

Milestones Trust

The Recovery Hub

Inspection report

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Date of inspection visit:
13 September 2019

Date of publication:
18 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Recovery Hub is a residential care home providing personal care to up to nine people with mental health needs. People who stay at the service have acute mental health needs. The service aims to support people to recover and find more independent living. There were seven people at the home on the day of our inspection.

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

The service was exceptionally well-led by a registered manager whose commitment and drive were to deliver an outstanding service. They led by example and the values of the service were fully embraced by people and the staff team.

The registered manager was very positive and proactive. They made sure they had a visible presence within the home and operated an open-door policy. This made sure any low-level concerns were dealt with promptly.

The staff team were very well supported to develop their skills. There was a strong sense of teamwork and a clear value base that staff knew and people understood.

The provider had effective systems in place to monitor and improve the quality of the service including high quality communications sharing good practice and achievement across the organisation.

People were supported to be safe and they were protected from abuse and avoidable harm. Staff were trained and felt confident about raising concerns. Accidents and incidents were recorded and the registered manager kept a clear oversight of them. This was to identify any emerging patterns to prevent recurrence.

People were supported by enough, dedicated and consistent staff who knew them well. Medicines were managed and administered safely. Measures were in place to prevent and control the spread of infection.

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

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. The last report was published in April 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was exceptionally well-led.

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Details are in our well-led findings below.

The Recovery Hub

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Recovery Hub is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

What we did before 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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided.

We spoke with six members of staff including the registered manager, assistant managers and support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Every person told us, "Yes, I do feel safe." People said this was because of how well all the staff treated them. One person said, "No one is bossy."
- The service continued to safeguard people from harm and abuse. This was because there were processes in place to minimise the risk of avoidable harm.
- The team had been on training about how to protect people from abuse and knew who to contact if they had any concerns in the provider's organisation and via external agencies.
- The staff were all confident the registered manager would take seriously any concerns they raised if they had them.
- When it had been needed the registered manager had referred concerns to external agencies such as the local authority and CQC.

Assessing risk, safety monitoring and management

- People and staff were protected by systems to identify and reduce risks.
- People had their own risk assessments and care plans. These were reviewed and updated often. If new risks were identified the measures used to support people with these risks were clearly recorded. For example, how to assist people to still feel safe if their mental health suffered in anyway.
- There were arrangements in place to ensure people would receive support in the event of an emergency, such as a fire. Each person had a personal emergency evacuation plan (PEEP).

Staffing and recruitment

- Every person we met said they felt there was always enough staff to support them. The service did not use agency staff. The registered manager told us it was an important part of the service's aims that people were cared for by staff they knew. This was due to the complex mental health needs of people at the service.
- People's needs were met by enough staff to make sure their assessed needs were safely met. This included enough staff to enable them to offer flexible support to people, which met daily changes to individuals' needs and preferences.
- The registered manager followed robust procedures to ensure new staff were suitable to work at the service. Staff had to wait for the registered manager to receive all the required satisfactory checks before starting work at the service.

Using medicines safely

- People told us they were given their prescribed medicines safely and at the right time. They also said staff

offered them pain relief when they needed it.

- Staff had been regularly trained and updated about managing medicines safely. The staff had their competency assessed and were knowledgeable about people's medicines.
- Audits were regularly carried out and these showed medicines were being managed in accordance with good practice.

Preventing and controlling infection

- The service was clean and tidy and staff supported people to know how to prevent the spread of infection.
- Staff had been on training and promoted infection prevention and control procedures with the people they supported
- There was personal protective equipment available if staff supported people with personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded to learn from each event.
- When needed people were referred to appropriate healthcare professionals for advice and support when there had been changes or deterioration in their mental health and/or physical health care needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People continued to receive effective care and support that met their full range of needs.
- Staff were competent in their roles and had good knowledge of the individuals they supported. This showed they knew how to effectively meet their needs.
- People were supported by staff who were well trained. Staff undertook training the provider had deemed as 'mandatory'. This included mental health training and health and safety training.
- Staff without formal care qualifications completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- New staff completed an induction which also introduced them to the service and the provider's ethos, policies and procedures.
- Staff were supported and received regular supervision and team meetings were held. This kept them up to date with current good practice as well as guidance for caring for people with mental health needs.

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

- When needed, people went to see external healthcare professionals to maintain their ongoing health and wellbeing.
- Care records included guidance from other professionals involved in people's care and treatment. This included psychiatrists and GPs. Community psychiatric nurses visited the service to support people when needed.
- Staff assisted visiting professionals to enable them to communicate any feedback to all other staff. This helped the staff and people receiving treatment understand the advice and support needed to maintain people's health.

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

- The service was designed and adapted to meet people's needs.
- People lived in a service that was well maintained, and planned updates to the environment were recorded.

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

- People were supported to access health care appointments. One person told us, "They are good at getting the doctor to come out if you're not well."
- Records showed staff had supported people to access external healthcare professionals including dentists, opticians and mental health nurses.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of our inspection there was no one subject to a DoLS

- Staff were heard to ask people for their consent prior to supporting them, for example before prompting them with their personal care needs. Staff knocked on doors and waited until people had responded before going in their rooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The home was exceptionally caring with a strong visible person-centred culture. The provider's values were to aim to improve and develop independence and choice for people. Staff and people at the service were fully aware of these values and said they were clearly embedded into the care they provided and received.
- Both staff and the registered manager conveyed they were fully committed to ensuring people received the best possible care in a supportive and caring environment.
- Staff were observed providing sensitive person-centred support.
- The staff had an extremely good understanding of people's needs. Staff used this understanding to reduce distress when people became upset or anxious.

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

- There was a strong emphasis on involving people in making decisions about the service and their daily lives. People told us that staff listened to them.
- Staff explained they had time to spend with people on a one to one basis. This meant people had plenty of time to share how they were feeling with staff who had time to sit with them and listen.
- People were fully involved with decisions about their care. One person told us, "I decide a day and a week before what I'm going to do, such as go out to Sainsburys and the corner shop and the pub.". Another person told us, "I am here to build up my confidence bit by bit. This place builds you up and lifts you up, for example, doing my dishes, maintaining my room. It certainly feels like a safe place to be."
- Staff recognised that people needed to feel in control of their lives.
- Advocacy services were available for people who were unable to make decisions about their care and support. Advocates are independent of the service and they support people to decide what they want and help communicate their wishes.
- Staff were skilled at supporting people's relatives to understand the changes in their family member's behaviours or wishes

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with the utmost respect and had embedded privacy and dignity into their working practice. One person said, "We are left to our own devices but the aim is for me to build up my independence and I'm working on my self-esteem"
- Staff were skilled at encouraging people to take on responsibilities and feel valued. One person told us

"The staff are encouraging me to get involved in things. For example, garden volunteering which is something I like to do. They help me with my head when I hear my voices."

- There were constant respectful interactions between staff and people. Staff gave people time to respond and checked if they were unsure of what the person was communicating.
- People's care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet, and their preference for the gender of the carers that supported them. For example, for one person, staff had researched and had spent time with a person to understand how best to respect their religious beliefs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff were, "Excellent", and, "Very caring and supportive"
- The service was very responsive to people's needs. People were central to the care planning process which was person centred in all ways.
- The service's philosophy of care was to support people to gain skills and independence while at the service. It was also to carry on their lifestyle as before, knowing that they have the care and support of staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and considered during the initial assessment of their needs. This was part of the ongoing care planning process so that information was given in line with their needs. For example, when needed picture format and visual choices were used. If needed for a person for whom English was not their first language a translator was used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us they supported people to develop and maintain relationships according to their wishes. For example, staff said they often support people with finding voluntary work. This was to help people gain in confidence and self-esteem. One person recently started working at a charity shop.
- People were also supported to go to gigs, pubs and see friends and family
- The staff and people we met told us the service recognised things take time and people take different time to gain their own confidence

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns about the service. One person told us, "Yes, I could tell any staff how I feel." Everyone felt staff would act to address any issues or concerns raised.
- The provider had a policy and procedure in place for dealing with any concerns or complaints. This was clearly displayed and available to people, their relatives and other visitors. The complaints file showed there had been one complaint in the last 12 months. This had been thoroughly investigated in line with the service's own policy and action taken. They had clearly recorded the outcome and gave feedback to the person.

- A suggestion box was on display for people to make suggestions on improving the service.

End of life care and support

- The service did not provide End of Life Care. However contingency plans were in place to support people at the service if they became seriously ill while staying there.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remains 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

- Without exception, feedback we received was extremely positive, expressing high-level confidence in management, leadership and care delivery. One person said "I can't say anything bad about the manager, they are lovely, and I have lived in lots of supported housing places and no one has been quite as nice. He is a kind person and that makes you feel strong and confident". Another person told us, "X is a nice bloke, his confidence builds up your confidence. He's a wise man." A further comment a person made about the registered manager was "X is a nice manager, he's busy, he's kind and generous he makes me feel safe."
- The service was exceptionally well led by the registered manager who was passionate about providing individualised care. The provider's caring values were embedded into the leadership, culture and staff behaviours. Throughout the inspection we saw great examples of this happening.
- People, professionals and staff we spoke with very highly praised the leadership of the registered manager. They particularly praised their knowledge, support to people, staff and development of the service.
- The registered manager promoted an inclusive, value based and positive culture. For example, a staff member with considerable expertise in the field of addictions had worked with the registered manager to set up specialised individual support for certain people at the services. This meant people in recovery from alcohol and other addictions were also able to be supported to continue to work their 12-step programme while at the service. Another person had been misdiagnosed during their time in mental health services. Since they had been at the service the registered manager told us they and the team have fully supported this person. Because of this support their diagnosis has changed and so has the long-term care and support they can receive. This was a better outcome for them and enabled them to receive high quality, personalised care.
- Every person we met fully understood the Recovery model of care at the service. However, people were able to choose if this model of care and support was right for them. One person we met chose not to be supported by staff using this approach. This showed that an exceptional level of person-centred care was provided to people.
- Staff had taken a great deal of time getting to know another person and their full range of needs very well. Through the staff's sensitive approach and empathy when supporting the person, it had been established that physical life changes were having a direct impact on their mental health. This had not been known before the person came to the service.. This meant staff could change the support they gave to the person to improve their wellbeing and quality of life.

- The manager and staff went above and beyond the service's own values. The values for the service centred around treating people as unique and fully engaging with them in their recovery from long term and acute mental health needs. Without exception we saw this demonstrated by every staff member we spoke with.

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 was constantly looking for ways to further develop person-centred care at the service.
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.

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

- The service was exceptionally well-led by the registered manager. Their passion and drive to deliver an outstanding service was picked up and embraced by people and the staff. The registered manager always led by example and had fully established very clear and positive values at the service.
 - The feedback from people and staff was without exception very positive. Staff comments included "The registered manager is not hierarchal and he trusts the team " and " The registered manager allows us to get on with our work, he trusts us to get on with things, he is very supportive and he always us to do our job. I would say this is the best place I've worked in a residential setting and it works well."
 - People told us and we also saw there was a very stable and consistent staff team who were highly skilled and committed. The team were clear about their own specific roles and had been upskilled to be able to step into other roles if needed.
 - The exceptionally person-centred approach was fully embraced by the registered manager, people and staff and this supported the exceptionally high level of care delivered.
- The registered manager had nominated the team for a company award. They had won this because they had gone the extra mile consistently with the care and support provided to the people at the home.

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

- The registered manager had developed very positive links with external agencies ensuring successful partnership working and actively supporting people in their mental health recovery for example, with local voluntary mental health drop in services. People told us they often went to these venues to meet other people.
- People benefited because the service engaged with them in an inclusive way. For example, the service values were based on what staff and people felt was most important.
- People at the service were involved in staff recruitment interviews. Other people were involved in the process by meeting candidates and engaging with them. This helped involve people in the way the service was run when employing staff.
- Staff were very committed to the service and highly motivated. This was supported by the organisation recognising good staff performance.
- The organisation and registered manager were committed to ensuring staff were supported through a 'Wellbeing' programme. Staff could access a 'Wellbeing line' supporting staff mental health issues. The registered manager had in place health check reminders to support staff in their health and wellbeing.
- Staff told us there was an 'open door' policy and gave examples of the registered manager supporting

them with issues. One said, "X is so supportive and it makes you want to do your best for them and be there for them in return."

- Quality surveys were distributed to people, their relatives and visiting professionals. Results were displayed. Recent actions included a planned refurbishment of the service in part because of a survey feedback. Menus were also being reviewed based on feedback.

Continuous learning and improving care

- Staff told us that through excellent leadership and training, they had the resources to do their jobs well and provide a high and commendable level of care.

- There was an effective incident reporting system that flagged which incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.

- The service had business continuity plans in the event of adverse weather or other major disruption to service delivery.

- People and their relatives were consistently asked for their views about all aspects of the service, including the safety and quality of the support provided, environmental improvements, activities and menus. They were kept well informed about developments through resident meetings. Quality assurance surveys had been developed based on the CQC's key lines of enquiry, and there were regular meetings for people.

- The service was effectively monitored and the provider played an active role in monitoring the quality and safety of the service alongside the registered manager.

- Monthly meetings were held to review complaints, accidents, incidents and medicines. This provided an opportunity to analyse and act when needed. It also meant learning and further action were put in place.

- The registered manager was always striving to enhance the care and quality of the service. Every year the provider and registered manager discussed improvements or upgrades together.

- There was a full programme of audits carried out. These looked at areas including infection control, staff, medicines, health and safety, care plans and activities.

- The computerised care planning system gave a clear oversight of support being provided to people.