

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

About the service

Kilvie House is a residential care home providing personal and nursing care for eight people. People who live at the home have learning and physical disabilities. At the time of the inspection, there were eight people living at Kilvie House.

The home met the characteristics that underpin the 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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

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

Staff were caring and attentive to people. People and staff were comfortable in each other's company. People were at the centre of the service and everything that they do.

People received safe care. Staff understood safeguarding procedures. Risk assessments were in place to reduce and manage risks within people's lives. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. People had access to other health and social professionals. Safe systems were in place to ensure that people received their medicines as prescribed.

Staff were trained to support people effectively. Good communication was in place in the form of daily handovers, team meetings and one to one supervision.

Staff continued to provide people with daily choices on what they wanted to eat, wear and choice in respect of activities. Staff knew people really well and were responsive to changes in body language, gestures and their nonverbal communication.

Staff were very caring and provided people with care tailored to their needs promoting their rights to an ordinary life. People were supported to have 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 provider had quality assurance systems in place to monitor the running of the home and the quality of the care being delivered.

There was an open and transparent culture within the service. Complaints, accidents and incidents were analysed, action was taken to reduce the risk of them happening again.

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

Rating at last inspection

Good (report published April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Kilvie 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

One inspector carried out this inspection.

Service and service type

Kilvie 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. The inspection was completed on the 2 and 3 October 2019.

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 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. We used all of this information to plan our inspection.

During the inspection-

We spoke with a person who used the service and spent time with others to gain their views about their experience of the care provided. We spoke with six members of staff including the registered manager. We also spoke with a visiting health professional.

We reviewed a range of records. This included three people's care records and medication records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good awareness on how to protect people from abuse. They were confident that either the nurse in charge or the registered manager would do the right thing to protect people. This included raising alerts to the local safeguarding team.
- All staff including the Trust's bank staff had completed training in safeguarding adults. There was a whistle blowing policy in place for staff to raise concerns.
- 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.
- Staff knew how each person expressed if they were distressed or unhappy about something. They closely monitored changes in people's behaviour. This was important as most of the people were unable to verbally communicate if they were unhappy.

Assessing risk, safety monitoring and management

- Care records included risk assessments about keeping people safe. These covered a wide range of activities and the delivery of care. They had been kept under review. Staff showed a good awareness of their role in keeping people safe from harm.
- Health professionals such as speech and language therapists and physiotherapists had been involved in advising on safe practices and any equipment required.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEPs) which guided staff on how to help people to safety in an emergency.
- A new fire sprinkler system was being installed. This was because the provider had recognised the risks and difficulties that people may experience in the event of an evacuation from the first floor of the home because of mobility issues.
- 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.
- People had an individual profile on how they were supported with moving and handling, detailing the equipment and the staff support they needed to keep them safe. These included photographs of the equipment and how it was to be used.

Staffing and recruitment

- People were protected because safe recruitment processes were in place. The registered manager was

supported by a human resource manager to ensure all necessary documentation was in place before a member of staff worked with people.

- The registered manager told us they were actively recruiting to four vacant home support worker roles. The vacancies were being covered by the Trust's own bank staff or agency. To minimise the impact to people they were using regular and familiar bank staff.
- Sufficient staff supported people to ensure they were safe and doing the things they wanted to do. Staff confirmed there were enough staff working to support people safely.
- Most of the people needed two staff to support them with personal care and one to one in the community. This was because people used wheelchairs when out in the community.

Using medicines safely

- Medicines policies and procedures were followed, and medicines were managed safely.
- Staff had been trained in the safe handling, administration and disposal of medicines. Nurses were responsible for assisting people with their medicines. Their competency was assessed annually by the registered manager.
- Regular checks were completed of people's medicine records to ensure medicines were given to people safely and in line with the GP's instructions.
- Products to thicken fluids, which had been prescribed by a GP had not been dated when opened. This was rectified by a nurse at the time of the inspection. This was important as they had a shelf life of one month once opened. Staff said the risk was minimal as they were usually used within the month.

Preventing and controlling infection

- The home was clean and free from odour. Cleaning schedules were in place. There were sufficient gloves, aprons and hand washing facilities.
- Staff were trained in the prevention and control of infections and had access to personal protective equipment.

Learning lessons when things go wrong

- A written log of accidents and incidents was recorded. The registered manager oversaw the monitoring of this information, completing internal investigations and implementing actions to reduce the risk of reoccurrence where applicable.
- Team meetings were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.

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 now 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 had their needs assessed before they moved to Kilvie House. Information had been sought from the person, their relatives and other professionals involved in their care.
- Assessment tools were used to identify people at risk of malnutrition and skin integrity and the support they required to remain healthy.
- Information from the assessment had informed the plan of care. Care plans were tailored to the individual enabling staff to provide consistent support to people.
- People's equality and diversity needs were identified within their care plans. Staff received training in equality and diversity to be able to meet people's individual and diverse needs. There was a person centred approach to the delivery of care.
- The registered manager and the staff were knowledgeable about supporting people with complex needs. They were aware of the legislation that underpins what they needed to do to support people and provide a quality service.

Staff support: induction, training, skills and experience

- New staff had an induction programme, which ensured they received training in areas relevant to their roles. They were supernumerary for a period of two weeks depending on experience. This enabled them to work alongside experienced staff and get to know the people living at Kilvie House.
- Agency and bank staff had written compliments about the thorough induction that they had received when they first started working in the home. Bank staff we spoke with said they felt very supported and valued as a team member when working in Kilvie House.
- Staff confirmed they received the training they needed to support people effectively including the clinical skills they needed to support people.
- Specialist training was in place to ensure staff could support people effectively. This included epilepsy training and supporting people to eat and drink safely.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles.

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

- People were provided with meals and drinks they enjoyed, and they were supported to make healthy eating choices. Records were completed of food and fluid intake where people were at risk. This was important as the people were unable to express what they had consumed throughout the day.

- People were given choices of meals and drinks. We saw the staff encouraged people to eat and drink enough to maintain good health. A bank member of staff was seen offering a person an alternative. They told us, "X did not like the lunch today, but I know they like marmite sandwiches". It was evident that the bank staff acted on their own initiative but also was aware of the person's preferences.

Staff working with other agencies to provide consistent, effective, timely care

- People who lived in the home had complex needs. The registered manager and staff had ensured people received support, as they needed, from specialist services. This included speech and language therapy team, dieticians, physiotherapists and chiropodists. The advice given by health care professionals had been included in people's care plans and followed by staff.
- Staff worked with other health professionals to support people. This included the community learning disability team.
- Important information was shared across organisations to ensure people's needs were known and understood by others. For example, 'Hospital Passports', were used to record and share information with hospital staff, about a person's health and social care needs.

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

- Staff spoke positively about the relationship with the GP practice. They had a named GP. This enabled the GP to get to know people and provided continuity.
- Annual health checks were completed, and each person had a health action plan.
- People's weight was closely monitored. Staff were aware that if they were concerned they could liaise with the person's GP, dieticians or speech and language therapist. Staff were proud of the support for one person to reach and maintain a healthy weight. Staff described the support that the person had been given over the last 12 months.
- Where people were at risk of choking staff had liaised with the appropriate professionals to ensure food and drinks were at the correct consistency. New staff, bank and agency had clear information about people's dietary needs, which was kept in a file in the kitchen.

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

- Kilvie House is situated close to the local shopping centre of Kingswood. The home was accessible to people with mobility difficulties. Aids and adaptations were fitted where required to assist people to maintain their independence.
- Each person had their own bedroom with five having an ensuite. Each room was unique and decorated to a good standard.
- Staff told us presently one of the baths was not accessible for one person living in the home. They were putting in a business plan to the provider to have the bath replaced and had raised a complaint on behalf of the person.
- There was a redecoration programme in place with many areas having been decorated since our last inspection. This included replacing flooring in some bedrooms and the upstairs hallways. The kitchen had been replaced since our last inspection.

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.

- Staff understood the importance of seeking consent and involving people in day to day decisions. They had received training in the Mental Capacity Act.
- Appropriate applications had been submitted to the local authority for DoLS. There was a system to monitor their progress and when an authorisation was due for renewal.
- Mental capacity assessment and best interest decisions had been completed when necessary.
- Staff told us about any restrictions to people such as lap belts for wheel chairs and bed rails. They told us they were only used in the person's best interest and to keep them safe. This was clearly recorded.
- One person had also been prescribed a method of gentle hand hold restraint for a particular medical treatment. Clear guidance was in place. This had been agreed with other health and social care professionals as being in the person's best interest. Staff were supported by the provider's positive behaviour specialist on each occasion this was used. This was clearly documented in the agreed protocol, which was kept under review.

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

- Staff were extremely caring in their approach towards people. People looked comfortable in the presence of staff. There was a relaxed atmosphere in the service and staff provided friendly and compassionate support.
- Staff received training on equality and diversity. Care was tailored to the individual taking into consideration their preferences and interests.
- People were not discriminated against because of their physical disability. Everyone living at Kilvie House needed one to one support when out in the community because they needed assistance with mobility. They were provided with opportunities that other people could freely enjoy such as music festivals, accessing public transport and going to venues in the City of Bristol and surrounding areas. One person was planning a holiday to France.
- Feedback from a professional described the service as, "An excellent home, staff really know the people they support, people are given choices and staff are friendly in their approach." An agency nurse had complimented the service on their person centred approach and how they treated people with dignity and respect. They said, "A wonderful experience working at Kilvie House".

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

- People's views were sought on they wanted to be supported. Each person had a profile on how they communicated and their involvement in making decisions. This ensured there was a consistent approach and enabled staff to build positive relationships with people.
- Meetings took place for people using the service where they were encouraged to share their views and opinions about the service. A member of staff said they had recently taken on the responsibility for this and moving forward they would be monthly.
- Smiley faces were used to gain people's views of the service. These enabled the person to say whether they were happy or sad.

Respecting and promoting people's privacy, dignity and independence

- Staff closed bedroom doors when supporting people with personal care. Staff were heard asking permission to assist people, offering reassurance and clearly explaining to them what they were doing.
- Staff promoted and helped people to maintain their independence. For example, providing adapted crockery and cutlery, so they could eat independently with little or no staff support. One person was able to

control their television, radio and lights in their bedroom with innovative technology.

- There was one occasion when staff were observed speaking with each other and across people. This was promptly rectified by the registered manager who made some suggestions to the staff involved in support people in going out.

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's care plans contained comprehensive information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities.
- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- Staff told us care plans were informative and gave them the guidance they needed to care for people.
- Staff were being continually updated about people's changing needs through shift handovers and, team meetings. This helped ensure people received consistent care that was tailored to their needs.

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.

- Each person had information on how they communicated within their care plan. This included how staff should support people to make decisions.
- Care plans and some policies were in an accessible format. Written in plain English, including pictures and photographs. There was a notice board that included pictures of the staff that were on duty and the menu was in an accessible format.

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 were offered a wide range of activities. It was evident staff were committed to provide people with activities that were based on their interests. For example, one person liked trains, and had been on a train ride recently. Another person had been to a music festival and a local pride event. Some people had been on boat trip.
- Staff supported people to keep in touch with relatives and friends. This included supporting them to travel overseas, or to other counties within England.

Improving care quality in response to complaints or concerns

- There was a policy and procedure on display in an easy to read format, which explained to people how to make a complaint.

- Staff recorded any complaints so that improvements could be made. Complaints were fully investigated, and feedback given to the complainant. Lessons learnt were discussed at team meetings.

End of life care and support

- The service was not supporting anybody at the end of their life, however end of life preferences including spiritual needs had been recorded. Care plans were in place describing how a person may express if they were in pain. Staff knew through body language and facial expressions, when people were in pain.
- The staff were working closely with the GP in completing treatment escalation plans for each person where relevant. This looked at whether it would be in person's best interest to be admitted to hospital in certain situations.

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 now 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 strong leadership within the home. The registered manager and the staff team were knowledgeable about the people living in Kilvie House. There was a commitment to providing care tailored to the individual.
- The registered manager was visible and available to speak with staff when they needed additional support or advice. The registered manager was supported by a team of nurses and support workers.
- There was a relaxed and cheerful atmosphere in the home. Staff told us they felt valued and enjoyed working at Kilvie House. One staff member told us, "I love it, I enjoy working at Kilvie House, I am a bank worker, but I am made to feel very welcome and part of the team." The home had received compliments from other bank and agency staff that had echoed the above sentiments. Praising the staff for their thorough induction and the commitment of the staff to provide person centred care to people.
- The registered manager understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

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

- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. The rating of the service was clearly displayed within the home and provider's web page.
- There was good communication between the management and the staff. Staff had specific roles within the team such as organising training, finances, health and safety and resident's meetings.
- Regular audits were completed, and these were supported and overseen by the provider. The area manager visited regularly to check on the quality of the service, which included speaking with staff and spending time with people. The chief executive was visiting on the day of the inspection as part of their own quality checks.
- The registered had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

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

characteristics

- People and their relative's views were sought through an annual survey and resident meetings. The registered manager had introduced a new bi-monthly meeting for keyworkers to sit with people to seek their views on the service, including the environment and what improvements could be made. There was an element of goal setting and a section to plan activities.

Continuous learning and improving care

- There was a commitment to ensure staff received the training they needed to support people effectively. Some staff were attending training on supporting people to eat and drink on the day of the inspection. A member of staff told us the training had been useful, and they would be sharing what they had learnt with the team.
- Team meetings, handovers and supervisions were used to provide staff with any updates and identify any training needs.
- Some people had lived in the service for many years. Staff had received training on supporting older people including dementia awareness. It was evident they were providing care that was responsive to their changing needs applying the learning from training.

Working in partnership with others

- The registered manager and the staff worked effectively with other health and social care professionals to meet people's specific needs. Care plans showed evidence of professionals working together.