Milestones Trust

120 Furber Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

120 Furber Road is a residential care home for up to five people with learning difficulties.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were supported by staff who were kind and caring in their approach and who understood the needs of people well. Staff treated people with dignity and respect and encouraged their independence as far as they were able.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the principles of Mental Capacity Act and put this in to practice in their work.

People were supported by staff who received good training and development in order to carry out their roles.

Staff understood people as individuals with their individual needs and preferences. We saw that people were able to follow their own routines. People ate their meals at a time that suited them rather than at prescribed times. People were supported to make complaints if they needed to; there was a 'complaints profile' in place for people who were not able to express their concerns verbally.

The service was well led. There was a registered manager in place, supported by an assistant team leader. Staff were positive about the management team and told us they felt able to raise any concerns they had.

Further information is in the detailed findings below

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

120 Furber 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 was a comprehensive inspection and was unannounced. The inspection took place on 30 January 2018.

The inspection was undertaken by two Inspectors. Prior to the inspection we reviewed the Provider Information Return (PIR). The PIR is a form completed by the provider, describing what the service does well and any improvements they plan to make. We also reviewed notifications we had received from the service. Notifications are information about specific events the service are required to send us by law.
We spoke with the registered manager, assistant team leader and three care workers. People were not able to speak with us, however we made observations about how they were supported. We reviewed three support files and other documents relating to the running of the home such as quality audits.

The service was well led. There was a registered manager in place, supported by an assistant team leader. Staff were positive about the management team and told us they felt able to raise any concerns they had.

Further information is in the detailed findings below

Good

Is the service safe?

Our findings

People living at 120 Furber Road were safe. People weren't able to tell us how they felt about living in the home. However from our observations it was clear that people felt comfortable in the presence of staff and reacted positively when staff interacted with them. For example, one person was eating their breakfast but was evidently very tired. The registered manager offered reassurance by touching and stroking their arm, which the person was content to accept.

Staffing levels were adapted according to the needs of people in the home. One person had recently joined the home and staffing levels had been increased to ensure the person was supervised appropriately whilst staff were getting to understand their needs.

People were protected from the risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were confident about identifying and reporting abuse. Staff felt able to report any concerns they had to senior staff commenting that they were "very approachable". When new staff were recruited to the service, checks were undertaken to minimise the risks of unsuitable staff being employed. This included a Disclosure and Barring Service (DBS) check. This check identifies people who have been barred from working with vulnerable adults or who have convictions that may affect their suitability.

People received safe support with their medicines. There were facilities in place to store people's medicines safely. Temperatures of the areas where medicines were stored were taken regularly to ensure they maintained their effectiveness. There was safe storage for medicines requiring additional security. Medicine administration was recorded on Medicine Administration Record (MAR) sheets. We checked a sample of these records and found them to completed accurately.

There were risk assessments in place to provide staff with guidance on how to support people safely. These were personalised and encouraged people's independence without placing unnecessary restrictions on their liberty. For example one person lacked awareness of road safety when outside of the home, and so one of the measures in place was for staff to link hands with the person when crossing the road.

We read on the PIR completed by the service that the outside area of the home required attention and improvement to ensure it was safe for people to use. We viewed this and found that in its current state it wasn't safe for people to use. Uneven paving meant there were trip hazards posing a risk. The registered manager told us improvements were included on the service's current business plan. Overall we found the premises to be clean and free from odour. Processes were followed to minimise the risk of cross infection. We did highlight one area of maintenance required in the kitchen area of the home that could pose a potential cross infection risk.

When accidents or incidents occurred, these were recorded so that any necessary action required to prevent reoccurrence could be identified. We saw that the registered manager or assistant team leader reviewed each recording so that they could monitor for any trends or concerns in relation to the types of incidents occurring.

Systems were in place to manage the safety of the building. Fire systems were checked regularly and fire drills carried our periodically to ensure that staff were well versed in how to keep people safe in the event of a fire. One person who had recently joined the home, didn't yet have a personal evacuation plan in place. We highlighted this to the assistant team leader so that this could put one in to place as soon as possible.

Good

Is the service effective?

Our findings

People received effective care that met their needs. People were supported to see health care professionals when they needed to. Staff noticed when people were showing signs of illness or poor health and alerted the person's GP. This was particularly important for one person who had been diagnosed with a serious illness after staff recognised their declining health.

Staff were aware of the Mental Capacity Act 2005 and put the principles of this legislation in to practice. The MCA is legislation that protects the rights of people who are unable to make decisions about their own care and treatment. Staff encouraged people to make day to day decisions for themselves, such as what drink they would like. We saw staff using some signs and gestures to support this. We saw recordings of capacity assessments and best interests decisions for people in the home. We discussed with the registered manager how their practice in relation to the MCA could be developed by evidencing further how they had maximised people's capacity to make decisions for themselves and how they had been involved in the process.

We discussed in general terms about how communication with people could be developed according to people's needs. The registered manager told us how some people didn't respond well to pictures but might respond to objects of reference. Objects of reference are an item that a person associates with a particular activity or event, which helps them understand what is going to happen. One member of staff told us for example they showed a person a set of car keys, and this helped them understand they would be going out in the car. Developing these methods of communication would help to maximise people's understanding and support them to make decisions as far as they are able. The service had already begun looking at this. The assistant team leader told us for example they were going to be creating a visual menu to support people in making choices at mealtimes.

People were provided with meals and drinks in accordance with their needs. Staff supported those people who weren't able to eat independently There was information available in people's support plans about any particular requirements in relation to eating and drinking. One person for example needed to be prompted to slow down and needed food to be cut in to small pieces to ensure they could eat safely.

People in the home were subject to deprivation of liberty safeguards (DoLS). DoLS protect the rights of people who are being deprived of their liberty in order to receive safe care and treatment. The appropriate applications had been made to the local authority to ensure this was done lawfully. The registered manager was monitoring and remaining in contact with the local authority

Staff were positive about the training and supervision they received. Staff told us they had one to one meetings with their line manager on a regular basis. One to one supervision meetings are a way of monitoring staff performance and development. We reviewed samples of supervision records. We also noted that staff had an annual appraisal. This is a review of the staff member's performance over the year and identifies goals and development needs for the coming year.

Good

Is the service caring?

Our findings

Staff were kind and caring and treated people with dignity and respect. Staff used appropriate tone of voice and language when talking with people and it was clear they knew people well. For one person it was documented in their care plan that they liked drawing and writing. We saw one member of staff sit down with the person and drew pictures for them to guess what they were. The person engaged with this by saying what they thought the picture was; gentle humour was shared when the person guessed wrongly! Staff also discussed with another person, their plans for the day. We read in this person's plan how it was important for them to go out at least every other day. Staff commented that the person hadn't been out on the previous day so would ensure they went on the day of our inspection.

There was information in people's files about whether they preferred male or female carers. If people weren't able to verbally express their opinion on this, observations were recorded that might suggest whether the person had a preference. People's independence was encouraged. We read for example in people's care plans about the aspects of their own care routines they were able to manage for themselves and those that they required support with.

There was some evidence of people being involved in their own care and support. For example regular care reviews took place, which people attended and were asked for their views. We discussed with the registered manager how it was difficult, due to people's complex needs to involve them in care planning and providing their opinions, however this was something that could be developed further so that it was clear from care plans exactly what had been done to involve people in developing their own support.

Staff spoke positively about the people they supported and wanted to provide good care and support. Staff were particularly proud of how they had supported one person at the end of their life, following a period of illness. Staff had initially been observant and noticed the person's health deteriorating and supported the person to see their GP. Staff had then supported the person through undertaking the various tests necessary to diagnose their illness. The service ensured that the person had all the necessary equipment to ensure they were physically comfortable. This included for example, purchasing a particular kind of bed. The registered manager told us that as far as possible they would always prefer to support a person at the end of their life, in the home where the person felt comfortable in familiar surroundings.

People were able to maintain relationships with friends and loved ones. One person who had recently come to live at the home was due to have family visit on the afternoon of our inspection.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People had clear support plans in place which described their range of needs and how best to support them. This included for example, information about how they wished their personal care to be delivered, their mobility needs, communication and how behaviour that challenged should be managed. These were person centred and took account of the person's individual needs and preferences. One person's plan for example described how they preferred to mobilise on their hands and knees. There was a risk assessment in place describing how the person had been provided with knee pads to protect their skin.

We found that in places support files were difficult to navigate and locate the information required. One document for example referred the reader to a support plan that wasn't included in the file. There was also information that was out of date and could be removed to make the files more user friendly. We also noted in places that there were hand written additions to printed plans which could possibly make them confusing and difficult to read. This had been mentioned in the home's own quality monitoring. We highlighted this to the registered manager.

There was information about people's preferred routines. We observed how people were able to eat their breakfast and midday meal at a time of their choosing. One person had moved to the home recently and staff were still getting to know them and their needs. We saw this person become agitated and staff noticed and responded promptly in a manner that succeeded in calming the person. This demonstrated that staff had begun to understand and get to know the person in the short space of time they had been living there.

People were able to take part in activities they enjoyed. This had been identified in the PIR as an area that the service wished to improve. The assistant team leader was taking responsibility for this and talked to us about the more structured timetable they were creating. During our inspection some people went out together with staff in the home's vehicle. Aside from organised activities, we saw that staff, including the registered manager interacted with people throughout the day and provided opportunities for activities that people enjoyed such as drawing and writing.

People were supported to make complaints if they needed to. People's support files contained a 'complaint profile'. This helped staff recognise when a person wanted to make a complaint when they weren't able to express this verbally.

Good

Is the service well-led?

Our findings

The service was well led. There was a registered manager in post supported by an assistant team leader. Staff were positive about working at the service and the support they received from the management team. Staff felt able to raise concerns and report any issues of concern. The assistant team leader had worked for the organisation as a carer previously, and told us they had received good support in taken on the additional responsibilities associated with a more senior role.

We observed that senior staff were actively involved in all aspects of the service. This included day to day support for people such as supporting them with their meals. This ensured that senior staff understood people's needs and had opportunity to monitor how well the service was working. Staff described the registered manager in terms such as "hands on" and "supportive"

Staff felt they worked together as a team well and communication was good. Staff meetings took place to discuss important information and developments within the service. This included reviewing any significant incidents so that any necessary learning could be identified and actioned. The minutes we reviewed showed that issues such as medicine administration errors were discussed. This reflected an open and transparent culture in the home which enabled learning from incidents to take place. We noted also that during a staff meeting, staff had requested more support with care planning.

There was a system in place to monitor the quality and safety of the service. This included a monthly self assessment by the registered manager. The self assessment was based on the five domains included in the CQC inspection. There was also an annual quality report produced, by a member of staff from the wider organisation. People's views were incorporated in to the quality monitoring process through an annual survey. Due to the nature of people's needs, staff had supported people to complete these surveys.