

# Milestones Trust

# Greengates

## Inspection report

697-699 Southmead Road  
Bristol  
BS34 7QY

Tel: 01179236067

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

Date of inspection visit:  
03 December 2019

Date of publication:  
24 December 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

Greengates Care Home provides nursing care and support for up to 15 people. People who live at the home have enduring mental health needs. There were fourteen people living at the service when we inspected.

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

People were receiving care that was safe, responsive and effective. Care plans were in place that described how the person would like to be supported. This included the early warning signs that a person's mental health was changing. Other health and social professionals were involved in the care of the people living at Greengates.

Safe systems were in place to ensure that people received their medicines as prescribed. People were protected by robust recruitment processes. People were involved in the interviewing of staff. Systems were in place to ensure people were safe including risk management and checks on the environment. The registered manager was addressing the storage of mobility scooters. This was because of their potential fire risks.

People were supported to have 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.

There was a culture where people were involved, and their views sought. There were regular house meetings, annual surveys and they were involved in developing their plans of care and recovery pathways. Improvements were needed to ensure that people signed their care plans demonstrating their full agreement and involvement. However, it was clear that care was person centred and focused on the person.

People were able to participate in a range of activities either as a group activity or on an individual basis. Caring and positive relationships had developed between people living in the home and the staff team. There were enough staff to support people safely and to do the things they wanted.

The service continued to be well led. The service had good quality assurance systems in place with regular audits being undertaken. These identified any action required to make improvements. This meant the quality of service people received was continually monitored and any shortfalls were identified and acted upon.

### Rating at last inspection

Good (report published June 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 well-led.

Details are in our well-Led findings below.

# Greengates

## 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

One inspector carried out this inspection on the 3 December 2019.

#### Service and service type

Greengates 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all information available to us including notifications and any concerns raised with us.

We used this information to plan our inspection.

During the inspection-

We spoke with the registered manager and four members of staff, including a registered nurse.

We observed and spoke with people in the lounge. We spoke with four people about the care and support they received. We also had an opportunity to speak with a health care professional during the inspection. We reviewed a range of records including two people's care records, medication records and documents relating to quality and safety monitoring.

After the inspection–

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. We contacted four health care professionals and received feedback from one in respect of their views on the service. You can see what they have told us in the body of the report.

# 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. It was evident people felt confident to raise concerns and this was investigated and addressed.
- Staff knew what they had to do to keep people safe. They were confident when they raised concerns the registered manager and the provider would do the right thing to protect people.
- Staff described how they supported people to develop positive relationships with each other and staff. This included discussing issues to minimise the feelings of being bullied or harassed. An external organisation had been used to facilitate learning for people around racism.
- Financial risk assessments for each person were in place, which assessed their vulnerability and capabilities to manage their own finances. For people who needed support in this area there were clear processes to make sure financial transactions were recorded.
- The registered manager was working with the people, their representatives and placing authority to arrange a financial appointee independent of Milestones Trust. This was in place already for some people.

Assessing risk, safety monitoring and management

- Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Staff were actively liaising with a health professional during the inspection because they were concerned about an increased risk of choking for one person. This had been clearly communicated during a handover, so all staff were aware. Therefore, minimising the risks for this person.
- There were detailed plans for people who were at risk of harming themselves or having a mental health relapse. These plans included information about triggers and signs to look for which indicated the person may need additional support or treatment. A professional said they felt that for one person the service was risk averse but now they were moving forward, and a plan was in place. We were told this was because there was a concern about the person obtaining pain relief medication and the possibility of an overdose.
- There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place. There were business continuity plans in place for flooding and utility failure.
- Checks were completed on the environment to ensure it was safe. These included routine checks on the gas and electrical appliances.
- Two electrical scooters belonging to people were being kept in the home in a corridor adjacent to two bedrooms. These not only posed a potential obstruction to escape, there was evidence to show that mobility scooters present a high fire risk. The registered manager provided assurances this would be addressed including an interim risk assessment until a suitable shelter for their storage could be built in the

garden.

#### Staffing and recruitment

- People and staff said there was enough staff to ensure people's safety and to do the things they wanted.
- Sufficient staff were supporting people. There were always four staff working during the morning and three staff working the afternoon and evening. People were supported by two waking staff at night. The registered manager said these levels of staffing were maintained at the weekends.
- There were two cooks, a housekeeper, an administrator and an activity coordinator which complimented the care staff team. Each shift was led by a qualified nurse or a trained team leader. Team leaders had access to a nurse on call system for advice should they need it.
- The registered manager told us they had two staff vacancies, and these were being covered by regular and familiar bank and agency.
- Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home. The registered manager was supported by a human resource department that ensured all recruitment checks were in place.

#### Using medicines safely

- A person had raised concerns about the delays in getting their medications. Staff said this had improved with better communication between the staff, the GP and the pharmacy. A log of concerns was being kept so they could be addressed to ensure people received their medicines in the home promptly. An action plan had been developed in respect of this area.
- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- Staff completed training in medicines administration and their competency and knowledge was checked every year.
- The registered manager checked medicines records regularly to ensure medicines were given to people safely and in line with the GP's instructions.

#### Preventing and controlling infection

- The home was clean and there were no odours. Enough gloves and aprons were available to prevent cross infection.
- Cleaning schedules were in place to guide the care staff and the domestic staff on what was expected of them.
- There was an infection control lead for the service who completed regular checks on the environment and the staff practice.

#### Learning lessons when things go wrong

- A written log of accidents and incidents was recorded. The registered manager oversaw the monitoring of this information, completing internal investigations and implementing actions to reduce the risk of reoccurrence where applicable. These were shared with staff in team meetings.
- In response to a person falling, the carpark to the rear of the property was gated and locked due to the uneven surface. This had reduced any further incidents.



# 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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to Greengates. This included seeking the person's view on the service they wanted and needed and the views of their families and other professionals involved.
- Health conditions, nutrition and hydration, mental health and hobbies and interests were discussed as part of the assessment process.
- Information gathered at the assessment was then used to create a person-centred care plan which detailed people's support needs, preferences and wishes.
- Care plans were then reviewed every six months or more frequently depending on the changing needs of the person to ensure they were receiving the care and support they needed.

Staff support: induction, training, skills and experience

- Staff confirmed they received the training they needed to support people effectively including a comprehensive induction and the clinical skills they needed to support people. Team meetings included an element of training and sharing of knowledge.
- Specialist training was in place to ensure staff could support people effectively. This included training around people's specific mental health diagnosis, safeguarding adults, and dealing with challenging behaviour and conflict.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were being met. If staff had concerns, people's dietary intake and weight were monitored, and relevant healthcare professionals were contacted for advice.
- A new cook had started work and a person told us the food had improved. People told us they were asked during their weekly meeting what they would like to eat, and this was included in the menu.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives, access healthcare services and support

- People had access to a GP who visited monthly at other times people could visit the surgery.
- Other health and social care professionals were involved when required such as mental health nurses, speech and language and physiotherapists.

- 13 of the 14 people were registered with a dentist. The registered manager told us they had looked at oral health and people with mental health and had done a presentation to the staff. This was to help people have a better understanding of good oral health which links to general wellbeing.
- Learning had been taken from a recent admission to hospital because the person's paperwork was not up to date in respect of their medicines. This had been rectified for not only that person but for everyone living at Greengates.
- Care documentation included records of visits from health care professionals including GP's, hospital visits, opticians and psychiatric nurses. They detailed the nature of the visit, the outcome and any follow up actions. A healthcare professional praised the staff on their knowledge of the people they supported, that prompt referrals were made, and their advice followed.

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

- Greengates was homely and comfortably furnished. One person told us there were plans to replace the furniture in one of the lounges. Volunteers had been used to complete some decoration of the home. However, this had not been fully completed with some woodwork in the hallways needing some attention.
- The registered manager said there was a plan to refurbish the kitchen in the new year with an accessible area for people to prepare their own meals. Drinks stations were in dining areas for people to help themselves to hot and cold drinks.
- A member of staff told us how they were replacing a person's furniture to enable them more independence as they were struggling with opening drawers and wardrobes. They felt this would help not only with their independence but enable them control over their environment.
- There was a secure and accessible garden. There was a seated smoking shelter which enabled people to enjoy their cigarette outside.

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

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.

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.

- The registered manager had made appropriate applications to the local authority for DoLS and had a system to monitor their progress and when an authorisation was due for renewal. Four people had an authorisation in place. Some had conditions placed on them such as working with other health professionals or to support with the management of smoking.
- Staff understood the importance of seeking consent and involving people in day to day decisions. They also talked about fluctuating mental capacity when a person was unwell and how they supported them at this time. They had received training in the Mental Capacity Act.

# 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 Outstanding. At this inspection this key question was rated Good.

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

- People told us the staff were caring and spoke to them in an appropriate way. Where concerns had been raised by people these had been addressed with the member of staff. For example, a bank worker no longer works in the service because of the way they supported a person.
- It was evident people got on well with each other. Where there were altercations usually verbal, staff acted as intermediaries to rebuild on the relationships. Staff had a good awareness of the triggers such as running out of cigarettes, noise or a person being in pain.
- Staff were knowledgeable about the people they were supporting, their personalities, their likes, dislikes and histories. Staff spoke positively about the people they were supporting demonstrating they treated people in a respectful manner.
- We observed positive relationships between staff and people. There was an inclusive atmosphere with staff and people sitting together chatting and enjoying each other's company.
- Some people preferred to spend time in their bedrooms. Staff spent time with them on a regular basis to ensure they were well and satisfied with their care and support. One person liked to go out with staff on a one to one basis and this was accommodated.
- Care plans detailed information about people's protected characteristics so that staff could support people in an individualised way. For example, people's cultural and religious needs were documented and being met by staff.

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

- There was a relaxed and friendly atmosphere at the service where people were supported to express their opinions.
- People's views were sought in respect of the service being provided at the weekly house meetings. One person said, "These are much better, and we can all have our say".
- People were involved in care reviews and their opinion sought through an annual survey.
- Information was available to people about the service provided at Greengates. This included copies of the statement of purpose, which described the aims and objectives of the service and the expectations.
- There was a notice board in the hallway which displayed leaflets about different health conditions, advice on stopping smoking and advocacy services.
- 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.

#### Respecting and promoting people's privacy, dignity and independence

- Care records included information about important relationships in people's lives and what support was required to maintain contact. People told us they could receive visitors to the home and were supported to visit friends and family.
- People's independence was promoted and encouraged. Some people went out on their own and others looked after their own finances and medicines. One person had recently moved to more independent living. Staff and some people living in Greengates continued to keep in contact with the person.
- Care plans included what a person could do and where they needed help. Staff told us they were now much more active in encouraging people to help with every day tasks such as cleaning, making snacks and drinks. The registered manager told us this had not been accepted by everyone as some felt this was the role of the staff and covered in the fees paid to the home.
- People had keys to their bedroom doors affording them privacy and security. Staff were observed knocking on bedroom doors before entering.

# 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 had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions.
- There were mental health recovery plans for each person and staff to follow, so they could stay well or get the help they needed. People were involved in these as an aid to recovery and giving them control and insight into their condition.
- We saw that not everyone had consistently signed their care plans. One person had clearly stated that they did not want to do this. This was because they viewed Greengates as their home and not a care home. The registered manager said they would review this with everyone living at Greengates.

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.

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

- Friends and family were invited to social gatherings, which gave them the opportunity to meet with other people. They had organised a garden party in the summer and were now planning a Christmas gathering. We were told that relatives of people who had previously lived at the service continued to enjoy coming to these events.
- People were supported to keep in touch with people, some had mobiles and computers whilst others used the house phone to keep in contact with family.
- Care records included information about people's interests, hobbies and activities they liked to take part in. A member of staff said volunteers were involved to help people build new relationships with people who had similar interests. For example, a person liked fishing and another liked chess, a volunteer had been sought to support people in these areas.
- People told us about a variety of activities that were being organised in the home and in the community.

Activities included knitting clubs, art groups, trips to the cinema and theatre, shopping trips and trips to places of interest. A person commended the activity co-ordinator in the organisation of a trip to a Stourhead in Wiltshire which was all done on public transport.

- Staff were supporting people to put up the Christmas decorations. One person told us they particularly liked this time of year and would celebrate all year round.
- Three people had been on holiday together to Wales. Staff said this had been very successful with people trying new experiences. For one person this was their first holiday. Staff told us the person used these memories as a tactic to calm them down when they were upset.

#### Improving care quality in response to complaints or concerns

- There was a policy and procedure on display, which explained to people how to make a complaint. Regular meetings were held with people where they were reminded about how to raise concerns.
- A log of complaints had been maintained and the registered manager demonstrated that these had been kept under review. Complaints had been investigated and acted upon with the outcome being given to the complainant.
- The main theme of complaints received was people complaining about other people's behaviour and the food. These had been addressed with the people that were involved. For example, one person could be agitated around smoking. An agreement was in place on what was acceptable behaviour towards others.

#### End of life care and support

- No one in the care home was receiving end of life care at the time of our inspection.
- There was some Information about people's end of life care and their wishes were documented. This including spiritual and cultural information and if people wished to receive resuscitation. The registered manager acknowledged this was not always an easy topic to discuss with people due to their mental health.
- The registered manager and staff were aware of the need to work with relevant health care specialists at the end of life, should this need arise.

# 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 has remained the same.

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

- There was an inclusive atmosphere in the home with weekly meetings taking place for people to speak up about the service. Key workers (a named member of staff) also spent time with individuals seeking their views.
- People were involved in making decisions on how they wanted to be supported. The care was flexible recognising everyone had different routines such as when they wanted to get up, go to bed or spend their time. The staff approach was to recognise people as individuals.
- A number of staff had worked at the service for many years and therefore people were provided with consistent care from staff who were familiar with them. Some people had also lived at Greengates for some time. One person said they had lived there for 13 years and another 30 years. Both saw Greengates as their home and a place that had supported them well.
- Staff spoke positively about their work environment and the team. They described a culture that was supportive, where the focus was on the people that lived in Greengates.

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 clear about his responsibilities for reporting to the CQC and the regulatory requirements of their role.
- The provider understood the duty of candour and acted on it. People and their relatives were informed if something went wrong.

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

- There had been a change of registered manager since the last inspection. The deputy manager had taken up this role temporarily until a replacement could be found. They had registered with the Care Quality Commission. A member of staff said it had been a bereavement for the team in the loss of the previous manager but felt there had been a smooth transition with the deputy manager taking up the role.
- Staff spoke positively about the registered manager. It was evident they were supported in their roles with good lines of communication. The registered manager actively supported people working alongside the staff team. They were very knowledgeable about the people that were living at Greengates.

- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager and provider. The registered manager said they were in the process of compiling a business plan which would include some areas of the home benefiting from refurbishment such as the kitchen and replacement of furniture. They said some of this was underway.
- The registered manager had to complete a monthly report, which included complaints, staffing, accidents and incidents and finances. This enabled the provider to have an overview of the service and any risks identified could be jointly managed.
- Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. These were routinely reviewed to look for any themes.

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

- The views of people, their relatives and staff were sought through an annual survey. Surveys were used to evaluate the whole organisation. These were completed by a representative working in the provider's office and independent from the team. Feedback was mixed. The registered manager said at the time one person was not well and their view on life had since changed. They were now much more positive about life at Greengates.
- People were able to maintain contact with family and friends. Events were organised during the year for friends and family to attend. A newsletter had been implemented to let friends and family know what was happening in Greengates and Milestones Trust.
- Some people were involved in a group called 'expressions' which enabled people to meet up with other people with mental health needs. The group helps to make arts accessible, interactive and a source of wellbeing. People had exhibited some of the art work they had completed at local events. There was lots of art work that people had completed, displayed throughout the home. It was not only a topic of communication, but people were very proud of their achievements.

Continuous learning and improving care

- Team meetings and daily handovers were used to communicate updates keeping staff informed about any changes to people's care and within the organisation.
- Continuous learning and development opportunities were part of the service. Training was ongoing. Staff had opportunities to complete recognised care and management qualifications. Team away days were organised every two months and included an element of learning and reflective practice to generate improvements.

Working in partnership with others

- The registered manager and the team were aware of the need to work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals.