Milestones Trust

Mortimer House

Inspection report

Britton Gardens
Kingswood
Bristol
BS15 1TF
Tel: 01179709300
Website: aspectsandmilestones.org.uk

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected the service on 17 December 2015. This was an unannounced inspection.

Inspection. The service was last inspected in January 2014 when it was compliant with the regulations at that time.

The service is registered to provide accommodation and nursing care for up to 28 people. People who use the service live with a learning disability and/or a diagnosis of dementia. At the time of our inspection there were 27 people living at the home.

There was a registered manager for the service. 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.

We found that the procedures for giving people their medicines were not fully safe. Nurses were not always following the providers own procedure in relation to ensuring that staff had safely given people their

Summary of findings

medicines. There was a lack of readily available guidance for staff. Specifically there was no information easily available to ensure that medicines which people needed crushed were given to them safely.

Staff supervision was not up to date. This could impact on the quality of the service people received if staff were not properly supported and guided in their work.

The system for checking the quality of the care and service people received was not fully effective. Shortfalls in the way the service was run had not been picked up by recent audits of the service. This meant there was a risk that the quality of care people received was not safe and suitable for them.

People were given the support they needed at mealtimes and there was a plentiful supply of food and drinks provided for each person based on their preferences.

Staff demonstrated that they were knowledgeable about their responsibility to protect people from possible abuse. They were able to explain how to recognise abuse and report concerns following the providers safeguarding procedure.

Staff were kind and caring, and they supported people to live a varied and fulfilling life in the home and in the community. Staff had a good understanding of the needs of the people they supported and knew how to provide them with effective care.

People had good access to health professionals and were supported to attend appointments. Care plans clearly explained how to meet people's range of care needs, and included detailed life histories of each person. This helped staff to know each person and to provide them with personalised care.

People were supported by staff to make decisions in their daily lives. Staff understood about the requirements of the Mental Capacity Act (MCA 2005). The service worked with people, relatives and social care professionals when needed to assess people's capacity to make specific decisions. Staff also understood the importance of seeking consent before providing people with all aspects of care.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Medicines procedures were not fully safe for the administration of medicines. There was also a lack of up to date current guidance around the suitability of specific medicines being crushed. This meant those medicines may not work effectively.

There was enough staff on duty to provide the care and support people needed.

Effective recruitment procedures were in place to ensure only safe staff were recruited to work at the home.

Staff understood how to keep people safe from abuse.

Is the service effective?

Requires improvement

The service was not consistently effective

Staff were not always receiving the supervision they needed to care for people effectively and to address their development and performance.

Staff understood the needs of people they supported and knew how to provide effective care to them.

Staff were trained so that they were able to provide effective care to people.

This Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were being followed at the home. This meant if decisions needed to be taken on people's behalf, their rights were protected.

Is the service caring?

Good

The service was caring.

Staff communicated and engaged with people in a kind and caring manner.

People who used the service were seen to be relaxed and at ease in the company of the staff who supported them.

Is the service responsive?

Good

The service was responsive

People's needs were identified and care plans set out how to provide them with personalised care and support.

A range of social and therapeutic activities were provided on a daily basis that people told us they enjoyed.

Summary of findings

People were able to voice their views and opinions about the service they received. There was a complaints process in place to help people to raise any issues or concerns they had about the service. Any concerns had been responded to properly.

Is the service well-led?

Some aspects of the service were not well led

The provider had a quality monitoring system in place to check on the quality of the service provided. However the system was not always effective. It had not identified shortfalls in staff supervision and medicines management.

Staff felt well supported by the registered manager. Staff told us they were able to raise concerns and felt the manager provided good leadership.

Requires improvement

Mortimer 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 is 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.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority.

This inspection took place on 17 December 2015 and was unannounced. The membership of the inspection team consisted of two inspectors.

We met sixteen people who were living at the home. We spoke with four permanent staff, two agency staff and the registered manager. We looked in detail at the care three people received. We carried out observations and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help understand the experience of people who could not talk with us.

We reviewed records relating to people's care. We looked at staff recruitment and training records and records relating to the management of the home.

Requires improvement

Is the service safe?

Our findings

Medicines were not always managed so that people received them safely. Although medicines were stored safely, they were not being administered in accordance with guidelines and good practise. A registered nurse was dispensing medicines and these were then passed to a care assistant who crushed them and mixed them with jam and on occasions a thickener. There was no discussion between the staff in relation to whether the medicines needed to be crushed. The care assistant then proceeded to administer the medicines to people.

Although delegation of the responsibility of administering medicines is acceptable by Nursing and Midwifery Council (NMC) standards, the nurse was not always following these because they could not see the person the care assistant was giving the medicines to. The medicines were being dispensed from the trolley and the nurse had their back to the corridor. We observed medicines being administered and on no occasion did the nurse have people in their line of vision. This meant there was a risk that the wrong person could receive the medicines. The care assistant had attended 'Medication runner' training. However, this was undertaken in 2011 and their competency had not been reassessed since. The providers policy advised that training should take pclaes on an at least annual basis .

The Nursing and Midwifery Council (NMC) Standards for Medicines Management state the registered nurse should have 'Clearly identified the patient for whom the medication is intended'. This was not happening because the nurse could not see the people who were receiving the medicines. Despite this, the medication administration record (MAR) chart was being signed by the nurse to indicate they had administered the medicine.

Staff said they crushed tablets in order to assist people with swallowing difficulties, but there was no evidence of how this decision had been reached. Crushed medicines were not being administered safely because the staff were not following the provider's own procedure. This was because there was no written agreement in place between the GP and the pharmacist in people's care plans, and subsequently there was no evidence of the decision to crush medicines having been reviewed to ensure it was the safest option.

The GP confirmed they had been asked if it was safe to crush medicines for some people, but they were not aware how many people were receiving their medicines this way. Staff spoke confidently t that they were not administering medicines covertly (disguised in food or drink); however due to the lack of documentation to support their practise there was a risk that people were receiving medicines without their knowledge.

The registered manager said medication audits were undertaken twice a year by the provider's Quality Manager, but these were not available on the day of our visit. The registered manager said that the issues we raised had not been identified as part of the internal audit process.

Medicine Administration records (MAR) were up to date and there were no gaps noted. There were photographs in the MAR file to aid staff. These were dated. The registered nurse said they were usually reviewed "annually" in order to ensure they were a true representation of how people looked. There was person centred information with people's charts to inform staff how they preferred to take their medicines such as 'the person prefers their tablets to be crushed or broken in two and taken with jam and a glass of water'.

When PRN (as required) medicines were administered the reasons for administering them were usually recorded within the MAR chart; however, this was not consistent. For example, one person was prescribed medication to relieve anxiety and on two occasions staff had administered it without the reasons for administration being documented. This meant there was a risk that staff were unable to monitor any trends for when the person required the medicine or whether it was effective.

One person using the service had been assessed as being at high risk of displaying behaviours that may cause distress to other people.. They were receiving one to one support from staff at designated times of the day, and staff were monitoring their behaviour throughout the day. The person's care plan contained information for staff on identified triggers for the behaviour and how to de-escalate and resolve the behaviour in order to protect other people using the service.

Care plans contained risk assessments for areas such as moving and handling, epilepsy, and choking. The plans in place were clear and informative; moving and handling plans contained details of the type of hoists to be used and

Requires improvement

Is the service safe?

the size of sling. Seizure management plans were clear and easy to follow and informed staff of the steps to undertake if a person had a seizure. There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified what to do to reduce the risks that people may experience.

When incidents and occurrences happened, involving people at the home changes to their care were implemented when needed. The records showed the registered manager and staff recorded significant incidents and occurrences that had taken place that involved people who used the service. The staff recorded what actions had been taken after an incident or accident had happened in the home. The care records had been updated to reflect any changes to people's care after an incident or occurrence. The manager told us they would use this information as a topic for discussion at staff meetings. This was to ensure staff were up to date with any changes to peoples care after an incident or occurrence.

There were enough staff on duty to meet the needs of people. Staff said numbers were based on the individual dependencies of the person who used the service. When people required one to one support this was provided. the staff we spoke with felt there were enough on duty all of the time; however, one staff member said "You can always have more staff ". A visiting professional said "I feel people are safe here".

The staff spent time supporting people and assisting them in an attentive manner, they responded promptly to people when they wanted their help. The manager told us staffing numbers were assessed and increased when needed for example if someone's s heath deteriorated and they needed more care .There was staffing information confirming that staff numbers were worked out based on the needs and numbers of people at the home. This was to ensure there was enough staff to meet people's needs and to care for them effectively. There were a range of different staff on duty for every shift. These included catering staff, domestic staff and maintenance staff.

Many of the people who lived at the home were unable to tell us if they felt safe living there. However, we observed how people interacted with staff and we saw that they were comfortable with staff and looked relaxed with them.Staff were aware of safeguarding policies and procedures and knew what to do if they suspected that a person was at risk of abuse. One member of staff said, "I would report it straight away".

The staff we spoke with understood about the various types of abuse that could occur. They knew who to report any concerns to. They also understood their roles and responsibilities in keeping people safe and what actions to take when they were concerned about people's safety.

The provider responded appropriately to any allegation of abuse. There were records relating to when safeguarding alerts' had been made These included copies of alerts made to the local council, notifications made to the Care Quality Commission, and associated records relating to individual referrals.

Safe recruitment procedures were in place. Records showed that new staff did not start work until all necessary checks had been completed. We spoke with new members of staff who had been recently appointed. They confirmed that and they did not start work until all necessary checks had been completed.

Health and safety risk assessments were undertaken to identify and reduce risks so that people were safe. Checks were undertaken and actions were carried out when they were needed required to make sure the premises was safe and suitable. There were checks carried out to ensure sure that firefighting equipment, electrical equipment and heating systems were safe and to be used. Maintenance staff were carrying out routine checks on the day of our visit.

We recommend that the service consider current guidance on giving prescribed medicine to people safely and take action to update their practice accordingly.

Requires improvement

Is the service effective?

Our findings

When we spoke to staff and the registered manager, we found that staff supervision was not up to date. Supervision is a method of supporting staff to learn and develop in their work. It should lead to positive outcomes for people who used services, the worker, the supervisor and the organisation . The records showed that some staff had recently met with a supervisor to review their overall performance. However this had not been kept up to date for all staff. There were gaps of three to six months when staff were not being formally supervised. The provider had a staff supervision policy in place that advised that all staff should be offered formal supervision of their work and performance at least once every six weeks . The failure to keep supervision up to date meant that the overall quality of care and support may not be formally monitored effectively This could also mean people were receiving unsafe and unsuitable care.

The staff provided people with suitable support with their needs. For example, staff used mobility aids correctly when they were assisting people who needed extra support. Staff made sure people were sat in a comfortable position before they had lunch. We also saw staff tactfully prompt people and assist them with personal care. The staff spent plenty of time with people encouraging them and explained what support they would like to offer them.

Staff were knowledgeable about people's needs and how to give them the care and support they required. The staff offered people a choice of food and waited for people to make their individual selections. Staff encouraged people to be independent when eating. For those people who needed support with their meal, staff were sensitive in approach and they sat with them at their level talking to them about the food they were serving them.

Every person we spoke with told us they liked the meals they were served at the home. Examples of comments people made included “The food is lovely”, and “The food is home cooked and there is always plenty of choice”. People told us other choices were always available if they did not want the main meal options.

Care records contained guidance about how to support people with their nutritional needs. These also explained how to provide people with effective support to eat healthily. special diets were provided for people with specific health needs. For example diets of a softer texture. People were given the meals that they required and their care plans clearly explained their particular nutritional needs and how to meet them. Where people had been assessed as having complex needs in relation to food and drink, external support and advice had been sought. We spoke with a visiting dietician who said “Lots of people here are on lots of different food supplements, but we have worked with the team to make sure staff know who is due what and when and to make it less complicated” and “The team ring if they have any concerns”.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The staff at the home worked within the principles of the MCA. Staff confirmed some people who used the service lacked the capacity to make certain decisions. Care plans we looked at showed how people were supported to make decisions. When people were unable to consent, mental capacity assessments and best interest decisions had been completed. Staff we spoke with understood the process to follow when people lacked capacity. This meant that people’s rights under the MCA 2005 were protected .

Where required, people had access to an Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options.

People were supported by staff who had the skills they needed to provide effective care. Staff told us they received the training they needed for their work and to be able to provide effective care . Staff said they had attended training in areas such as the dementia care, health and safety, safeguarding people from abuse, manual handling, fire

Requires improvement

Is the service effective?

safety, first aid and the Mental Capacity Act. Training records confirmed that staff had attended regular training and updates in matters relevant to the needs of people at the home.

New staff completed an induction programme before they were able to start working with people. This helped to ensured staff had the skills and confidence in their work to make sure people received the care they needed. Training included food safety, health and safety, safeguarding, lone working and nutrition.

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Good

Is the service caring?

Our findings

People were treated with kindness and in a caring manner. The staff interacted with people in a friendly and caring way and people responded positively to them. People received care and support from staff who asked them for their permission to perform care tasks.

People were supported by staff who had a kind and caring approach. Staff assisted people at their own pace and were patient in their manner. People looked relaxed and comfortable with staff that had developed positive and caring working relationships with them. People's privacy, dignity and independence was promoted and staff were able to share good examples of their practice.It was one person's birthday on the day of the inspection and we observed staff wishing them "Happy Birthday" throughout the inspection. There was a birthday cake and presents and staff and people using the service sang to them. However, we also observed a member of staff sitting in one of the lounges with six people. They did not interact with anyone; instead, they were reading a magazine. This was bought to the attention of the registered manager.

Visiting professionals said of the staff "They are very helpful" and "The staff are caring and knowledgeable. There's a lovely atmosphere here and people are settled". A member of staff said "The staff are passionate about looking after people. There is a homely atmosphere, personalised to people's wishes".

People told us that they had regular meetings with their keyworker and spoke with them about their care and support. A key worker is a member of staff who provides extra support to people in their daily lives. Care records reflected these regular discussions and showed people were encouraged to be involved in planning and deciding what sort of care and support they received.

Staff knew how to maintain people's dignity and we observed staff treating people with respect. One member of staff said, "Sometimes it's the little things, like helping someone to wipe their mouth after meals or drinks". People were dressed in individual styles of clothes. These reflected peoples age, gender and the weather conditions on the day of our visit . People looked well-groomed and well cared for. This showed us that staff recognised the importance of personal appearance and how this promoted dignity.

There was a dedicated activities room and quiet rooms. People sat in different parts of the home. This helped people have privacy when they wanted. Each bedroom was a single room and this also gave people further privacy. Rooms had been personalised with people's possessions, photographs, art and mementoes.

Advocacy services were advertised on a notice board. Advocacy services are independent organisations that support people so that their views can be properly represented.

Good

Is the service responsive?

Our findings

Care plans were comprehensive, person centred and had been regularly reviewed. There was clear guidance for staff on how to support people with complex care needs. Examples included 'the person may feel low in mood occasionally. It is acceptable for staff to place and arm around their shoulders or to hold their hand as comfort' and 'The person likes to do personal care in a set order'. A further comment we read was 'The person prefers younger and bouncier staff'. Another person's plan detailed how the person often referred to a female. This showed that staff were endeavouring to provide person centred care and to discover who the person was in order to provide reassurance for the person.

External professional advice and support had been sought as required, from the GP, the speech and language therapy team, independent mental capacity advocates and psychiatrists. People were also reviewed by dentists, chiropodists and opticians.

Where people had displayed behaviour that may cause distress to others there was detail on what triggers had been observed by staff previously. For example, 'The person can start to become wheezy when distressed or agitated ' and 'May become agitated by noise, too many people or unknown people'. Positive behaviour support plans were in place which gave details of activities staff could do with the person including reading the newspaper, going for a walk or going out for coffee.

People told us they enjoyed the activities at the home. One person told us how much they were looking forward to the regular entertainers who were coming to the home on the day of our visit We saw a group of people taking part in a muscle and dances afternoon that was run by the entertainers. There was much laughter and peoples looked animated and engaged on the activities.

There was information displayed in communal areas about activities that were taking place

over Christmas. People spoke enthusiastically about activities that had taken place including the singer who was due to come to the home that day. The singer entertained a group of people who were dancing, singing, clapping and looking very engaged with the activity.

People who were able to express their views told us they knew how to complain. One person said, "I would speak to the manager". Another person told us, "I would see the staff". The provider had a complaints policy in place. When complaints were made they had responded to them in line with their policy. One person had recently made a complaint about noise disturbance at night . The registered manager had fully investigated the complaint and put in place action to properly address the concerns that had been raised.

People at the home and those who represented them were invited to take part in a survey at least once a year to find out their views of the service. If people could not make their views known, a senior manager visited the home. They spent time observing the quality of care and support those people received to ensure it was safe and suitable for them. They wrote a report of their findings and any actions that may be needed to improve the service. The most recent report showed that at that time there had been no matters identified for improvement.

Areas of the service people were asked for feedback about included their views of the staff and their attitude and approach, did they feel involved in planning their care, what activities they were interested in, and the menus. When people had raised matters of concern, actions were taken to address them satisfactorily. For example menus were recently reviewed and updated.

Requires improvement

Is the service well-led?

Our findings

The provider had a system in place to audit and monitor the quality of service people received. The audit system aimed to address a range of areas to do with how the home was run. However it had not been identified that medicines management needed to be reviewed. This was specifically around guidance for safe medicines administration. The opportunity to identify and act on current concerns was not picked up as part of the providers audit process. This meant there was a risk people were receiving unsafe care if it was not being properly checked

Health and safety audits and quality checks on the care people received were undertaken regularly. Actions were implemented where risks and improvements were needed. For example, an assessment of the environment was regularly carried out to ensure there were minimal risks to people.

The staff said that they felt well supported by the registered manager. One member of staff told us that the manager was “a lovely person”.

People told us that the manager came to see them every day they were on duty. They said the manager spent time with them and asked how they were, and for their views of the service, and what they felt about the way their needs were met. The registered manager had worked at the home for a number of years and was very established in their role. People told us that they thought of the manager as “a member of the family”.

People approached the registered manager throughout our visit. Every time someone wanted to speak with them, they made plenty of time to be available for them and were very warm, accommodating and friendly. Staff were also observed approaching the manager who they said was a “very approachable person”. Staff also told us “the manager’s door is always open”. This showed that the registered manager had ensured there was an open culture in the home.

The registered manager kept up to date with current matters that related to care for older people by going to meetings with other professionals who also worked in social care. They told us they shared information and learning from these meetings with the staff team. They also told us they read articles and journals about health and social care matters.

The staff told us that staff meetings took place regularly. Recent minutes showed that staff meetings were used to discuss a number of areas on how the home was run. These included updating staff about changes and developments within the service. For exaple changes to policies, procedures, and legislation. The meetings were also used to talk about the needs of the people at the home and to share ideas for improvement in the way people were being supported.

The staff demonstrated that they had a good awareness of the provider’s visions and values. They were able to tell us they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they made sure they put these values into practise when they supported people at the home.

All staff who worked at the home were invited to complete a staff survey which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the service. Staff told us they felt their views were heard and they were listened to by the organisation and the registered manager.