

Milestones Trust Hillside

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?

Requires Improvement 

Overall summary

The inspection took place on 24 March 2015 and was unannounced. At our last inspection in June 2013 the service was meeting the requirements of the regulations.

Hillside provides accommodation and personal care for up to 16 adults who have a learning disability. On the day of our visit there were 14 people living at the home.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said that they felt safe in the home and with the staff who worked there. There was enough staff to meet people's range of needs.

Staff followed the principles of the Mental Capacity Act 2005 for people who lacked capacity to make a decision. The registered manager had made seven applications under Deprivation of Liberty Safeguards for people whose liberty may have been restricted To keep them safe.

Summary of findings

People told us that they were involved in planning and deciding how they wanted to be cared for. When people were not able to make their views known the staff asked relatives to help them to understand the individual's needs and wishes.

People's needs were assessed and care was planned and delivered in a consistent way. Staff knew how to ensure people's individual care needs were met.

People were supported to eat and drink enough so that their nutrition and hydration needs were met.

People had individual care plans that set out the support they needed and how they wanted this to be provided. Each person's needs had been identified and support was provided as explained in their care plans. This meant people received support in the way they wanted.

The staff on duty understood the needs of people they were supporting. They encouraged people to make choices about their care and their lives. People were encouraged to maintain their independence and have control over their daily lives.

People told us they were treated kindly by the staff at the home. The staff engaged with people in a caring and attentive manner.

The registered manager ensured that complaints were investigated and responded to according to the provider's complaints procedure. The people we spoke with knew how to make a complaint or raise a concern. People who were not able to make their views known were supported to have them heard and properly represented.

There was a system in place to assess the quality of the service. However, this system was not being kept up to date. Audits and checks on the care and service were not always carried out as regularly as the provider's own policy required. This meant there were risks that people could receive unsafe and unsuitable care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People told us they felt safe living at the home and with the staff who worked with them there.

Staff knew how to recognise and respond to abuse correctly so that people were protected from harm.

People were given their medicines at the times they required them. Medicines were looked after safely in the home.

There was enough suitably qualified staff on duty at any time to help to ensure people were safe.

Good



Is the service effective?

The service was effective

People told us they enjoyed the food choices provided. People were supported to make choices so that they ate and drank enough to be healthy.

Staff understood the needs of people they supported. They followed their care plans to ensure that they received effective care and support.

Staff were provided with training and supervision to help them to care for people and meet their needs.

Good



Is the service caring?

The service was caring

People were positive about the care they received and staff assisted people with a caring and kind approach.

Care was planned in a way that took into account people's individual preferences. Care plans explained how to support people with their care in a way that respected their dignity.

Good



Is the service responsive?

The service was responsive

Care plans were up to date and showed what actions were needed to ensure people needs were met. People's preferences in relation to how they wanted to be cared for were fully included in their care plans.

Complaints were properly managed and people knew how to make a complaint or raise a concern. People who could not make their views known were supported to have them represented if they were unhappy.

Good



Summary of findings

People took part in a range of meaningful activities in the home and in their community.

Is the service well-led?

Some aspects of the service were not well led

There were systems to assess the quality of the service provided in the home however, these were not up to date. Quality audits to check the overall care and service were not being done as often as the provider's policy required.

People who lived in the home and their relatives were asked for their opinions of the service as part of the way that quality was monitored.

There was a registered manager at the home and staff felt well supported by them.

Requires Improvement



Hillside

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.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We visited the home on 24 March 2015. The visit was unannounced.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people living at home, four staff, and the registered manager.

We observed care and support in shared areas and also viewed the majority of the premises including the kitchens, bathrooms and 10 bedrooms.

We reviewed a range of records about people's care and how the home was run. These included care records for two people, the training and induction records for all staff employed at the home, and three people's medication records.

Is the service safe?

Our findings

The people we spoke with said that they felt safe and had no concerns about staff and the way they were treated. We saw staff provide one to one support to people who required this level of assistance to keep them safe, due to their particular needs.

Staff told us they have been on regular training about how to keep people safe from abuse. The staff were able to tell us how they would respond to allegations or incidents of abuse and knew how to report any concerns. The registered manager notified the local authority, and CQC, of safeguarding incidents as required.

Staff were able to tell us what whistleblowing at work meant. They explained this meant to report malpractice or illegal activities if they suspected them. There was a procedure so that staff knew how to report any allegations of concern about the service.

Risks were properly managed and individual risk assessments were in place to support people to stay safe. The staff told us they read this information regularly to ensure they knew how to manage risks people may face. For example, one person we met was supported to safely take part in activities that mattered to them in the community. The person's risk assessment clearly explained why two staff were needed to support them. This practise was being followed by the staff each time they went out with them.

Changes to the care and support people received were put place when needed. The incident and accident records showed how incidents and occurrences at the home were reviewed and there was learning from them. There was a record of the actions taken after an incident or accident.

People's medicines were managed safely in the home. Suitable secure storage was available for medicines. Medicines recording sheets were accurate and up to date. They demonstrated people were given the medicines they required at the right times. Each person had a medicines profile. The profiles clearly explained what their medicines

were and how they preferred to take them. For example with water, with juice or with jam on a spoon. Audit checks of medicines were regularly carried out. In addition, all staff had to do medicines administration training to demonstrate they were able to give people their medicines safely. A medicines fridge was used for storing certain medicines that needed to be kept at a certain temperature. Staff checked the temperature of the fridge to ensure medicines were stored at the correct temperature so they remained suitable for use.

There were enough staff with the right experience and training to meet the needs of people living in the home. During our visit staff responded immediately when people wanted support. There was enough staff to provide people with assistance with their care needs in an unhurried and attentive way. We spoke with the staff about how they provided people with the care they needed. They said there were enough staff to meet people's needs and they were allocated a small group of people to support during a shift at the home. Staff also said they worked flexibly as a team and helped each other. The registered manager told us staffing levels were reviewed regularly with a senior manager. They said this was done based on reviewing how much support each person required to make sure enough staff were able to provide this.

There were systems in place to check only suitable and safe staff were employed to work at the home. The registered manager had recruited two new staff members since our last inspection of the service in July 2013. The records around staff recruitment showed that the necessary checks and information required had been obtained before new staff were able to begin employment in the home.

Checks were carried out to keep the home environment safely maintained. The temperature in the premises was comfortable for people. Regular checks were done by external contractors on the electrics and water systems. A fire safety expert visited to carry out an assessment. This was to ensure that there were safe systems in place in the home in the event of a fire.

Is the service effective?

Our findings

Every person we spoke with had positive opinions about how they were being supported by the staff. For example, One person said, “they are not too bad”. Another person told us “they are all alright”.

Staff provided effective individual support and were attentive in their approach with each person. The staff prompted people with their personal care needs. They provide social support by going out with people into the community. Staff also assisted people who needed extra help to eat and drink enough.

People were offered choices of food and drink that they told us they enjoyed. Every person we spoke with had positive opinions about the meals that were provided. One person told us the food was, “good. Another person told us the food was “nice”.

Staff spoke with people about the meals choices they were offered. At lunch, there were at least two main meal choices. People were involved in menu planning. They said they were asked what meals they liked and if there were any meals that they did not. Meals were regularly discussed with people and changed in response to what people said.

The chef was given a list of people’s preferred meal choices every day. The registered manager told us that the chef was able to cater for people on special diets. For example, people who required a diabetic menu. At lunch, these special diets were served to people who required them.

Staff took drinks to people between meal times. People were offered extra drinks and snacks during the day. There were bowls of fresh fruit and extra drinks people could help them self to in shared living areas. The staff sat next to people who needed it and prompted them with their meals and assisted people who needed extra help to eat and drink enough.. Staff also encouraged people to eat their meals unaided where possible.

Care records showed what actions staff should take to ensure people were supported effectively with their nutritional needs. An assessment had been carried out for each person using a nationally recognised tool. This was a five-step screening tool to identify people who may be

malnourished or at risk of malnutrition or obesity. Guidance in the care plans set out what actions to follow so that people were assisted to meet their identified nutritional needs. For example, it was identified when people needed extra encouragement. It was also identified when people needed food supplements to help to maintain a healthy weight and wellbeing and we saw these being offered to people.

Staff told us they were well supported and were properly supervised in their work. The staff supervision records showed that staff were given the time to review their understanding of their roles and responsibilities. This was to help to ensure they were properly supporting people who used the service. This included review of policies and procedures when required. Staff also told us that supervision sessions were an opportunity to raise any concerns if they had them about the service.

Staff told us that they had also received recent training about managing and responding to behaviours that challenge others. Staff discussed how this learning was put into practice. For example, one staff member told us how a recent course around the subject of autism had increased their understanding of how people with autism experienced their world. Staff also told us the training had helped them to support people whose behaviours may challenge as it had helped them to have more of an insight into their experiences of the world

The staff training records confirmed that staff had completed training to help them have the skills and knowledge to provide effective support.

People also received extra support and guidance from other healthcare professionals when needed. Care records included guidance and advice from community learning disability nurses. This was to offer extra help when people may express behaviours that challenged. GPs, dentists, chiropodists and opticians saw people at the home or in the community when needed. Each person had a health action plan to help them to be well supported with their health care needs. The purpose of health action plans is to record information about the person’s health needs, the professionals who support those needs, and their various appointments. The plan is written after a full health check.

Is the service caring?

Our findings

The people we spoke with told us that staff were caring and kind to them. One person told us staff were “not too bad”. Another person said “they are good”. We were also told, “the staff are nice”.

People were treated with respect and staff had a caring and kind approach. Staff were friendly in manner and were discreet when offering support to people. The staff took the time to speak with people as they supported them. There were numerous positive interactions between staff and people at the home. We saw a member of staff laughing and joking with one person. The person concerned was relaxed to joke and teased the member of staff back in a good humoured way.

Staff supported people in a respectful way that maintained their dignity and privacy. Staff told us they ensured people’s privacy whilst they helped them with personal care. Staff said they prompted people and encouraged them to be as independent as they could be.

People told us they liked living at the home and liked all of the staff. The relationships we observed were friendly and positive. People who were not able to make their views known were well supported by staff. Staff used sign

language and picture books to communicate with people. Staff told us they had been on recent training to learn another type of sign language. One member used this sign language when they communicated with one person.

People’s bedrooms were decorated in the ways they wanted them to be and this helped to promote independence. Three people had their own self-contained bedsits and one person told us they liked their room. Bedrooms were for single use unless people had chosen to share. Rooms and keys were available for rooms to be locked. This helped to maintain privacy and independence.

Care plans included information about people’s interests and preferred daily routines. This was to help ensure staff assisted people in a personalised way and took account of their differing needs. We also read information about people’s religious and cultural needs. For example, two people were supported to practise their faiths at local churches.

The registered manager told us an advocacy service was used when needed to ensure people’s views were properly represented. They told us they were in the process of using an advocacy service to support people to make choices about what bedrooms they chose to live in at the home.

There was information in people’s care records that showed that this service was being used to support them to make choices in their daily lives.

Is the service responsive?

Our findings

People were able to take part in activities in the home and in their community that they enjoyed. Two people we met went out shopping with the support of staff to buy lunch from a supermarket. The people we spoke with told us about some of the other activities they liked to take part in. One person told us they often went to a café and to the local shops. Another person had a part time job. In the afternoon, a group of people went to a drop-in-group run at a day centre. People were supported to take part in one to one activities of their choice. These included going out to the shops, and arts and crafts sessions.

When people were not able to communicate verbally, they were supported to make choices in their daily lives. These included deciding what to wear, eat, or how they wanted to spend their day. Staff offered people choices in this way. The staff told us how they supported people who were not able to give consent. They told us that people's likes and dislikes in relation to their care were written in detail in their care records. The staff also told us they always spoke with people and explained exactly what type of support they would like to offer. They said they did this to show they still involved the person even if they could not fully respond. Picture boards were used to assist people to make choices when they were not able to directly make their views known. There was a menu for people in this format as well as a copy of the provider's complaints procedure.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

At the time of our visit, staff were providing extra support to one person who was in hospital. Staff were going to spend

time with them every day. This was to provide emotional support to the person while in the hospital. This showed how the service responded flexibly and supportively to people's needs.

Assessments were undertaken and people's needs were identified to put in place the correct level and type of support to meet people's individual needs. Care plans were in place that clearly set out how to assist people with their care. The care plans showed that people were encouraged to maintain their independence and undertake as much of their own personal care as they could. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. This showed how people were being well supported to be independent in their daily lives and in activities of daily living.

People told us they knew how to make a complaint and felt they could speak to staff if they were not happy about anything. People who were not able to make their views known verbally had a profile written about them that set out how they communicated if they were unhappy about something. Their records included information about what staff should do to support them. People said that they knew the registered manager very well and felt comfortable to see them whenever they wanted. A copy of the complaints procedure was given to each person at the home. This was in a picture format to help people to understand it.

Surveys were also sent out to people and relatives regularly by staff at the provider's head office. We saw how this information helped improve the service for people. Feedback had been positive. Menus, the environment, and the activities people wanted to do had been changed in part due to people's views.

Is the service well-led?

Our findings

While there was a system to assess quality of the service this was not up to date. There were gaps of up to three months in how often the service was checked and monitored. Some audits had not been undertaken as often as the provider's policy for quality assurance said they should be. Audits and checks on overall care and services were not always carried out as regularly as the providers own policy. The provider's policy was that audits were to be done on a monthly basis. The audits addressed a range of areas to do with daily life for people at the home. These included checking on people's view of their care, care plans, staffing levels, training and health and safety checks. This meant there were risks people could receive care unsafe and unsuitable care.

There was a registered manager at the home. Staff told us they were always available if they had any concerns. They told us, "they are really approachable you can go to them at any time." They said the registered manager was approachable and kept them informed of any changes to way the home was run or the needs of people they were supporting.

The registered manager demonstrated a good understanding of the care and support needs of people who lived at the service. They kept in regular contact with the staff and people who lived at the service by working regular shifts at the home.

The staff were aware of the visions and values of their organisation. These included being respectful, being inclusive and the value of teamwork. They were able to tell us how they took them into account in the way they supported people at the service. One value staff told us was important was to care for people in a person centred way as unique individuals.

The registered manager told us they kept up to date with best practice by attendance at regular meetings attended by other professionals who supported people with learning disabilities. They said they shared information and learning from these meetings with the staff at team meetings. They also kept up to date by reading articles about health and social care topics.

A senior manager visited the home regularly to meet people and staff and find out their views of the service. A report of their findings was then sent to the home after the visit. There had been no actions identified that needed to be addressed after the last visit.

Team meetings took place regularly and staff told us they had an opportunity to make their views known about the way the home was run. We saw topics discussed at the meeting included the needs of people who lived at the service, health and safety matters, and staffing. Where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up. For example care plans were being rewritten after team discussions to ensure they were up to date and in order.