

Milestones Trust

Mortimer House

Inspection report

Britton Gardens
Kingswood
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Website: www.milestonestrust.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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Mortimer House is a residential care home providing personal and nursing care to 20 people with learning difficulties and/or dementia. The service can support up to 28 people.

The care home accommodates up to 28 people in one adapted building, over two floors.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 28 people. 20 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and being close to local amenities.

People's experience of using this service and what we found

People received care from staff who were kind and caring in their approach. There was a high use of agency staff, however the impact of this was mitigated by the service using the same agency staff whenever this was possible. The service was actively recruiting to vacant posts. Our observations showed that staff treated people with respect. People received support in line with their identified needs at key times such as meal times.

Staff reported feeling happy with their training and support and told us staff morale was improving. They told us communication was getting better and that they had handovers at each shift to discuss key information.

Staff worked with health and social care professionals to ensure people's needs were met. Community health professionals held a clinic at the home once a fortnight to review and advise on people's nutritional and eating and drinking needs. There had been some concerns around how well staff were following these guidelines; however shortly after the inspection, we received feedback that this was improving. During our inspection we observed a meal time when people received good support.

Staff knew and understood people's individual needs well and told us about their likes and preferences. Care plans were written in a person centred manner and had been recently updated. People had opportunity to take part in activities both on an individual basis and in group settings such as arts and crafts.

We saw improvements in the home since the last inspection and it being rated as requires improvement. The registered manager was being supported by the organisation to make improvements. There was an action plan in place. The provider had been working with the local authority safeguarding team due to concerns raised by health professionals. We made one recommendation under Well Led to continue to review record keeping, due to inconsistencies we found in some people's care plans.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of registering the right support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not well led in all areas.

Details are in our well led findings below.

Requires Improvement ●

Mortimer House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and a specialist advisor who was a learning disability nurse.

Service and service type

Mortimer House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed all information available to us including notifications and any concerns raised with us.

During the inspection

We spoke with the registered manager and six members of staff, including a registered nurse. People in the home were not able to give us verbal feedback about their experiences; however, we made observations of their care and support throughout the day.

We reviewed a range of records including five people's care records, medication records and documents relating to quality and safety monitoring.

After the inspection

We sought further information from the registered manager and obtained feedback from the local authority.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our focused inspection (report published 5 November 2019) we found a breach of regulation 12 Safety. This was because we found there were periods of time when people were not being safely supervised due to all permanent members of staff being in a meeting, leaving agency staff on the floor. We also found that not all staff received a handover to ensure they were aware of people's needs. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and told us they felt confident about identifying and reporting any concerns they had.
- We saw evidence that the registered manager made referrals to the local safeguarding authority when there were any concerns about an individual.
- People weren't able to talk to us about their experiences, however our observations showed that people appeared content and settled in the presence of staff.

Assessing risk, safety monitoring and management

- People had risk assessments in place to provide guidance for staff on the best ways to support the person safely.
- The quality and format of people's risk assessments were variable; some gave clear and more detailed information than others and this was fed back to the registered manager. However, overall risk assessments were sufficient to guide staff on how best to manage people's care.
- In relation to safety of the environment, we saw that checks in relation to fire safety took place to ensure all alarm systems were in working order. These checks were recorded.

Staffing and recruitment

- At our last inspection we found that staffing wasn't always managed well to ensure people's safety. At this inspection we found improvements had been made. When staff meetings took place, the registered manager told us they made sure there were sufficient numbers of staff deployed to ensure people were safe.
- We heard that there was a high usage of agency staff in the home, but the impact of this was minimal due to regular agency staff being used.
- Agency staff were well supported. One agency staff member told us they had been given help and support to get to know the home and people living there.
- Although there were still staff vacancies, progress had been made and efforts were in place to recruit to the vacant posts.
- At the lunch time meal, we saw that there were enough staff available to ensure people received the

support with eating and drinking they required.

- Safe recruitment processes were in place and checks were undertaken to assess people's suitability to work with vulnerable adults. This included Disclosure and Barring Service (DBS) checks. This a check that identified whether a person is barred from working with vulnerable adults, or has any convictions that would affect their suitability.

Using medicines safely

- Leading up to this inspection, we received information that there had been a number of medicines errors at the home. At this inspection we found no errors.
- We saw that when medicines were being administered, safe procedures were followed.
- There were safe procedures in place for checking new medicines in to the service although we were told that on occasion agency nurses hadn't always followed established procedures for signing documents when restocking medicines.
- Nobody was receiving medicine covertly, however some did have medicines crushed or placed on jam as the person's preferred way of taking them. There was information on file to say this had been agreed by the GP and pharmacist, however this document hadn't been signed. The registered manager told us they were aware of this and were awaiting the paperwork to be returned by the GP.
- There were protocols in place for 'as required' medicines to describe how and when they should be used.

Preventing and controlling infection

- There were systems in place to ensure the home was clean.
- We observed that all clinic rooms and the sluice were clean and tidy.
- We fed back to the registered manager that the bathrooms would benefit from changing the pull cord light switches to a plastic switch on the wall, as these would be easier to clean.

Learning lessons when things go wrong

- The home was working alongside the local authority to improve the services following various concerns being raised by other health and social care professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed so that care plans and risk assessments could be created.
- If people were being supported by other health and social care professionals, their advice was incorporated in to the person's care documentation.

Staff support: induction, training, skills and experience

- Staff told us they were happy and satisfied with their training and support. They told us the registered manager was approachable and they could speak with them if they had any concerns. One member of staff told us if they had any concerns they "don't hesitate" to talk to the registered manager.
- Staff told us they received regular supervision where they could discuss their performance and development needs with a senior member of staff.
- We viewed the home's training matrix and saw that staff received training in a range of relevant topics, according to the needs of people living in the home. This included areas such as dementia awareness, administering buccal midazolam (epilepsy medications) and the mental capacity act.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Prior to the inspection, there had been concerns about how well the home were meeting people's support needs around their diet and nutrition.
- During our visit, we observed people being supported to eat their midday meal. We saw that there were sufficient staff to ensure that people received the support they needed on an individual basis.
- Food looked appealing and was prepared for people in accordance with their eating and drinking guidelines.
- There was a monthly clinic held at the home, held by community professionals to monitor people's needs. There had been some previous concerns in relation to how well recommendations from this clinic had been implemented.
- The home had a regular visit from a GP so that people's health needs could be reviewed as needed. The registered manager was working with the GP to ensure all necessary documentation was signed by the GP and in people's care files.

Adapting service, design, decoration to meet people's needs

- The design of the building was well suited to the needs of people living there. There was plenty of space for people in communal areas.

- People's own rooms were personalised, and the environment was pleasantly decorated with people's art and craft work.
- There were grab rails on the walls of the building to support people with their mobility.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us that people received annual health checks at around the time of their birthday. There wasn't any evidence of this on file, however the registered manager told us the GP had details of this. It is important for this information to be kept on file so that there is a complete record of people's health needs in their care documentation.

Ensuring consent to care and treatment in line with law and guidance

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. The Act 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we found that the service could not demonstrate that all conditions on DoLS had been met. At this inspection we found that this continued to be a concern. However, this had been identified by the provider and there was a senior member of staff working through people's files and looking at what work needed to be done to meet all of their conditions.
- When decisions needed to be made for people who lacked capacity to make the decision independently, a capacity assessment was carried out and a best interests decision made. This was recorded and included in people's care documentation.
- Staff received training in the mental capacity act to ensure they understood the principles of the legislation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Our observations throughout the day showed that staff were kind and caring in their approach. At the lunch time meal for example people were given enough time and not rushed. Staff understood their needs and supported them respectfully.
- There was evidence in people's care plans to describe how staff supported people with care and dignity. For example, for one person it was stated that they preferred a bath rather than showers. It was stated that this person required a lot of reassurance during personal care as they could at times become distressed.

Supporting people to express their views and be involved in making decisions about their care

- Many people weren't able to express their views verbally, due to their complex needs. However, in discussion with staff it was clear they understood people's personalities and preferences well. This enabled staff to plan people's support with people's best interests and preferences in mind.
- For example, one member of staff told us about how a person they supported was a solitary person but loved listening to music in their room.
- Staff described how they knew when people were unhappy or unwell because it was clear in their mood and behaviours.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy.
- People had ensuite bathroom facilities with all their personal belongings contained in there. So that staff could deliver personal care in private.
- Staff supported and encouraged people's independence. One person for example, had complex needs but there were certain areas of their life where they were highly independent, such as with their finances.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had clear and well written support plans in place that were person centred in nature and reflected their preferred ways of being supported.
- It was clear from the plans what level of support people required from staff, for example whether they needed one to one support at certain times such as with their meals.
- In discussion with staff, it was clear they knew people well and understood their needs.
- People's individual routines were set out in their care plans, and what staff should do to maximise their choices. For example, one person was to be given a choice of two outfits to wear, as any more than that would be overwhelming for them.
- Staff made reference to 'activity packs' that were available in the lounge areas for them to undertake with people. We didn't observe these in use during our visit, however we did see there were drawers of various items available in the lounges.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were knowledgeable about people's communication needs. For example, one member of staff told us a person they supported was able to use single words to express themselves.
- Care documentation was produced with pictures to help people understand what was written.
- We saw throughout the home that pictures and symbols were used to help people understand their environment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were periods of the day when we saw that people were sitting in lounges, with no organised activities taking place. However, people seemed content at these times and happy to sit with the TV on.
- Staff were aware of the individual ways in which people like to spend their time, whether this was alone in their room, listening to music, or going out in the local area.
- One person was supported to go to church each week. Staff also told us that a church group came to the home also every few weeks.
- There was space in the home for people to undertake art and craft activities and we saw evidence of this

on display.

Improving care quality in response to complaints or concerns

- People were supported to raise their concerns and complaints. Individual ways of doing this were described in their care documentation.
- A record of complaints was kept, and we saw from this that a person had been supported to make a complaint. They had received a letter in response outlining what had been done to address their concerns.

End of life care and support

- We saw evidence of an end of life planning document in people's care files, however in most cases this contained very few details.
- Given the level of people's complex needs, it was difficult to gain their views about how they would like to plan for this stage of their lives, however it would be useful to do further work in this area to ensure people's needs are met at this time.
- One person had a terminal health condition and we saw evidence that care had been planned sensitively and in accordance with the person's needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our focused inspection (report published 5 November 2019) we found a breach of regulation 17 good governance. This was because we found systems were not yet robust enough to identify and act on shortfalls within the service. At this inspection we found improvements had been made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us there had been ups and down over the past few months but that currently staff morale was good and staff were feeling positive and well supported.
- Overall, it was clear that staff knew people well and wanted to provide good care and support. We observed this throughout our inspection.
- Staff took account of people's needs and preferences in how their care was planned and delivered. This was evident in how people's care documentation was written.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had been working alongside the local authority to make improvements to the service. This had included attending meetings when necessary and providing action plans to address any shortfalls.
- At this inspection, we saw that work was already being undertaken to address issues that we found. For example, it wasn't clear that conditions on people's DoLS authorisations were being met. We saw that this was already being addressed and worked on by a senior member of staff.
- At our last inspection we found that care plans weren't always reflective of people's needs as they weren't reviewed regularly. At this inspection, we saw that improvements had been made. Most care plans were up to date and reflected people's needs. However, we did find some inconsistencies and anomalies in people's care documentation. For example, in person's care plan for medicines it stated that their medicine was to be crushed. In discussion with the registered manager it was clear that this wasn't the case. For another person, we saw that their care plan hadn't been updated following a change in their health needs.
- Whilst it was clear that improvements had been made in record keeping, further work was still required to ensure consistency and ensure that improvements could be sustained.

We recommend that care records are kept under review to ensure they are consistently updated when people's needs change.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback in the form of surveys and questionnaires were used to engage people and gather their opinions about the service.
- We saw that comments on these were largely positive. In the latest friend's and relatives survey, 100% of answers were positive (either good or excellent). One person commented in response to the survey 'There are so many nice things to say, I thought Mortimer was a very fresh and calm environment'.

Continuous learning and improving care

- Whilst the home had been working with the local authority to address concerns about the service, additional support had been provided by the provider to help implement improvements and support the registered manager.
- The provider had formulated a detailed action plan to address shortfalls and make improvements.
- Support was being provided for part of the week by staff from another home within the organisation. This approach had been successful in driving improvement.
- Longer term changes had also been made within the management structure of the organisation to ensure continued support at the service. This would help ensure that changes and improvements were sustained long term.

Working in partnership with others

- A clinic was held at the home once a fortnight to support people with the dietary and eating and drinking needs.
- There had been concern prior to the inspection in relation to how well staff were acting on guidelines provided by other professionals provided as part of these clinics.
- Shortly after the inspection we heard that improvements had been made in this area. This demonstrated an openness and willingness on the part of the provider to listen to and address concerns.
- The provider also worked with the dementia wellbeing service to meet people's needs and provide person centred support.