

Milestones Trust

218 Kingsway

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

218 Kingsway is a residential care home providing personal care to 4 people with mental health needs. The home can care for up to five people.

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

People received good care and support from staff who understood their needs very well. People had lived in the home for a number of years and had built good supportive relationships with staff. This meant that staff were skilled at identifying signs that people's mental health was deteriorating and giving the necessary support. People were independent in many areas of their lives and this was encouraged and supported.

Staff were well supported to carry out their roles effectively. They received regular training to ensure their knowledge was up to date and relevant. Staff told us they were well supported and able to raise any issues or concerns with the registered manager.

Care was planned and delivered in a person centred way and took account of people's individual needs and wishes. Staff were knowledgeable about the best ways to engage people in this process. People's views were also sought as part of the running of the home and the wider organisation. One person told us they had been involved in interviewing applicants for a job, at the organisation head office. Meetings were held with people to discuss views and important developments.

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 home was well led. There were systems in place to monitor the quality and safety of the service. These were used to identify and plan areas for improvement. Concerns in relation to medicines from our last inspection had been addressed. The registered manager understood the legal requirements of their role, such as making notifications in line with legislation and displaying the CQC rating poster in the home.

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 was good (published August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 218 Kingsway on our 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 well-led.

Details are in our well-Led findings below.

Good ●

218 Kingsway

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.

Service and service type

218 Kingsway is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at any other information available to us, such as notifications.

During the inspection

We spoke with all four people living at the home. We spoke with the registered manager and two support staff. We reviewed three support plans as well as other documents relating to the running of the home. This included quality and safety audits, medicine administration records and meeting minutes.

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 improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People had been living in the home for a number of years and told us they felt safe living there. They told us they could talk to staff if they had any concerns or worries.
- Staff had training in safeguarding adults. This meant they had knowledge and understanding of how to protect people and take action if they had concerns. Staff all felt confident about identifying and reporting any issues.
- We saw how people were able to leave and come back to the home as they pleased but kept staff aware of their whereabouts as a safety measure.

Assessing risk, safety monitoring and management

- Some people had been assessed as being safe to be in the home by themselves. There were clear guidelines in place around this and measures to ensure their safety. One person told us they could call another home for support if they needed it when they were home alone. This was a good example of positive risk taking and supporting people to live with as few restrictions as possible.
- Risk assessments were in place for various aspects of people's lives to ensure they received safe consistent support.

Staffing and recruitment

- There was a well established staff team at the home who knew people well and understood their needs.
- There were sufficient staff available to support people individually and keep them safe. For example, during our inspection we saw that one person went out for a walk with the registered manager. We also saw the registered manager supporting one person to prepare some meals for the freezer.
- People told us there was always a member of staff around to support them if needed.

Using medicines safely

- At our last inspection, there were discrepancies found in relation to stock levels of some medicines. As a result of this, further checks had been introduced and changes made to the medicine administration recording charts. We checked the stock levels of two medicines and they were as expected.
- Some people were assessed as being able to self administer their medicines. This was managed in a personalised way according to individual need and had been fully assessed as being safe.
- Arrangements were continually reviewed and amended if necessary. For example, there had been a concern about the safety for one person of self medicating and as a result changes implemented.

Preventing and controlling infection

- Overall the home was clean and there were schedules in place to try to ensure cleaning tasks were completed. We did note on arrival at the service that the downstairs toilet and shower room had some odour and the shower was in need of cleaning. The registered manager told us the cleaning schedules were being reviewed and in future this would be cleaned more regularly.
- An audit was completed to check on infection control in the home.

Learning lessons when things go wrong

- Incident and accidents were recorded and reviewed by the registered manager. This gave opportunity to reflect on the incident and take any action necessary to prevent reoccurrence.

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 Good. At this inspection this key question has remained the same. 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 were well understood and reviewed regularly. Their views were considered and included as part of the care planning process.

Staff support: induction, training, skills and experience

- Staff received good training and support in their roles to help them perform their roles effectively.
- Staff told us they had regular 1:1 supervision where they could discuss their performance and development needs.
- Staff felt well supported and able to discuss any concerns with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People's weight was monitored with their consent so that action could be taken if any concerns about malnutrition could be addressed.
- When there were specific concerns about a person's diet or nutrition, these were discussed with the individual and plans put in place to address and manage them. For example, there were concerns about the amount of water one person was drinking, which could potentially affect their health. This had been discussed with the person and a steps taken to support them in managing this.
- People were encouraged to be independent in preparing their food. For example, one person told us about how one night a week they prepared a meal for other people in the home. People were able to eat their meals at a time that suited them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend health appointments and access healthcare when required. One the day of our inspection one person had been to the dentist.
- The registered manager and staff understood people's mental health needs very well and were aware of the subtle changes in behaviour that might suggest their mental health was deteriorating. This meant the appropriate support could be sought from health professionals in a timely away.

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

- The home and accommodation was suited to people's needs. People's rooms were personalised with their own tastes and belongings. There was space for people to socialise if they wished. Provision was made for anyone who chose to smoke cigarettes.
- The home was situated close to local amenities so they were easily accessible for people. People told us

they used local buses to travel in to the city centre.

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.

- Nobody in the home was subject to a DoLS authorisation and all had consented to living at the home.
- Issues of consent were considered throughout people's support. For example, people were asked whether they consented to their personal information being shared with family.

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 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

- People told us they received good support and were happy with the care they received. One person said it was "lovely" and they felt "very safe" in the home. Another person told us "I am quite happy here" and "the shops are not too far away".
- We saw throughout the inspection that people were treated with respect. Staff spoke with people in a kind and respectful manner, using humour and gentle encouragement to interact with people. For example, we saw the registered manager helping and encouraging one person to sort their laundry.
- Staff and people told us about a much loved person in the home had sadly passed away. It was clear that this had been approached with sensitivity and care and that people had been given the support they needed in relation to this.
- People were independent in keeping in contact with family members and loved ones. Staff supported and encouraged this. People and relationships that were important to people were documented in their care plans.

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

- People were clearly encouraged to be involved in the care planning process and in making decisions about their support. This was clearly documented.
- Meetings were held with people to discuss any issues relating to the home. The registered manager understood the best ways of engaging people in this process, for example by taking advantage of times when people were all together eating a meal. They told us this was more successful than planning specific meetings.

Respecting and promoting people's privacy, dignity and independence

- People in the home were independent in many areas of their lives and this was supported and encouraged. People went out on their own as they wished and if they had been assessed as safe, they sometimes stayed in the house with no staff. As well as respecting people's independence, this also limited the amount of restrictions in people's lives.
- Staff were respectful of people's individual spaces, for example by checking with them before entering.

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 good. At this inspection this key question has now remained the same. 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 been living in the home for a number of years and so staff understood their needs and preferences very well. Care was planned in a personalised way.
- Care was reviewed regularly to check that people remained happy and whether they wanted to change anything about their support.
- The service was responsive to people's changing needs. One person for example told us they were involved in a project looking at how technology could support them as their physical needs changed. This included voice activated technology to help manage light switches.
- People had specific strategies in place to support them in managing their own mental health. These were called Wellness Recovery Action Plans (WRAP). These outlined the specific support that people required when their mental health declined.

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.

- Nobody living in the home had any specific communication needs or required information to be presented in a particular way.
- Care plans were written in a way that was easy to understand.

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

- People led active and fulfilling lives in accordance with their wishes and preferences. One person told us about two concerts they were planning to attend in the future. People also told us about holidays they had been on with other people in the home.
- People were free and able to go out as they wished in to the local area and to visit people who were important to them.
- One person told us they had been involved in interviews at the provider's head office.
- There were various pieces of artwork on display in the home that had been created by people.

Improving care quality in response to complaints or concerns

- There had been no formal complaints in the last 12 months. However, there was a process to follow should anyone have a concern.

- People all told us they felt able to raise concerns with staff; it was evident that trusting relationships were in place between staff and people in the home that created a culture of openness and transparency.

End of life care and support

- The registered manager and staff told us about a much loved member of the home, who had sadly passed away. The person had expressed their wish to stay in the home at the end of their life and staff had worked hard to meet the person's wishes. Their room had been moved downstairs to accommodate their needs better. The registered manager told us they had also received support from community nurses at this time. The registered manager told us they were proud of how the staff team and how they had worked together to provide care at this time.
- Other people talked to us about this experience which had clearly been a distressing time for them; however it was clear they had received sensitive support at this time to manage their grief.

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 good. At this inspection this key question has remained the same. 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; 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

- There was a positive person centred culture in the service where people were encouraged to be active in running the home. One person for example told us they had had cleaning responsibilities each week. People also cooked for each other each week, which contributed to a close knit and strong community in the home.
- There was an open and transparent culture where people were encouraged to discuss any concerns or issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager understood the requirements of their role. We saw for example that the home's previous rating was on display. Notifications were also made in line with legislation.
- There were systems in place to monitor the quality and safety of the service. This included gathering the views and opinions of people in the home. Audits also took place, and these were used to identify areas for improvement.
- The registered manager told us about areas they were looking to improve. They said they had looked at infection control and cleaning procedures in other homes and were looking to make changes to their own procedures. We also saw that the registered manager had engaged staff and asked their opinion about improving medicine administration, following the findings of our last inspection.

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

- Meetings were held to share information with both staff and people in the home and also to gain their views. Staff felt well supported and able to raise concerns and put forward their ideas.
- The registered manager and staff knew people very well and understood the best ways and times to engage them in activities and the running of the home. During the inspection, one person expressed the wish to do some cooking. The registered manager responded to this by supporting the person straight away as they knew it was best to act, whilst the person had expressed the motivation to cook.

Working in partnership with others

- The registered manager and staff sought support from healthcare professionals when necessary to ensure

people were receiving the right care and support. For example, due to noticing a change in a person needs, a medication review had been requested for one person.