

Milestones Trust

Court View

Inspection report

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Date of inspection visit:
08 March 2023

Date of publication:
02 May 2023

Ratings

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

Summary of findings

Overall summary

About the service

Court View is registered to provide accommodation with personal care for up to five people. The service provides support to people with a learning disability. At the time of our inspection there were three people using the service. The service is located in a detached home in a residential area within close proximity to community facilities.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

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.

There were enough staff to meet people's needs. Staff had undertaken the necessary training and skills to carry out their role effectively.

People and relatives told us they had choice, control, and independence to carry out activities within the home and in the community.

Right Care

Risks to people were not always appropriately managed. A recent admission into the service did not have risk assessments in place, this was rectified immediately by the registered manager. There were risk assessments in place for other people residing in the service, which covered a range of personalised tasks and the environment. Staff knew people well and the risks associated with their condition.

Care provided was person centred and revolved around the needs and aspirations of people. Staff knew people well.

Right Culture

Some health and safety checks such as fire doors had not been checked since September 2022, appropriate action was undertaken by the registered manager during the inspection to bring these up to date.

There was an open culture, where people, relatives and professionals worked together to achieve good outcomes for people. People's views were taken into consideration in the improvements to the home.

Staff, relatives, and people were engaged to provide feedback regarding the service.

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

Rating at last inspection

The last rating for this service was good (published 12 January 2018). The service remains rated good.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at the key questions on whether the service was safe and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has continued to be rated as good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was well-led.

Court View

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Court View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Court View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 2 members of staff, a senior manager, and the registered manager. We observed interactions between people living at the service and members of staff throughout the inspection.

We reviewed a range of records. This included 3 people's care records and 2 medication records. A variety of records relating to the management of the service, including staff training and quality audits were looked at.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were not in place for a person that had moved to the service in December 2022. The registered manager immediately took action to ensure risk assessments were put in place. The care package had been authorised the week before and the manager was in the process of building the care plan and risk assessments. Risk assessments were in place for 2 of the 3 people residing at the service, these were comprehensive and ensured people's safety both in the home and the local area. Staff knew people well and the risks associated with their medical condition. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm.
- Not all people's care plans had personal evacuation plans (PEEPS) in place. PEEPs contain important information such as people's mobility their equipment needs and if they required assistance in an emergency. This was missing for one person who had been recently admitted into the service. The registered manager ensured appropriate action was taken to rectify this error.
- People knew what to do in the event of an emergency and there was a record of fire drills that had taken place. Staff knew processes and procedures that were in place to evacuate people safely. Staff had completed training in health and safety, moving and handling and supporting people with epilepsy.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe with staff and told us the home offered a safe environment for them. One person told us, "Yes, I do feel safe, and the staff are very hand's on".
- The staff had received safeguarding and regular updates were provided. They told us they would speak to the registered manager or senior manager if they believed people were at risk of abuse.
- Safeguarding concerns had been raised appropriately with the local authority, and notified to CQC, as required.
- Staff understood whistleblowing and there was a policy in place to support them.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People and staff told us there were enough staff on duty. One relative said, "There are enough staff to support people." One staff member told us, "Currently, there are enough staff to support people and the system works well."
- There were recruitment procedures in place. We saw evidence of recruitment checks taking place before staff were appointed. This included the Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were assessed regularly and when the needs of people changed, staffing levels were adapted to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used only when required.

Using medicines safely

- People received their medicines as prescribed. Medicine Administration Records (MARs) were fully completed.
- Staff who managed and administered medicines were appropriately trained.
- Monthly medicine audits were detailed and effective in ensuring medicines were handled safely and lessons were learned from incidents.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

At the time of the inspection the home was open to visitors. This was in line with government guidance.

Learning lessons when things go wrong

- The registered manager and the management team took appropriate action when things went wrong, to

improve standards at the home.

- Appropriate action was taken if people had accidents and records were kept. These records were computer based and completed by staff.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive staff culture. Staff said they worked well as a team. One staff member told us, "We work well as a team. Staff morale is very good".
- Staff were person centred and positive about making changes to improve the care and support people received. One staff member told us, "We are led by the people we support, everything is tailored to their needs".

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

- A support worker was able to describe the events, which are reportable to the Care Quality Commission under the duty of candour.
- The registered manager was aware of their responsibilities in relation to Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment, which includes an apology.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included checks and observations to assess staff competency and audits. These checks did not always pick up discrepancies such as weekly fire door checks had been missed since September; the service took immediate action to remedy the oversight.
- The provider carried out quality audits of the service using the Care Quality Commission's five key questions. Medication and infection control audits demonstrated sufficient oversight of these aspects of the service.
- The registered manager was responsible for two other homes operated by the provider and spent their working week between the homes. A service co-ordinator supported the registered manager and was responsible for the day to day running of the home.

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

- People who lived at Court View had meetings to discuss the running of the home. One person told us, "We do have meetings about what's going on in the house." We saw meeting minutes and actions, which we

could see had been followed up.

- Staff meetings were taking place, and these demonstrated that key messages regarding people's support needs and service updates were being shared. Staff were able to share feedback through various means, such as shift handover meetings.
- Annual surveys were sent out to people. They were able to give feedback about the care and support they received.
- The registered manager held meetings with families regarding the care and support provided to people.

Continuous learning and improving care, Working in partnership with others

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- Staff completed regularly training and there were systems in place to ensure updates are completed in a timely manner.
- The service worked with health and social care professionals to provide joined up and consistent care for people. They had regular communication with the GP surgery, district nurses and pharmacy to ensure good outcomes for people.
- The registered manager had built good relationships with the local community. The service took part in community events, competitions, and festivals. The service supported people to attend activities within the community.