

# Milestones Trust

# Channel View

## Inspection report

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Date of inspection visit: 19 March 2015  
Date of publication: 04/06/2015

### 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	

### Overall summary

The inspection took place on 4 March 2015 and was unannounced. At our last inspection in July 2014 the service was meeting the regulations inspected.

Channel View is a care home, providing care and support for up to seven people with long-term mental health needs. There were seven people at the home on the day of our visit.

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.

People told us they felt very safe at the home and were comfortable and relaxed being with the staff who provided their care.

# Summary of findings

People felt they were well supported with their mental health needs in the home and in the community. There was enough staff who were effectively supported and met people's range of needs providing people with a caring and supportive service.

Staff had a good understanding of the needs of the people who lived at the home. People were provided with a personalised service that met their needs in the way they wanted. Care plans clearly explained how people wanted to be assisted with their mental health needs and other care needs.

People spoke positively about the meals provided and told us they always enjoyed the meals provided. Staff supported people to choose to eat a healthy and well balanced diet.

The staff understood about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They knew how to protect people rights when decisions were made on their behalf when they lacked capacity to make decisions in certain areas of their life.

There was a system in place to properly respond to complaints or concerns. People told us they felt very comfortable to approach the registered manager or any of the staff if they did need to make a complaint.

Every person we spoke with had positive views of registered manager who they described as "caring" and "lovely".

The quality of the care and the service people were provided with was being properly checked and monitored to ensure it was safe and suitable.

People were asked for their opinions of the service and these were used to help to identify changes that were made. For example people were regularly asked to give their views of the staff team, the meals, and the standards of their living environment. These quality monitoring processes helped ensure people received safe care that met their needs. I summary

# 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.

Staff knew how to recognise and report abuse. They had attended training to ensure their knowledge was current about the subject of keeping people safe.

Medicines were given to people at the times they required and they were managed safely.

There was enough suitably qualified staff on duty at all times to help to keep people safe.

People lived in a clean and tidy environment which was kept clean to a hygienic standard.

Good



### Is the service effective?

The service was effective.

People felt that the staff had a good understanding of the type of care and support that they required with their mental health needs. They felt their needs were being met by competent and skilled staff.

People were supported to have enough to eat and drink. Meals were planned based on what people liked to eat.

People saw their GP and specialist health care professionals when needed to support them with their full range of health care needs.

People's rights were upheld and the registered manager and the staff understood about the Mental Capacity Act and the Deprivation of Liberty Safeguards. They ensured this was followed when decisions were made on behalf people who lacked capacity.

Good



### Is the service caring?

People spoke highly of the staff who they felt were caring and always treated them well. Staff supported people in a way that showed a caring and kind approach.

People were treated with respect and staff supported people in a way that ensured their independence was maintained. Care plans clearly showed how to support people in this way.

Good



### Is the service responsive?

The service was responsive

Care plans showed that people's needs had been identified. People received support with their mental health needs and other care needs in the ways agreed with them and written in their care plans.

People were encouraged and supported to make choices in all areas of daily life. They also had opportunities to take part in activities of their choosing.

There was an effective system in place to properly respond and address complaints or concerns about the service.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

People living at the home and the staff team felt very well supported by the registered manager who they described as a “caring” person.

The quality of the service provided was properly checked and monitored. The systems used helped to ensure people received a suitable and safe service.

Good



# Channel View

## 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.

At our last inspection in July 2013 the service was meeting the regulations inspected.

This inspection took place on 14 March 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed notifications of incidents that the provider's representative had sent us since the last inspection.

Notifications are information about specific important events the service is legally required to send to us.

We spoke with four people who lived in the home. We spoke with the registered manager and two members of staff.

We observed care and support in shared areas. We looked at two people's care records. We also looked at a number of different records that related to how the home was managed.

# Is the service safe?

## Our findings

People confirmed that they felt safe and secure living at the home and with the staff who supported them.

There were processes in place to help to keep people safe and protect them from harm. Staff were knowledgeable about the different types of abuse that can occur. They were able to tell us what they should do and who to report to if they were concerned about someone at the home. Training records confirmed staff attended training to help them understand about abuse. A policy was displayed in the home to guide staff and people in the home to report abuse appropriately. The policy had been written in an easy to read format so that it was all could readily understand it.

Staff supported people with their mental health needs in a way that helped them to feel safe. People told us when they felt anxious and unwell the staff were supportive. They told us they talked to them and reassured them when they felt like this.

People's medicines were stored and managed safely. Up to date records were kept of all medicines that were received into the home and when they were disposed of. Medicine administration records explained how people had received their medicines or why they had not been given.

Staff completed medicines administration training to make sure they were safe and competent to give people their medicines. Checks of how medicines were managed were carried out regularly by a senior manager. These checks showed that the systems for handling people's medicines were safe.

People were supported by enough staff who were on duty at all times to ensure their needs were met safely. The registered manager told us they planned the number of

staff on duty based on people's particular needs and if there were any additional activities planned. They would also increase staff numbers if people were physically unwell and needed extra care. Our own observations and the staff duty records showed there was enough staff to be able to meet people needs and keep them safe.

Risks people may be exposed to were properly assessed and actions were implemented to keep people safe. The care records set out clearly what actions staff should take to keep the person safe. Staff were able to tell us what was in people's risk assessments records and knew what to do to keep people safe.

People were protected from the risks of unsuitable staff being recruited because there was an effective recruitment system for potential new staff. The records around staff recruitment included all the checks and information required by law that been obtained before new staff were able to commence employment. Two or more references were obtained and if a candidate had gaps in employment these were explored with them to check they were suitable to be employed.

Accidents and incidents that had occurred were analysed and preventative actions were put in place where needed to minimise reoccurrences. We read care plans and risk assessments that had been updated after accidents and occurred. For example one person was increasingly unsteady and how to support them to stay safe had been included in their care plan.

The premises were kept safely maintained and the temperature in the building was comfortable for people to live in. Checks were undertaken by external contractors on the electrics, water systems, and fire prevention equipment to make sure they were safe to be used.

# Is the service effective?

## Our findings

People told us staff provided them with support that met their needs. One person said, “Yes they are very good”. Another person told us, “They all know me and help me feel better if I get anxious”.

The registered manager went out for lunch with one person during our visit. This was a part of their plan of care to help them to feel confident in the community.

Staff were knowledgeable about people’s different mental health needs and how to meet them. They said they knew people well and kept up to date by reading care plans regularly. For example, staff told us about one person who needed support to build up their self confidence in relation to what they could do for themselves. This was clearly explained in the person’s care records. Staff told us they aimed to help the person to feel less anxious when they went out by supporting them at the shops, the bank and other venues.

People were provided with sufficient food and drink to stay healthy and were encouraged to be involved in planning the menu choices. People said they were asked which meals on the menu they enjoyed and if there were any meals that they did not like. Records also showed what meals people said they did not enjoy.

Staff knew people’s particular nutritional requirements and how to meet them. They told us about how they helped people to ensure they were provided with a suitable and varied diet.

Care plans clearly set out how staff should support people at meal times. Dietary advice and guidance was available and kept in the kitchen for staff to refer to when assisting people. There was up to date information in relation to how much people were eating and drinking. For example one person needed prompting to ensure they ate and drank enough because their mood fluctuated and this could affect their diet.

The registered manager and the staff were knowledgeable about the Mental Capacity Act 2005 and how to ensure the rights of people were protected. We looked at care records which showed that the principles of the Mental Capacity Act 2005 had been followed when assessing a person’s ability to make a particular decision in an area of their daily life. People had been assessed as having the capacity to

make decisions in their daily life. However it had still been recorded in people’s care plans if they had someone in their life that was able to help them with important decisions.

If people did not have someone to support them information about the use of an Independent Mental Capacity Advocate (IMCA) was available. IMCAs support and represent people who do not have family or friends to represent them at times when important decisions are being made about life. Training records confirmed that staff had been on recent training to understand the principles of the Mental Capacity Act 2005.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they had taken appropriate advice about a person so that unlawful restrictions were not placed on them. At the time of the inspection there was no one for whom a DoLS application was required.

People told us they received medical support when it was required from their local GP. One person said, “The staff keep an eye on me and the doctor comes to see me”. Some people had received support from specialist health services. These included community mental health nurses, and district nurses. Care records included a health action plan that set out how people received support to meet their health care needs.

Staff told us they completed a range of different training so that they had the skills and knowledge to provide the support people required. For example we saw a staff member supporting people with their mental health needs. They were supportive in their manner and their positive approach was used to motivate people to carry out activities of daily living. The staff training records showed that all staff had completed a range of training relevant to their roles and responsibilities and the support that people needed. This included training to understand mental health and how to keep people safe, infection control, food hygiene and fire safety. In addition, staff had completed a qualification in Health and Social Care.

The staff told us that they had regular structured supervision meetings with the registered manager to discuss the needs of people living at the home and their overall performance. Supervision records showed people were being supported and developed in their work by the registered manager.

# Is the service caring?

## Our findings

Every person we spoke with told us staff were kind and caring. One person said, “they are lovely”. Another person told us; “they are all good.”

We saw people treated with respect and in a caring and kind way by the staff. The staff were friendly and patient when providing support. The staff took the time to speak with people as they assisted them. There were positive and friendly interactions between staff and people at the home. We saw a member of staff laugh and joke with one person. The person concerned responded warmly and in an animated way to staff. When one person became anxious staff responded in a caring and gentle way. This approach helped the person to become less anxious

People were encouraged to be as independent as possible. For example staff encouraged people with their personal care to do as much for themselves as they were able to. Staff also encouraged people with their household tasks such as doing their laundry and tidying their room. Staff used a gentle tone of voice and a kind manner when they encouraged people. People were also supported to make choices in their daily life. For example bedrooms were decorated to reflect the taste of the individuals. People had

chosen the colour schemes and furniture in their rooms. People also decided how they wanted to be supported. Care plans showed people choose what time they got up and what type of help they wanted with their personal care.

Care plans had been written with the involvement of the person concerned. They clearly showed people decided what care they felt they needed and how they wanted to be supported by the staff. One person told us they sat down with the registered manager and regularly updated their care plans with them.

People were able to make choices and maintain their privacy. For example, each person had their own bedroom and they could lock the door with their own key. People were able to decorate their rooms in the way they wanted.

If people were not easily able to make their views and wishes known the home had contact with local advocacy services to support them. Advocates are people who are independent of the service and who support people to express their needs and wishes.

The staff told us they felt people were well cared for and they knew how to challenge colleagues if they observed any poor practice and would report their concerns to a senior person in the home.



# Is the service responsive?

## Our findings

People told us that the staff knew the support they needed and provided this as they required. One person said, “they do exactly as I ask they provide an efficient service”. Another person said; “the staff are good here”.

People told us they felt they well supported to take part in social activities they enjoyed. Some people at the home went out to lunch with staff. The staff told us each person at the home regularly went out for lunch either with their keyworker or with the registered manager. They told us this was to build up people’s confidence and self-esteem.

Care records confirmed people were supported by staff to go to drop in centres, local social clubs and other places they liked to visit. People also told us they enjoyed the twice-weekly activities sessions run by an independent activities organiser who came to the home. There were arts and crafts that people had made displayed throughout the home. One person told us they had recently made ‘paper flowers’ and they had really enjoyed this activity.

Each person’s needs had been clearly identified. This information had been reviewed regularly to make sure it was up to date and gave staff accurate information. Each person had a detailed care plan which had information for staff about how to support the individual to meet their range of needs. The care plans included information about the person’s life, likes and dislikes.

Staff understood people’s complex mental health needs and how these influenced their life. Staff told us how these needs were responded to. For example, they told us how they helped people build up their confidence to carry out

tasks of daily living such as their own personal care. They said they supported people who felt anxious the community. Care plans explained how to assist people and provide them with emotional support in their daily lives.

The staff were knowledgeable about the people in the home and things that were important to them. People’s care records included information that helped staff provide personalise care. For example a ‘life history’ section which gave staff information about people’s lives before they came to live in the home. Staff knew what was recorded in individuals’ records and also used this to engage people in conversation, talking about their families or where they used to live.

People said they were confident speaking with the registered manager or any member of staff if they had any complaints or concerns. There was procedure in place for receiving and handling concerns and complaints about the service. A copy of the complaints procedure was clearly displayed in the home. This was given to people and their relatives when they moved into the home. People could make complaints the registered manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

Surveys were sent out to people and their relatives regularly and the results were analysed by a representative of the provider. This information had been used to improve the service for people. Feedback from people was positive about the service they received. We saw how menus, decor in the home, and the type of social activities provided were updated and changed based on people’s views.

# Is the service well-led?

## Our findings

People said they knew the registered manager well and were confident speaking to them if they had any concerns about the service they were receiving. One person told us, “the manager is very kind and always asks me how I am”. Staff also told us they felt well supported by the registered manager of the home. They told us the registered manager was “always there” and was “very supportive”.

The registered manager showed they had an in-depth understanding of the care and support needs of people who lived at the home. They worked shifts to ensure they stayed in daily contact with the staff and people at the home.

People told us that they were asked for their views about the service. One person told us, “we have meetings and we can suggest things we want changed or maybe new activities we want”. We saw records of the meetings, which showed that people had been asked for their opinions and the action that had been taken in response to people’s comments.

The staff said they felt the registered manager was supportive in their approach. The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management. Staff were comfortable to speak with the registered manager at any time and communication between them was positive and respectful in manner.

The registered manager told us they kept up to date with best practice by attendance at regular meetings attended by other professionals who support people with mental health needs. They shared information and learning from these meetings with the staff at team meetings. They also kept up to date by reading articles about mental health topics. Journals were available for people to read in the office. There were also notices on display about forthcoming events and learning events that the manager had told us they attended.

A senior manager visited the home regularly to meet people and staff and find out their views of the service. A report of their findings and any actions needed was then sent to the home after the visit. At the last visit there had been no actions identified as needed for improvement.

Staff told us team meetings were held regularly and staff said these were a way to make their views known about the way the home was run. Topics discussed included the needs of people who were who lived at the service, staff training needs and any relevant health and safety matters.

There were systems to monitor the quality of service and ensure standards were maintained. The registered manager and a senior manager carried out regular reviews of the care and systems in place at the service. Audit checks were undertaken on a monthly basis to check on the overall experiences of people who lived at the home. They also checked on the training, support and management of the staff team. Reports were written after each audit and actions needed to address any shortfalls these were clearly set out.