

Milestones Trust

77 Gloucester Road North

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

77 Gloucester Road North accommodates 7 people with a learning disability in an adapted, detached house. At the time of the inspection there were 7 people living at the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/or who are autistic. The registered manager and staff were working in line with these principles including choice, promotion of independence and inclusion.

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

Right Support:

People were supported by staff that knew and understood them well. Staff spoke about people respectfully. The service had enough staff, enabling people to have one-to-one support for them to take part in activities both in the home and the local area they lived in.

People's medicines were managed safely. Other health and social care professionals were involved in the care and support of the people living in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People were supported to do the things they liked to do. People received care from staff that had been through a thorough recruitment process. Staff were caring in their approach towards people.

Staff knew what they had to do to keep people safe and knew what to do if they were concerned. Staff had received training in safeguarding adults and were confident if they had concerns these would be acted upon.

Risks to people and staff were assessed, monitored and mitigated as far as reasonably possible ensuring people's safety.

Right Culture:

The registered manager and staff understood their role in making sure people were at the centre of the care

they received. They provided care that was person centred and protected and promoted their human rights.

There were systems to continually monitor the quality and drive improvements. Staff received training relevant to their roles to keep people safe and promoted care that was person centred.

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

Rating at last inspection and update

The last rating for this service was good (published 24 October 2018). At this inspection, the service continues to be rated as good.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at the key questions on whether the service was safe and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has continued to be rated as good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 77 Gloucester Road North on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

77 Gloucester Road North

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

77 Gloucester Road North is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 77 Gloucester Road North is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service about their experience of the care provided and spent time with others observing interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 2 members of staff, the service co-ordinator and the registered manager. We spoke with a relative and contacted 2 health and social care professionals about their experience of the service.

We reviewed a range of records. This included 3 people's care records, daily records and medication records. We looked at a variety of records relating to the management of the service, including training data, duty rotas and quality assurance records.

We visited the provider's head office to review recruitment information for 3 members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed and administered safely. Since the last inspection improvements had been made to medicine procedures to ensure people received their medicines as prescribed by their GP. Where medicines were administered covertly, this was clearly documented involving the GP and the pharmacist.
- Medicines were stored securely, and temperatures of medicines storage areas were monitored. People's medicines were stored in their bedrooms in locked cabinets, which lent to a more person-centred approach. The registered manager said this had also reduced any errors in administration.
- Medication audits were completed along with daily stock checks to ensure people received their medicines when needed. Only staff that had been assessed as competent were able to administer medicines to people. This was checked annually or when errors had occurred.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe as staff understood what constituted abuse and how to report any allegations of abuse. A member of staff said, "I have no concerns, but if I did I would report to my manager and the senior management team". They were aware they could report to the local authority safeguarding team and the Care Quality Commission.
- Some people were unable to tell us if they were safe, however people were relaxed and were comfortable when staff were supporting them. One person told us they liked living at 77 Gloucester Road North and nodded and smiled when we asked if they were happy with the staff.
- Staff had completed training in safeguarding adults and there were policies and procedures in place.
- Systems were in place to monitor any safeguarding referrals, the investigations, and the outcomes. These were held electronically, and the registered manager and provider could monitor in real time. Alerts were sent to the registered manager of any accidents and incidents enabling them to ensure appropriate safeguards were put in place. There were no ongoing safeguarding concerns at the time of the inspection.

Assessing risk, safety monitoring and management

- People were kept safe because there were systems in place to monitor and minimise risks. People's risks were identified and documented. This included risks which affected people's daily lives, such as mobility, eating and drinking, communication, support with activities both in the home and the community, skin integrity, and continence.
- Staff knew people and these risks well. It was noted that not all risk assessments had been kept under review. The registered manager and the newly appointed service co-ordinator told us all care documentation was moving to a new format, including risk assessments.
- Checks were completed on equipment such as moving and handling equipment, fire equipment, electrical

and gas appliances. Staff participated in annual fire training.

- People had personal emergency evacuation plans in place, which meant staff and emergency services knew what support people needed in the event of an emergency.
- The provider had responded to a recent fire officer visit, which included some structural works such as encasing the stairs to provide an additional fire break, additional fire sensors and ensuring fire exits were free from obstructions.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People were cared for by suitable numbers of staff. Staff confirmed there was enough staff and regular agency staff were working in the home. Although a member of staff said when working alongside agency staff, it could be busy. This was because they often had to explain what they needed to do, but they told us people were safe. The registered manager said that the home now had a full staff team so as from April 2023 there would be little agency usage.
- People received additional one to one support time to enable them to take part in meaningful activities as part of their commissioned service. Records were maintained of the one-to-one hours and what activities were offered and whether the person had enjoyed them. It was evident that people were receiving their additional hours which indicated that there were sufficient staff.
- Staff confirmed they had completed a thorough induction and training to complete their roles. There was a period of probation for new staff to ensure they were suited to the role and to complete their induction. There was a period where they were supernumerary, enabling them to get to know people and the routines of the home working alongside staff.
- Safe recruitment systems were in place. This included obtaining references, right to work, and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The registered manager demonstrated they had followed the government guidance on visiting arrangements. Friends and family were able to visit the home with no restrictions. This allowed people to stay in contact with their relatives during the COVID-19 pandemic.

Learning lessons when things go wrong

- Safeguarding concerns, accidents and incidents were reviewed and analysed to ensure themes were identified, and appropriate action had been taken. This included looking at ways of preventing a reoccurrence. Any learning was shared with the team during handovers and team meetings.
- Due to the high agency staff usage the registered manager had implemented a file that covered all emergencies, which included how staff could report any concerns. This helped ensure agency staff followed procedures.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People were supported in a person-centred way, enabling them to do the things they enjoyed. Staff were committed to supporting people with meaningful activities ensuring they experienced positive outcomes. Staff were caring and knew people well and provided care in a personalised way.
- Some people were unable to verbally communicate staff used observational skills to empower people. For example, one person would indicate they wanted to go out and it was recognised that the person enjoyed a daily walk, which was very much part of their daily routine.
- A relative told us, their relative was very happy living in 77 Gloucester Road North and they viewed it as being very much their home. A professional told us, "The clients there are very settled and regard it as their home."

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

- The registered manager understood their responsibility to report significant events to the Care Quality Commission and Local Authority safeguarding team to protect people.
- The registered manager and the service co-ordinator understood the Duty of Candour which aims to ensure they are open, honest and transparent with people, their relatives and others in relation to care and support.
- The rating of the service was clearly displayed in the main entrance to the home and the provider's web site. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The quality and safety of the service people received was routinely monitored. This was done by completing regular internal audits including checks in relation to staff training and support, observations of staff practices, health and fire safety, medicines management and infection prevention and control. In addition, checks were completed by the provider. Action plans were in place driving improvement.
- The registered manager was responsible for two other homes operated by the provider and spent their working week between the homes.
- A service co-ordinator had recently been employed to support the registered manager and was responsible for the day to day running of the home. Over the last 12 months there had been times when

there had not been a service co-ordinator in post. In response the registered manager had spent additional time in the home to support staff.

- The registered manager was aware that care plans for people needed to be reviewed. There was an action plan in place for this to be completed within the next 8 weeks. No one had come to harm. The registered manager said they were transferring all care documentation to a new format. This had started for one person.

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

- People had an opportunity to meet with their keyworker monthly to explore how they wanted to spend their time and set goals for the forthcoming month. This was not consistent for everyone living in the home. For example, one person's monthly reviews could not be found for the last three months, and another person had gaps in January and February 2023. The registered manager assured us this would be addressed with the individual members of staff.

- A relative confirmed they had regular contact from the registered manager and staff. They told us they participated in care reviews and matters of importance relating to their loved one.

- People's individual characteristics were considered, and care was tailored to the person. One person was supported to attend church on a weekly basis. A relative confirmed this was important for the person enabling them to express their faith.

Continuous learning and improving care

- Staff completed regular training and updates and met frequently as a team to discuss and make improvements to the service. New staff worked alongside more experienced staff enabling them to get to know people.

- There was an improvement plan that was driving improvements to the service. This included training for staff, ensuring staff received regular supervision and an annual appraisal and ongoing recruitment, which had been achieved with the home now being fully staffed. Some areas of the home would benefit from redecoration such as the lounge and the main entrance hall and this was part of the improvement plan.

Working in partnership with others

- Staff worked in partnership with health and social care professionals using a multi-disciplinary approach to achieve positive outcomes for people. A health professional told us the service made timely referrals for people and staff were knowledgeable about the people they support. They went on to say, "Amazing, no concerns whatsoever."