Milestones Trust

Kilvie House

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

Kilvie House provides accommodation, nursing and personal care for eight people. People who live at the home have a learning disability. There were eight people living in the home at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. This inspection took place on the 23 March 2017.

There was a registered manager in post. They were registered with us in November 2016. They had worked at Kilvie House as a team leader for seven years prior to the role of registered manager. 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.

Some of the people living in Kilvie House had a profound physical disability and therefore did not communicate verbally. In order to understand their experiences we observed staff interactions with people over the course of our inspection. Staff were caring and attentive to people.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

People's rights were protected in respect of any restrictions. Since the last inspection, systems had improved to monitor applications for Deprivation of Liberty Safeguards. This included making prompt applications prior to their expiry date.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process.

People remained safe at the home. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care

professionals were involved in the care and support of the people living at Kilvie House. Staff were proactive in recognising when a person was unwell and liaised with the GP and other health professionals. Relatives commended the staff on their ability to recognise when a person was not well and the actions taken to address this.

The home continued to provide a caring service to people. People, or their representatives, were involved in decisions about the care and support they received. Staff were knowledgeable about the people they supported. People were treated with kindness and there was a happy atmosphere in the home.

The service remained responsive to people's individual needs. Care and support was personalised to each person. People were assisted to take part in a variety of activities and trips out.

The service continued to be well led. There had been a change of management to the service since our last inspection. Relatives and staff spoke positively about the commitment of the new manager. They told us the registered manager was open and approachable. The registered manager and provider had monitoring systems, which enabled them to identify good practices and areas of improvement.

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 remains Good.

Is the service effective?

Good

The service was effective. Improvements had been made and now there was a system in place to monitor and ensure that appropriate applications in respect of Deprivation of Liberty safeguards had been completed.

People were encouraged to make day-to-day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People were supported to eat a healthy and varied diet. People had care plans specific to meet their health care needs. Other health and social care professionals were involved in the care of people and their advice was acted upon.

People were supported by staff who knew them well and had received the appropriate training.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Kilvie House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection, which was completed on 23 March 2017. Two adult social care inspectors completed the inspection. The previous inspection was completed in January 2016 where we found the registered person had not ensured that appropriate applications had been made in respect of the Deprivation of Liberty Safeguards (DoLS). These had not been monitored effectively in respect of expiry dates. The provider sent us an action plan shortly after our last inspection.

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

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

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team. You can see what they told us in the main body of the report.

During the inspection we looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with five members of staff and the registered manager of the service. We spent time observing and speaking with people living at Kilvie House. Records relating to the recruitment of staff were held at the main Milestone Trust office so we were unable to check on this occasion. The area manager was present at the

end of the inspection when we fed back our findings. After the inspection, we contacted three relatives by telephone about their experience of the care and support people received.

Good

Is the service safe?

Our findings

The service continues to provide safe care. People were unable to tell us about their experience about what life was like at Kilvie House or whether they felt safe. However, we saw people were relaxed and responded positively when approached by staff. This demonstrated people felt safe and secure in their surroundings and with the staff that supported them. Relatives confirmed that they felt that people were safe and staff were attentive to their ongoing and changing needs.

Medicines policies and procedures were followed and medicines were managed safely Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager. The home had received a compliment from a pharmacist during a recent audit praising them on the organisation of the medicines.

Each person had a file containing their medicine administration records, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for when a person was experiencing an epileptic seizure. This included what staff should monitor in respect of when and how these medicines were to be given.

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

Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose. This was in addition to external contractors that serviced the equipment. There was overhead tracking in some people's bedrooms enabling them to be safely assisted from their bed to their wheelchair.

The registered manager told us additional overhead tracking had been sought from a service that had closed. This was being installed in the remaining bedrooms. People had their own sling, which had been assessed specifically for them. A sling is what supports the person and attaches to the hoist so they can be moved safely. Care plans included photographs with an explanation on how it was to be used. The registered manager told us they, along with another member of staff had completed their moving and handling assessors training. Staff had received moving and handling training and their competence checked annually.

Sufficient staff were supporting people. There were always four staff working during the morning and three staff working the afternoon and evening. In addition, there was a member of staff that worked from 4pm to 9pm. People were supported by two waking staff at night. A nurse was available at all times to support people with their nursing needs. In addition to the care staff, a day care worker was employed to assist with

activities in the home and the local community. Staff confirmed there were sufficient staff to meet the needs of people.

The registered manager was able to describe the process that staff underwent to ensure a thorough and robust recruitment process was undertaken. Records relating to recruitment were held at the main office at Milestones Trust. Staff would not commence in post until all their checks had been completed such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. We recently inspected the information held at the main Human Resources department and found a robust system was in place for the recruitment of staff. This included ensuring nurses employed by the Trust were registered with the Nursing and Midwifery Council (NMC).

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

There was an emergency plan that had been placed by the front door. This covered all emergency situations such as fire, gas, water or electrical failure. The information included contact numbers and a safe place to go in the event of an emergency.

The registered manager told us a recent health and safety audit had been completed by a representative from the Trust. They had developed an action plan in response to the recommendations, which had included reviewing the generic environmental risk assessments, updating the data sheets in respect of chemicals that were hazardous to health and to complete regular legionella checks. Evidence was provided these were being resolved.

Maintenance was carried out promptly when required. The lock on the patio doors was broken. This was reported to the maintenance team on the afternoon of the inspection and before we had left this was being repaired. This was important as this was a fire exit.

The home was clean and free from odour. Cleaning schedules were in place. There was sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control.

Good

Is the service effective?

Our findings

Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs. People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and had attended appointments when required. People had a health action plan, which described the support they needed to stay healthy. Due to the complex needs of people, the GP completed home visits rather than people attending the surgery. Staff reported a good working relationship with the GP practice.

Due to people's physical disabilities, there was a potential risk of pressure wounds. Staff told us that presently no one living in the home had a pressure wound. They described the support people received to minimise these risks. This included any specialist equipment that was in place to prevent pressure wounds such as pressure relieving mattresses. Staff monitored people's skin condition and recorded any areas of concern. Where concerns were noted then the home would liaise with the district nurses about the treatment. Staff had received training on the prevention of pressure wounds.

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. The application procedures for this in care homes are 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 were being met.

We found at the last inspection the registered person had not ensured appropriate applications had been made in respect of the Deprivation of Liberty Safeguards and these had not been monitored effectively in respect of expiry dates. There was now a system in place to monitor when an application had been submitted, authorised and when it expired for each person and whether we had been notified. The registered person had demonstrated compliance to a previous breach.

Applications had been made for everyone living at Kilvie House. This was because people living at Kilvie House required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety.

The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Where people lacked capacity and decisions were complex such as medical interventions, other professionals and their relatives had been involved, with best interest meetings being held. Records were maintained of decisions that had been made in a person's best

interest.

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

People were observed being offered a choice of where to eat their meal, in either the dining area or the lounge. Meals were flexible and organised around people's activities. Pictorial menus were available to enable people to choose what they wanted to eat, which included all the food groups and offered people variety. Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals.

A visiting health care professional told us, "When visiting or phoning the home I have found that the regular staff I have spoken to know the residents well. They have always given me the time required to complete my assessments and have been knowledgeable about the residents' wellbeing, routine and have been able to provide me with evidence of monthly weights, food and fluid and medications given. When I have contacted the home for information I have always received a call back with the information as requested."

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required. People had a health action plan, which described the support they needed to stay healthy. Where people's needs had changed, referrals had been made to other health care professionals. This included the community learning disability team, which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists. A healthcare professional told us the staff were making timely and appropriate referrals and their advice and recommendations were implemented. They told us the staff were knowledgeable about the people they were supporting.

A relative commended the staff on their prompt actions in preventing a person being admitted to hospital with the treatment of a chest infection. They said, "The staff are straight on top of it". All relatives confirmed they were informed if a person was unwell or an accident or incident had happened.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for the work was assessed. Staff had completed a programme of training, which had prepared them for their role, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. Most of the staff had worked in the service for many years. A member of staff told us they were working as a care apprentice and was in the process of completing a diploma in care.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff, which confirmed staff received training on a range of subjects. Training completed by staff included; first aid, moving and handling, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. The registered manager had a system to check staff had current training with a plan in place to this was updated as required.

Staff also received specific training to meet people's needs including, administration of emergency medicines, positive behavioural support and epilepsy awareness. Staff said the training they had received had helped them to meet people's individual needs.

Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. Staff also had an annual appraisal of their performance. Staff told us they felt supported in their roles and there was good communication in the home.

Kilvie House is situated close to the local shopping centre of Kingswood. The home was suitable for the people that were accommodated. Each person had their own bedroom with five having an ensuite. Two of the bedrooms were on the ground floor and the remaining six were on the first floor, which was accessible by a passenger lift. There was ample parking available for visitors and staff.

There was a small patio, which was accessible to the people living in the home. The registered manager told us in the Provider Information Return they were planning to make a further patio area, which would include raised beds. Planters had been purchased and people were going to be supported to plant vegetables and flowers.

Over the last twelve months, attention had been taken to make the environment more homely. The registered manager stated that although it was a nursing home the environment did not have to be clinical and the emphasis was that Kilvie House was people's home. Volunteers had assisted in the redecoration of the home. People had been involved in choosing the colour schemes.

The home's business plan had identified an area for improvement in respect of the environment with the replacement of the kitchen. This had been given a low priority, which meant it might not be completed in 2016. There were chips on the kitchen work surface and some of the cupboard doors were split exposing the wood. These posed a risk in respect of cross infection, as these areas were difficult to clean and could harbour dirt. This was discussed with the area manager during the feedback at the end of the inspection. An email was shortly after the inspection confirming this would be completed by April 2017.

Good

Is the service caring?

Our findings

The home continues to provide a caring service to people.

Relatives told us they felt the staff were caring and friendly. Comments included, "We are always made to feel welcome, it is like a breath of fresh air when you go to Kilvie, everyone is so happy", "The staff treat people beautifully they are really lovely, cannot fault the Kilvie, we are so pleased and relieved X (name of person) is so happy there". Another relative told us, "X is happy there and gets on with all the staff, the staff know him so well".

Throughout the inspection, there were kind and friendly interactions, which included a healthy banter between people and staff, which included shared laughter. Staff knew people well and were able to communicate effectively with them. Staff actively listened to people who had some difficulties with communication and took time to find out what the person wanted. There was an inclusive atmosphere. People had communication passports to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people.

A visiting professional told us, "When I visit the home, the staff are always very welcoming, give a good handover to me prior to me seeing a resident. They involve the person as much as they are able. They respect people's wishes and choices. All staff have fantastic relationships with the people that live at the home." They continued by telling us, "The people are happy, the staff are upbeat and the atmosphere in the house is nothing but positive."

Staff were aware of people's routines and how they liked to be supported. Staff talked about people in a positive way focusing on their positive reputation. Staff evidently knew people well and had built positive relationships. Care documentation included how people liked to be supported throughout the day and night. This included people's interests and hobbies. One person liked to do sewing and their work had been displayed at an arts exhibition. Another person liked trains; they showed us a book they had recently purchased. We were also told this person had gone out for their birthday to a local train spotting area.

People's preference in relation to support with personal care was clearly recorded. Some people preferred regular staff to assist them with personal care. A member of staff told us unfamiliar staff worked alongside the regular staff to ensure continuity. A member of staff told us that most people required two staff to support them and one of the staff would always be a regular member of staff known to people. This was to ensure continuity for people and to ensure they were comfortable with the staff supporting them.

People looked well cared for. It was evident people were encouraged to have their own style of dress. People's hair looked clean and groomed.

People were involved in making day-to-day decisions such as what to eat, wear and how to spend their time. A relative told us people were also asked who they would like to be supported by in respect of personal care

and with meal times. They also told us how a member of staff sat with their relative to look at the trailers on an electronic device. This was to enable the person to make decision on what to watch at the cinema. They went on to say there were so many choices they were making about their day-to-day life, probably more than, if they had remained at home.
People were able to spend time in their bedrooms. This enabled people to spend time on their bed rather than sitting in their specialist chair for the full duration of the day. This also assisted in reducing pressure wounds. Each person had their own bedroom, which they had been able to personalise to reflect their tastes and personalities.

Staff were observed regularly checking that people were happy in their bedrooms and offering personal care where required. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff were observed knocking prior to entering a person's bedroom. This ensured that people's privacy and dignity were maintained.

We were shown records of resident meetings taking place every 5-6 months to enable people to have further input to their care and voice their opinions of the service. These meetings were led by a nurse and a member of the care team. This showed that people were involved in the running of the home and being updated about any changes to the service such as décor and staffing.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. Where family lived further away, video calling had been used to enable the person to keep in contact. The registered manager told us this had also been used for a recent care review enabling a relative to be involved in the process. A relative told us they had been invited to the home to celebrate their son's birthday. It was evident they appreciated being involved and felt very much part of the home and their relative's life. Another relative told us how they had been involved in some gardening when they visited.

Good

Is the service responsive?

Our findings

The service continues to be responsive.

Care, treatment and support plans were seen as fundamental to providing good person centred care. They reflected people's needs, daily routines, choices and preferences. Staff clearly described how they supported people and spoke about people in a positive manner. Reviews were completed every six months or as people's needs changed. Some of the care plans had been written in 2015 and may benefit from being updated and reviewed.

Each person had four files containing an essential lifestyle plan, health action plans, daily dairies and information relating to finances. These had been reviewed since the last inspection and organised to ensure that information staff needed to know about a person was at the front of each file with some information being archived. The registered manager told us they were planning to change the care documentation to ensure it was more accessible to the people living at Kilvie House. They were liaising with another home where this had been successfully implemented within the Trust. The registered manager told us they wanted the care files to be more outcome focussed with measurable goals.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. During the inspection staff handed over that a person had been unwell when they were out. The nurse in charge completed initial observations such as temperature and blood pressure and then continued to monitor the person throughout the day.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them on a one to one basis and supported them to keep in contact with family and friends. Key workers also completed a monthly summary. This was informative and included information about the person's general wellbeing, a summary of activities and any health appointments the person had attended. This information was used to monitor the care provided. Relatives confirmed they knew who the key worker was, and regular contact was maintained with them.

People were supported on a regular basis to go out in the community and participate in meaningful activities. A member of staff said, "People have a better social life than me, there is always something going on". One person shared with us they were going out for breakfast with a member of staff and they were looking forward to having a bacon roll and chips. They told us they did this every Thursday.

Activities included meals out, shopping trips, walks and hydrotherapy. Some people attended community social groups including a dance group. Each person was allocated specific number of hours per week to ensure regular activities were taking place. Staff said often people exceeded these hours. Activities were organised in the home including cooking, arts and craft, pet therapy and the use of sensory equipment that

people had in their bedrooms. There was a designated day care worker who supported the people to take part in regular activities.

There were clear records of the activities that were taking place, which evidenced people were receiving the additional hours of day care that had been allocated to them. There were two vehicles available. People contributed to the running costs based on mileage they had used.

Each person had a diary of activities with a narrative of the activity they had completed, which included photographs. The registered manager said this had been very useful to aid communication, involving the person, their family and staff. People had been on various trips and places of interest including the harbour, Zoo and a trip on a canal barge. A relative said they had been shown the activities book and they were impressed with the amount of activities that were taking place. Another relative felt this had improved in the last twelve months.

Staff said people had not experienced a holiday in the last twelve months and trips had been organised instead. The registered manager told us this was down to funding and the costs involved, in staffing the holidays.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. There had been one complaint since the last inspection, which was in March 2016. It was evident this had been investigated and appropriate action taken to address the concern. All relatives we spoke with knew how to complain. One relative told us that in the past they had raised concerns and felt these had not always been listened too although they found the registered manager approachable. A further concern was raised with us and we have asked the registered manager to investigate. This relates to a historical concern.

The registered manager told us in their Provider Information Return they were planning to make some improvements in respect of how people may indicate they were not happy with the service and support they were receiving. People would have a complaint profile describing how they may use non-verbal communication to raise a concern and what staff should do to respond. The registered manager said a staff member was taking on the role of a safeguarding champion. They would take the lead in ensuring staff were following best practice, developing staff and reviewing any concerns that have been raised to the local authority.

Good

Is the service well-led?

Our findings

The service continues to be well led. Since the last inspection, there had been a change of management in the service. The new manager was registered with the Care Quality Commission in November 2016. They had previously worked as a team leader at Kilvie House and took up the role of acting manager in January 2016. Staff spoke positively about the management of the service.

There was a clear management structure within the home. There was a registered manager who was responsible for Kilvie House. Nurses, in the role of team leaders, were deployed and provided 24 hour care. They took the lead when the registered manager was not present. In addition, staff were able to contact an on call system if the registered manager was not available for advice.

Through discussion with the registered manager and staff members, it was clear there was a strong value base around providing person centred care to people in a homely environment. Staff were clear on their responsibilities to provide care that was tailored to the person and putting people first.

Relatives spoke highly of the management of the service and the staff that worked there. Comments included, "We are pleased, we could not find anywhere better", "It's absolutely perfect it's like paradise" and the "(Name of the Manager) is hard working and approachable". One relative told us, "You cannot fault the staff or the manager at Kilvie, but not happy with the recent cuts to services, which impact on people living in the home".
Comments from visiting professionals were all positive. One visiting professional told us, "My experience with Kilvie House has only ever been positive. I do not have any negative feedback to give, which I know is rare". Another professional told us, "I have found the manager visible and approachable on my visits."
Staff spoke positively about the leadership in the home and how the team supported each other. Staff felt confident to speak with the registered manager, the nurses or the provider if they had suggestions for improvement or concerns. Staff were aware of their roles in providing care that was tailored to the person. One member of staff told us, "Everyone is committed to providing good care here", a further member of staff said, "I enjoy coming to work, it is all about the people", "I work bank, it is a good home to work, the staff and the people are friendly."

We found there were positive and respectful relationships between people living in the service, the staff and the management. People were welcomed into the office during our inspection and engaged in general discussions about their day. The staff team were very enthusiastic and dedicated to their work and were all very friendly and helpful throughout the day. Staff confirmed that they received good support from the registered manager. The registered manager assisted people throughout the inspection ensuring they were comfortable and their needs were met. For example, one person was in discomfort due to their specialist footwear. The registered manager assisted the person engaging with them until they indicated the footwear was comfortable. I was evident the registered manager was knowledgeable about the people living in Kilvie House.

Staff informed us there was an open culture within the home and felt the registered manager listened to

them. Staff told us monthly meetings were held where they were able to raise issues and make suggestions relating to the day-to-day practice within the home. The minutes from these meetings were documented and shared with team members that were unable to attend. These documented the suggestions made by staff members, discussion around the care needs of people and wider issues relating to the running of the home.

Milestones Trust had a clear management structure, which included directors, heads of service and quality managers who were based at the main office. They provided advice and support for staff in relation to human resources, finance, training, health and safety, quality, service user involvement and positive behavioural support. Senior managers from Milestones regularly visited the service to check on the quality. The chief executive visited the service bi-annually to meet with staff and people who use the service. The registered manager attends monthly meetings with other registered managers to enable them to keep up to date with changing practice and share ideas.

The provider and the registered manager carried out checks of the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support.

The Trust had introduced a system for staff to record where they had gone the extra mile, or that of the team or a colleague. The registered manager said often in care, staff did not recognise that they had gone above and beyond in their roles as they saw this as being part of their everyday role. The form asked staff what they were proud of, what had they done to improve the service and what further improvements were required. Comments included, "I am proud of our team, working together to make people happy", "Lots of environmental changes, we are a team that works together", "I was supported to put in a new idea and developed activity diaries for each person", and "It is good we are now a full team". Staff could also be nominated for an extra mile award. The registered manager told us about a member of staff that had been nominated because they often worked additional hours in their own time to complete minor maintenance such as putting up pictures, shelving and decorating. They told us they had placed all the pictures and mirrors at a lower level as the majority of the people were wheelchair users.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

The registered manager had reviewed all the accident and incident reports checking for any themes. These were shared with senior management in the Trust who reviewed to see if there were any lessons learnt for the whole organisation.