

Milestones Trust

6 Northumberland Road

## Inspection report

Redland  
Bristol  
BS6 7AU

Tel: 01179423628

Website: [www.milestonetrust.org.uk](http://www.milestonetrust.org.uk)

Date of inspection visit:  
19 December 2017

Date of publication:  
23 January 2018

## 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

6 Northumberland Road provides accommodation and support for five people with mental health needs. At our last inspection, the home was rated as Good. At this inspection, the service remained Good.

People using the service felt safe. Any risks associated with their care and support were assessed and measures put in place to ensure they were managed. Medicines were stored safely and administered for those people that required them. Staff shortages in the past had caused some difficulties but had been managed and were being addressed through successful recruitment.

Care and support was effective in meeting people's needs. There were clear plans in place that had been devised with service users in relation to their mental health needs. People were supported to see health care professionals when necessary. People were able to manage their own meals and buy their food shopping independently but also had some meals together. People discussed what they would like on the menu.

Staff were kind and caring and treated people with respect. This was reflected in our observations and feedback from people using the service. People's independence was encouraged; when able to, people managed their own medicines and cooked meals for themselves.

People had person centred support plans in place which people's needs well and were developed in conjunction with the person concerned. People felt able to raise issues and concerns if they had them and we saw that these were responded to.

There was a temporary registered manager in post and plans in place to recruit to the post on a permanent basis. Staff told us they felt well supported and worked well as a team to ensure people's needs were met. There was an effective system in place to monitor the quality of the service provided and to identify and act upon any shortfalls.

.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# 6 Northumberland Road

## **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 19 December 2017 and was announced. We gave the service 24 hours' notice of the inspection visit because the service was a small care home and we needed to be sure that people and staff would be available.

The inspection was carried out by one Inspector. Prior to the inspection we reviewed all information available to us, including notification. Notifications are information about specific events the provider is required to send us by law. We spoke with four people living at the home; three members of staff and the registered manager. We reviewed two people's care plans and looked at other information relating to the running of the home, such as health and safety records and quality audits.

# Is the service safe?

## Our findings

The service remained safe. People told us they felt safe living at the home. One person commented there was "always someone around" if they needed staff. They also said they could go out when they wished but would always let staff know so they knew where they were.

The service had experienced some staffing challenges over the past 12 months which had put pressures on the team. However, all staff described how they had worked hard as a team during this time to ensure people's needs were met and to minimise any impact on people in the home. Agency staff had been frequently used but where possible, consistent staff had been used to ensure continuity of care for people and minimise their anxiety. Three new permanent members of staff had also been recruited recently which would help build and provide a stable staff team. We saw that the service used volunteers to support their work. During our inspection, there was a volunteer present taking people on a walking activity.

When new staff were recruited to the service, suitable procedures were followed to minimise the risk of unsuitable or unsafe working at the service. This included gathering references from previous employers and carrying out Disclosure and Barring Service (DBS) checks. A DBS check identifies whether a person is barred from working with vulnerable adults or has any convictions that might affect their suitability for the role.

Staff were knowledgeable and confident in safeguarding people from abuse. Staff had received training in this area and knew where to locate policies and procedures should they need to refer to them.

People received safe support with their medicines. Some people were able to self administer their medicines and there was an assessment in place to evidence that they were able to do this safely. We observed during our inspection how one service user approached staff to tell them it was time for their medicine and they then went to receive their medicine from the office where it was stored. For those people who required support with their medicines, there were Medicine Administration Record (MAR) sheets in place to record when medicines had been administered. We viewed a sample of these, which we saw were accurate. Most medicines were stored in a monitored dosage system (MDS). This is a system that organises people's medicines in to the days and times they need to be taken. Other medicines were prescribed for use 'when required'. There were protocols in place to describe when these should be offered. Fridge and room temperatures were taken regularly to check that medicines were being stored at a safe temperature to maintain their effectiveness.

There were risk assessments in place to ensure that people were supported in a safe way. Staff were aware of allowing people to be independent whilst also being mindful of any risks. One member of staff for example, described how they would let a person carry out tasks in the kitchen but would make sure they were in the vicinity to ensure the person was working safely.

When any accidents or incidents occurred, these were recorded so that any trends in the types of incidents occurring could be identified and acted upon. From the recording of incidents it was clear that they were thoroughly investigated and action taken to prevent reoccurrence. For example, we saw recordings of an

incident between people in the home. It was clear that all parties had been spoken with and ways forward discussed.

The home was clean and there were processes in place to minimise the risks of cross infection. There were staff check lists in place for cleaning tasks that staff were expected to carry out as part of their shifts.

We saw that there were systems in place to protect people in the event of a fire or other emergency. Checks of fire equipment were regularly carried out and fire drills took place.

# Is the service effective?

## Our findings

People in the home were able to make decisions about their own care and support. However staff understood and received training in the Mental Capacity Act 2005 (MCA). Staff were able to describe the main principles of the MCA and how they put it in to their own practice, for example by giving people choices in their daily lives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Nobody in the home was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People received support from health professionals when required. One person for example told us how staff supported them to go to the GP to get their regular medication. The support that people required to access health support was clearly described in their support plans.

People had clear plans in place to support their mental health needs. Each individual had a Wellness Recovery Action Plan (WRAP) in place. This had been devised alongside the individual and described the steps that could be taken on a daily basis to maintain people's mental health. It also described the signs that might indicate a person's mental health was deteriorating and what steps should be taken if the person experienced a mental health crisis.

Staff were positive about the training and support they received. Staff told us they had regular supervision. Supervision is a one to one meeting with a senior staff member to discuss performance and development needs. Staff also told us they could approach senior staff at any time if they had concerns. One member of staff told us about training in nutrition they had completed and talked about how they were using this to support people in the home to eat more healthily, for example by encouraging people to make their own sauces for cooking rather than shop bought ones that contained lots of additives.

People told us how they were able to cater for themselves and prepare their own meals. One person told us how they regularly went to a local supermarket to buy their groceries and on certain days prepared their own meals for the day. During our inspection, we observed people access the kitchen independently to prepare drinks and snacks. On other occasions they would eat together with other people in the home. People told us they had weekly meetings to discuss what would be on the menu. This helped ensure that people received meals that they enjoyed.

The environment of the home was suited to the needs of people living there. There were a number of flights

of stairs in place to access all areas of the building; however nobody at the time of the inspection had any mobility concerns and so this didn't pose a problem. General updating and decorating was required throughout the building but there was a plan in place to address this over the coming year. A room that had previously been used for people who wished to smoke had been decorated to make a pleasant living area for people. We saw people using the space during our inspection.



## Is the service caring?

### Our findings

The service was caring. One person told us "I'm alright" and when asked if they got on with staff ok, said "yeah, they do". Another person commented "I like living here" and said they were "looked after well". One person told us "they're (staff) all thoughtful" and "it's a nice place to live."

Staff treated people with warmth and respect. We observed one member of staff approach a person to suggest they go and tidy and clean the person's room. Initially the person declined this saying they were going out. The member of staff, in a respectful manner explained there was time to do it before they went out, but didn't persist when the person said no. We later observed the person and member of staff going to the person's room to carry out the cleaning, demonstrating that the staff member's approach had been successful in supporting the person to keep their room clean.

People were supported to maintain contact with relatives and other people who were important to them. One person told us how their relative was coming in for a meeting to discuss their care, the following week. This person later requested that the registered manager phone their relative to confirm arrangements, and the registered manager encouraged them to come to the office when they were ready so that they could contact the relative together. Another person told us how they were going to visit a family member later that day.

People were involved in planning their own care and support. People's care plans clearly contained their views and wishes about what they wanted from the service and how they wished to be supported.

People's independence was encouraged and supported. People told us how they went out independently to local shops in the community. People also made their own meals when they were able and some people were also able to take responsibility for their own medicines. One person had a particular physical health need that staff were supporting; they told us they were encouraging the person to manage this independently.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People had clear, person centred support plans in place. These gave good information about the person and their needs. It was clear that these were created in conjunction with the person concerned and reviewed regularly to ensure they were reflective of people's current needs. Care plans reflected that staff understood people's needs well; for example in one plan we read how one person liked to arrange their room in a way that worked personally for him but may appear untidy to others. Staff were working with the person to ensure their room remained hygienic.

People's care plans contained holistic information, for example information about their spiritual wellbeing needs. We read that one person attended church regularly and wanted to be supported to develop their role within the church. Staff were helping the person by supporting them to attend church activities.

There was a keyworker system in place the home. A keyworker is a member of staff with particular responsibility for a person they are assigned to support. People we spoke with all knew who their keyworker/Keyworkers were. Staff told us it had been difficult at times with the staffing vacancies to carry out the keyworker role fully. However this had been managed by having a second member of staff, working alongside the main keyworker.

One member of staff who had recently joined the service commented on how staff had been successful in engaging people in the home to take part in activities and groups. A walking group was taking place on the day of our inspection and three out of the five people in the home had chosen to take part. Staff also told us about a music group led by staff where people came together and searched online for music they wanted to listen to. People were also independent in going out as they wished so they could follow their own hobbies and interests. One person, for example told us they were going out to play football later that day.

It was clear that people were able to make complaints if they wanted to. We reviewed records and it was evident that action had been taken to resolve situations of concern. For example, one person's behaviour had led to complaints being raised. Staff had offered to review the person's care with them to see if there were ways in which they could address the person's anxieties, which were the underlying cause of their behaviours.

## Is the service well-led?

### Our findings

The service was well led. There was a registered manager in post. The registered manager was also an area manager with the organisation and their position as registered manager for the home was on a temporary basis until a new manager was recruited. Interviews for the post had been set up for the month following our inspection. The registered manager told us they were spending a minimum of 22 hours a week across the home and another home a short distance away. One registered manager was employed to manage both of these homes.

The registered manager was aware of the responsibilities associated with their role. We saw for example that the rating from our last inspection was on display. Notifications to the Care Quality Commission were made when necessary. Staff spoke positively about the registered manager and all felt able to raise issues and concerns. There was a strong sense of teamwork at the service with all staff commenting on how well they had pulled together during a time of staff shortages. Staff who were new to the service or who had been acting up in to more senior positions told us they had been well supported to carry out these roles.

There was an effective system in place to identify and respond to shortfalls within the service. An action plan had been in place since September 2017 to address concerns identified through the service's own quality monitoring systems. It was evident that progress towards the action plan was being made. For example, the service had been successful in recruiting to vacant posts to address staffing shortages. Two support workers had also been acting up in to more senior roles to address concerns about the frequency of staff supervisions.

The registered manager carried out regular audits and checks of the service and these systems were aligned with the domains inspected by the Care Quality Commission. Senior staff from other areas of the organisation also visited the service to check on the quality.

People living at the home were consulted in relation to significant developments with the service. Regular service user meetings took place to discuss important issues. We also noted that people were involved in recruitment decisions. One recently recruited member of staff told us how people in the home had been involved in interviewing them and each had been supported to ask questions of them. A survey was also used to gather people's views and the results were used meaningfully to make improvements. For example in the last survey, it was found that people weren't aware of advocacy services, so action was taken to address this. It was discussed at a meeting and information put up on the notice board to advertise local advocacy services. One person in the survey also reported that staff respected them 'sometimes'. This was explored and no accounts of the person reporting concerns before were found in records, but an action point was made to ensure that no staff were employed without the agreement of people in the home. During our inspection, we observed that staff were respectful at all times.