?

## Our findings

The registered manager had worked at the home for a number of years and was very experienced in their role. It was evident from discussions with us that they knew the needs of the people who lived at the home very well. We saw that people at the home were very relaxed and friendly with the registered manager. One person said they were “fantastic”. The staff also told us the registered manager was very supportive at all times. People and the staff told us the registered manager always made sure they were available whenever someone wanted to see them.

Health and safety audits and quality checks on the care people received were carried out regularly. The registered manager and the staff had identified the shortfalls we had found in the in the safety of the premises.

One person who lived at the home told us that the provider’s chief executive visited the home regularly. They said they spent time with people and staff. The registered manager told us that the chief executive wrote a report summarising their visit. Where it was needed, they told the registered manager what actions needed to be followed up. The last visit report praised the registered manager and staff team for the care and service they were providing.

Staff told us the registered manager encouraged a culture that was open and they could always say how they felt about anything to them. Team meeting minutes showed staff were able to make their views known in relation to people’s care and how the home was managed. For example, people’s holiday’s preferences had recently been planned at a recent team meeting

Care audits were carried out by a senior manager. Actions were put in place where improvements were required. For example, some policies and procedures had been updated and staff needed to be made aware of this. The registered manager had acted upon this requirement from a recent audit. Recent feedback showed people were very happy living at the home and spoke very highly about the registered manager.

The staff understood what the provider’s visions and values were. They explained to us that they included being person centred in their approach with people, encouraging independence and respecting people’s diversity. The staff said they aimed to ensure they followed these values with people at the home.