

Milestones Trust

58 Crantock Drive

Inspection report

58 Crantock Drive
Almondsbury
Bristol
BS32 4HG

Tel: 01454 614941

Website: www.aspectsandmilestones.org.uk

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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

58 Crantock Drive is a care home registered to accommodate up to eight people with learning disabilities. The building is a large bungalow that has been adapted to meet the mobility needs of people with physical disabilities. At the time of our inspection eight people were using the service.

This inspection was unannounced, which meant the staff and provider did not know we would be visiting. We visited the service on 7 and 8 October 2015.

The manager registered with the Care Quality Commission (CQC) for the service was no longer working

at the location. CQC had not received an application to cancel the registration for the previous manager. The provider had appointed a new manager who was in the process of submitting an application to register with CQC as 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.

Summary of findings

People were safe because the manager and staff team understood their role and responsibilities to keep people safe from harm. Staff knew how to raise any concerns regarding people's safety. People were supported to take appropriate risks and promote their independence. Risks were assessed and individual plans put in place to protect people from harm. People were protected from the risks associated with medicines because the provider had clear systems in place and staff had received the appropriate training.

There was sufficient staff to provide care and support to people. Pre-employment checks were carried out on staff before they started work to assess their suitability. Staff had received the appropriate training to meet people's needs.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were able to make choices and decisions regarding what they had to eat and drink.

People received a service that was caring. People were involved in making decisions about how they wanted to be looked after and how they spent their time. People

had positive relationships with staff. Staff treated people with dignity and respect. Staff supported people to maintain relationships with family and friends. People's independence was promoted.

The service did not always provide person centred care and support consistent with people's care plans. People were offered a range of activities both at the service and in the local community. People using the service, families and professionals were encouraged to make their views known and the service made changes as a result.

The service was well led. The manager provided good leadership and management. The vision and culture of the service was clearly communicated. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the service not always providing care and support as identified in people's care plans.

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

The service was safe.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

People were kept safe and any risks were well managed.

There were enough suitably qualified and experienced staff. Staff recruitment procedures ensured unsuitable staff were not employed.

Medicines were well managed and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were cared for by staff who had received sufficient training to meet their needs.

The service complied with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make choices and decisions.

People chose what they wanted to eat and were involved in planning menus.

Good



Is the service caring?

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Staff assisted people to maintain relationships with family and friends.

People's independence was promoted.

Good



Is the service responsive?

The service was not always responsive.

One person was not receiving the care and support described in their care plan.

Care records described people's individual needs and staff knew their likes, dislikes, hobbies and interests.

People participated in a range of activities within the local community and in their home.

Requires improvement



Summary of findings

Is the service well-led?

The service was well led.

The vision and values of the service were agreed, understood and clearly communicated.

The manager was well respected and provided effective leadership.

Quality monitoring systems were in place and used to improve the service provided.

Good



58 Crantock Drive

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.

This inspection took place on 7 and 8 October 2015 and was unannounced. The inspection was carried out by one adult social care inspector. The last full inspection of the service was on 15 June 2013. At that time we found no breaches of regulations.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Seven people were able to talk with us about the service they received. We carried out a Short Observational Framework for Inspection (SOFI 2) assessment. SOFI 2 provides a framework for directly observing and reporting on the quality of care experienced by people who either cannot, or find it difficult, to describe this for themselves.

We spoke with four members of care and support staff and the manager. We were also able to speak with relatives of two people using the service by telephone. We contacted two health and social care professionals involved with people using the service. We asked them for feedback about the service.

We looked at the care records of five people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

People told us they felt safe. They said, “Yes, I feel safe” and, “Staff look after me well”. Relatives also said they felt the service kept people safe.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with told us they had completed training in keeping people safe. Staff knew about ‘whistle blowing’ to alert management to poor practice. We looked at the safeguarding alerts concerning the service made in the 12 months before our inspection. The provider had taken the appropriate action with each. This included sharing information with the local authority and the Care Quality Commission (CQC).

There were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to support people to carry out activities in their home and for people to use community leisure facilities safely.

Examples of risk assessments for activities at the service included cooking and carrying out other domestic activities. Examples of risk assessments for activities outside of the service included supporting people to safely use vehicles. These risk assessments included a clear plan for staff to follow to keep people safe. Staff were knowledgeable regarding the individual assessments and plans. Staff provided care and support in accordance with these assessments and plans.

People were supported by sufficient staff to keep them safe. Three staff were available to people each morning, two each afternoon, with one staff member overnight. Staff rotas confirmed these staffing levels had been provided. The service had a stable staff team and made use of a regular agency staff to ensure staffing levels were maintained. People said they were able to receive care and

support from staff when they needed it. Staff said there were enough staff to safely provide care and support to people. They also said the manager worked alongside them to provide additional staff support when needed.

There were safe recruitment and selection processes in place to protect people. Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant’s police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. The manager told us people had been involved in the recruitment of staff.

Where people required assistance in managing their money an individual assessment and plan had been completed. This identified how people’s monies were to be kept safe. Staff followed these plans and carried out daily checks and reconciliation of money spent with receipts obtained.

There were clear policies and procedures for the safe handling and administration of medicines. These were followed by staff and this meant people using the service were receiving medicines safely. Staff had been trained to safely administer medicines. The manager regularly assessed the competence of staff in administering medicines to people. Medicines were securely stored and records of administration were kept. Guidance was in place for medicines that were prescribed on an ‘as required’ basis. This detailed when and how the medicine should be offered to the person. We checked medicine administration records and saw they were completed correctly. People received their medicines as prescribed.

The provider had an infection prevention and control policy in place. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons. Staff had received training in infection control.

A visitor’s book was placed by the front door. Visitors were required to record their name, the time they arrived and time they left the service. Staff also asked for confirmation of the visitor’s identity. This meant staff ensured a record was kept of visitors to the service and their identity could be confirmed.

Is the service effective?

Our findings

People we spoke with said their needs were met. One person said, “They look after me well, I get everything I need”. Relatives said people’s needs were met.

Staff had been trained to meet people’s care and support needs. The manager said staff received core training for their role and specific training to meet the needs of people they cared for. Training records showed staff had received training in core areas such as, first aid and keeping people safe and in specialist areas such as, person specific moving and handling and assisted eating and drinking. Staff said they had received the training they needed to meet people’s needs.

An induction checklist was in place for newly appointed staff to ensure they received the training and support required to meet people’s needs. The provider supported staff to complete the health and social care diploma training. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

A programme of staff supervision and appraisal was in place. The manager told us they worked alongside staff, observing them, before then meeting with them to carry out supervision and appraisal. Staff members told us they received individual supervision. They said, “I have monthly supervision which is very useful” and, “Regular supervision gives me a chance to talk and helps me do my job better”. Supervision records showed staff were encouraged to reflect on their performance and plan to develop their skills and ability to provide care and support to people.

People were able to make their own choices and decisions about their care. Information in people’s care records showed the service had assessed people in relation to their mental capacity. Training records showed that staff had received Mental Capacity Act 2005 (MCA) training. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. Staff understood the principles of capacity and best interests. The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS). People’s care records showed that where people had been assessed as not having capacity to make a decision, a process of “best interest” decision making had been followed. This meant a decision was made on a person’s behalf, with the involvement of appropriate professionals and family that considered the best interests of the person.

We looked at whether the service was applying DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there were restrictions on their freedom and liberty, they were assessed by professionals who were trained to decide whether the restriction was needed. The manager and staff had an understanding of MCA and DoLS and knew the correct procedures to follow to ensure people’s rights were protected. They had identified where there were restrictions and if the person was not able to consent to these, submitted applications to the appropriate authorities.

People chose what they wanted to eat. Menus were planned with the involvement of people using the service. The menus were varied and included a range of choices throughout the week. People were encouraged to participate in the preparation of food. People said, “I enjoy the food” and, “The food is great”. People’s care records included details of the food and drink they consumed. One person had received input from a health care professional to assist in ensuring they ate sufficient quantities of food. This meant the service monitored people’s food and fluid intake to ensure they were not at risk.

People’s care records showed relevant health and social care professionals were involved with people’s care. Plans were in place to meet people’s needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

The bungalow was large with plenty of space for people. People showed us their rooms and seemed proud of them. People’s rooms were individually decorated and contained photographs and other signs of personalisation. Staff said they had plans to improve the layout of the kitchen to assist people to participate more in meal preparation. When we arrived for the first day of our inspection we noticed an unpleasant smell in the hallway. Staff told us

Is the service effective?

this was because the bathroom had not yet been cleaned. Once the bathroom had been cleaned the smell was no longer apparent. When we arrived for the second day of our inspection there was no noticeable smell.

Is the service caring?

Our findings

People told us staff were caring. One person said, “I like all the staff they’re lovely”. Relatives said they felt staff were caring. They said, “(Person’s name) seems very well cared for, the staff are great” and, “I’m very satisfied (Person’s name) is very well cared for”. Staff told us they felt the team were kind and caring. Those we spoke with said they would be happy for a relative of theirs to use the service.

Throughout our inspection we saw that people were treated in a caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people. People responded positively to staff, often with smiles, which showed they felt comfortable with them. This was particularly noticeable when staff arrived to begin their shift. The manager themselves was welcomed very warmly and people were clearly pleased to see them. We saw a number of positive interactions and saw how these contributed towards people’s wellbeing.

Staff knew the people they cared for well. Staff spoke to people in a calm and sensitive manner and used appropriate body language. We saw how this meant people were supported in a caring manner when upset or anxious. On one occasion one person who had recently moved to the service became upset. Staff listened to the person’s concerns, demonstrating care and compassion and discussed with the person ideas to make improvements for them, which included speaking to their advocate, family member and social worker. On another occasion a staff member noticed a person was experiencing some discomfort and assisted them to put their feet up and make themselves more comfortable.

People received a service based upon their individual needs. The service involved people in planning their care and support. Where appropriate family, friends or other

representatives advocated on behalf of the person using the service and were involved in planning care and support arrangements. The views of people receiving the service were listened to and acted on.

The provider had a keyworker system in place, where a staff member was identified as having key responsibility for ensuring a person’s needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met. Keyworkers met regularly with people and recorded their views. Most people were able to tell us who their keyworker was.

People we were able to speak with told us about their family and friends and how they maintained contact with them. Staff said supporting people to maintain contact with their family and friends was an important part of providing good care and support. People’s care records detailed how they were supported to do this. Relatives were mainly satisfied with communication and contact with staff. One relative said, “The staff are great, they keep me informed and I’m often invited to have Sunday lunch with my sister”. Another said, “Communication has not always been good. In the past when there were problems we weren’t kept informed. It is better now but there are still some problems”.

The provider had an up to date policy on equality and diversity. Staff had received training on this. People’s care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people’s needs were identified and met in this area.

Promoting people’s independence was a key theme running through people’s care records. People were supported to develop their independence. Staff spoke enthusiastically concerning how people had learnt to do things for themselves and had become more self-confident and assertive.

Is the service responsive?

Our findings

The service was not always responsive to people's needs. One person was not receiving care and support consistent with their care plan.

This person spent the majority of their time in their bed due to their health. Their care records stated staff were to change their position every two hours to reduce the risk of the person developing pressure ulcers. Records were kept of these positional changes. However, they showed staff did not re-position the person every two hours. Staff we spoke with regarding this said, "(Person's name) is repositioned regularly but not every two hours" and, "We check on skin condition daily but don't change position that often".

The same person's care plan stated they should receive a minimum amount of fluids each day to reduce the risk of dehydration. Records were kept of this person's fluid intake. However, they were not totalled each day. Which meant the person's daily fluid intake was not being closely monitored. When totalling the person's fluid intake we saw they were not receiving the minimum amount of fluids identified as required in their care plan. Staff we spoke with were not aware of this and this had not been brought to the attention of relevant health care professionals.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The other people we spoke with told us the service responded to their needs. They spoke enthusiastically about activities they were involved in. One person told us about their weekly activities which included; a weekend park run and attending Warmley Wheelers. They said, "The park run is local and people run a measured course and are timed. The course is flat so I can do it in my wheelchair". They also told us about Warmley Wheelers. They said, "It's where you can use special bikes, mine you use with your arms". The manager said they took care to make sure regular staff who were physically able to assist with these activities supported the person. Two people told us about holidays they had been supported to take. Another person showed us a photo album of a recent holiday that staff had assisted them to put together.

Each person had an individual plan of activities in place. Planned activities included arts and crafts activities in the

home and activities within the local community.

Throughout our visit we saw people engaged in activities with staff, both within the service and going out to activities. We also saw people spending time relaxing and talking with each other and staff. People told us there were enough activities. Relatives also said there were enough activities for people. Staff said the manager encouraged them to identify new activities for people to experience.

People's care records included information on people's life histories interests and preferences. The service organised people's care and support using a range of person centred planning tools. Person centred planning tools were designed to encourage staff and other people involved in planning care and support to think in a way that places the person at the centre. One example was a document called 'what's important to me'. For one person this stated, 'Having my hair and nails done. Having a bitter with my lunch time meal'. Another example was a document called 'what people like and admire about me'. For one person this stated, '(Person's name) plays a dynamic and important role at Crantock Drive. She is willing to have a go at anything and I think that's a wonderful way to be'. Staff said the information in people's care records helped them to provide care and support in the way people wanted. Staff we spoke with were knowledgeable about people's life histories and their likes and dislikes.

The provider had a complaints policy in place and an easy read version was available to people. A copy of the easy read version was displayed on the wall by the front door. The policy clearly stated how the provider responded to complaints and gave contact details for the CQC. However, it did not clearly state people could complain to the local authority or if they remained dissatisfied the local government ombudsman. People told us they were able to raise any concerns they had with staff or the manager. A record of complaints was kept at the service. Complaints or comments received had been investigated and where necessary, changes had been made and feedback given to the complainant. People said they knew how to complain and would talk with the manager or staff if unhappy with anything. Relatives said they were able to raise any concerns they had with staff.

Regular meetings were held with people. The most recent of these meetings took place on 9 July 2015. We looked at

Is the service responsive?

the record of this meeting and saw people had been encouraged to make their views and opinions known. We saw that ideas raised by people for activities had been acted upon.

One person had recently moved to the home from another service managed by the provider. This person was receiving

additional one to one support from a staff member they knew from their previous home. The manager said this was a time limited arrangement that aimed to help the person settle into their new home. They also said, "It's a difficult time for (Person's name). Having a member of staff they know helps them get to know us and us them".

Is the service well-led?

Our findings

The vision and values of the service were agreed and understood by people using the service, relatives and staff. We were welcomed to the service by people themselves and throughout our visit the service felt to us, as though it was people's home. The manager and staff spoke passionately about their vision for the service. This showed the vision and values of the service were communicated effectively. We saw people were provided with high quality care and support.

People told us they liked the manager and thought the service was well led. They were happy and relaxed with the staff team. Staff spoke positively about the manager and felt the service was well led. One staff member said, "(Manager's name) has really brought the place on". Another said, "(Manager's name) is someone who encourages people to try new things, both people who live here and staff".

The manager was visible and worked alongside the staff team in providing care and support to people. Communication between the manager and staff was positive and respectful. The provider operated a 24 hour on call system to provide management support and advice when the manager was not working at the service. Staff confirmed they were able to contact a senior person when needed. Experienced staff were responsible for the service when the manager was not present.

Regular meetings were held with the staff team to keep them informed of changes. We looked at the written record of the most recent meeting and saw staff were encouraged to make their views known. Staff had delegated responsibilities in relation to certain areas of the running of the service such as checks on medicines, care planning and

health and safety. Staff confirmed these responsibilities were discussed during their supervision meetings with the manager to ensure they were completing their delegated tasks appropriately.

Systems were in place to check on the standards within the service. This consisted of a monthly assessment by the manager and a schedule of annual checks on specific aspects of the service carried out by people external to the service. These included audits of; health and safety audit, moving and handling, medicines management and finances. We looked at the most recent of each of these checks and saw that remedial action had either been taken or planned for. Satisfaction surveys were sent out once a year. An overall annual quality audit was completed by the area manager and an operating plan for the year ahead was in place. The manager said the operating plan aimed to ensure all aspects of improving the service were planned and any areas arising from other quality checks that could not be immediately rectified were included.

All accidents, incidents and any complaints received or safeguarding alerts made were followed up to ensure appropriate action had been taken. The manager analysed these to identify any changes required as a result and any emerging trends.

The current manager and staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications made by the service. However, CQC had not received an application to cancel the registration for the previous manager. We spoke with the provider after our inspection. They agreed to ensure this was done.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People who use services and others were not always provided with care and support as identified in their care plans, in relation to their personal care needs and fluid intake. Regulation 9 (3) (b) (i).