Milestones Trust

Flaxpits House

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

Flaxpits House is registered to provide accommodation for ten people who require personal care. Accommodation for up to nine people is on ground floor level, with an upstairs self-contained flat for one person. At the time of our inspection eight people with learning disabilities were using the service.

This inspection was unannounced and took place on 26 and 27 May 2016.

There was no registered manager in post. The previously registered manager had recently moved to another position in the Trust. The provider had put in place a suitably experienced acting manager and had recruited a permanent manager who was due to take up their post in early June. We were assured the provider would support the successful applicant to apply for registration with CQC as soon as possible. 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 were safe. Staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Medicines were well managed and people received their medicines as prescribed.

The service was effective. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services. The service complied with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to understand. People were supported to maintain relationships with family and friends.

The service was responsive to people's needs. People received person centred care and support. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. The acting manager and senior staff demonstrated good leadership and management. The acting manager and senior staff had an open, honest and transparent management style. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

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.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

There were enough suitably qualified and experienced staff.

Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

The service complied with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were cared for by staff who received regular and effective supervision and training.

People were supported to make choices regarding food and drink. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

Is the service caring?

Good

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received a service that was designed around their individual needs.

People participated in a range of activities within the local community and in their home.

The service encouraged feedback from people using the service and others and made changes as a result.

Is the service well-led?

Good

The service was well led.

The acting manager and other senior staff were respected. The provider had plans in place to ensure continuity of leadership and management.

There was a person centred culture and a commitment to providing high quality care and support.

Quality monitoring systems were in place and used to further improve the service provided.

Flaxpits House

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 26 and 27 May 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

The last full inspection of the service was on 18 June 2014. At that time, we found the service was compliant with regulations.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted five health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection.

Not every person was able to express their views verbally. Therefore we carried out a Short Observational Framework for Inspection session (SOFI 2). SOFI 2 is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home.

We spoke with the acting manager, an assistant team leader and four care staff.

We looked at each person's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. Records relating to the recruitment of staff were held at the main Milestone Trust office so we were unable to check on this occasion.

Good

Is the service safe?

Our findings

We observed people throughout our visit and saw they reacted positively to staff and seemed relaxed and contented. Health and social care professionals said they felt people were safe. When asked if they felt safe, people smiled and reacted positively.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with told us they had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management of poor practice.

The provider had appropriately raised safeguarding concerns in the last 12 months. On each of these occasions the provider had taken the appropriate action. This included sharing information with the local authority and the Care Quality Commission (CQC). The level of information shared with other agencies had been appropriate and sufficient to keep people safe. As a result of the safeguarding concerns and subsequent investigations, changes were made to people's care arrangements when required to keep them safe.

There were comprehensive risk assessments in place. Each person's risk assessment and support plan were regularly reviewed and updated when required. Risk assessments to keep people safe when they became unwell and to support people with their daily living and to develop their independence were in place. For example, risk assessments were in place to keep people safe from harm when carrying out domestic activities such as cooking and for people to use community leisure facilities safely. Risk assessments contained clear guidance and detailed the training and skills required by staff to safely support the person.

Accident and incident records were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The acting manager regularly reviewed these to identify any themes or trends.

The acting manager clearly understood their responsibilities to ensure suitable staff were employed in the home. Recruitment information was held at the main office of Milestones Trust so we were unable to check the records were in place. We will be making arrangements to check on this to ensure safe recruitment procedures were in place to protect people across the Trust. These checks will include ensuring a Disclosure and Barring Service (DBS) check had been obtained. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. We will also check if satisfactory references had been obtained for new staff.

People were supported by sufficient numbers of staff to meet their needs. The staff rota included targeted time where staff worked on a one to one basis with people. This was in addition to core staffing levels which ensured sufficient staff to keep people safe. Staff confirmed there was enough staff. One said, "One of the

best things here is the staffing levels, everyone has support to do what they want and we're rarely short". Another said, "The staffing levels here are great". The acting manager told us they were in the process of recruiting and used the Trust's internal bank staff and on occasions agency staff for any shortfalls. They said only regular staff, known to people, were used.

Staff followed the policies and procedures for the safe handling, storage and administration of medicines. Medicines were securely stored and records of administration were kept. Staff had received training in administering medicines. The shift coordinator was responsible for the administration of medicines. A second staff member working was assigned the responsibility of checking to ensure all medicines had been given. People received their medicines as prescribed. Some people were prescribed 'as required' medicines, including medicines to be administered in an emergency. Staff had received training to do this and, how and when the medicine was to be administered was clearly written into people's care plan.

Staff had access to equipment they needed to prevent and control infection. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were kept in a locked room to ensure the safety of people. The home was clean, well maintained and odour free.

Some people required the use of a hoist to move between their bed and wheelchair or wheelchair to bath. People had their own slings. A sling fits to the hoisting equipment to allow the person to be hoisted safely and comfortably. Slings can vary in type and size to meet people's needs. Each person had been assessed for and, had in place the most appropriate sling for them. These were laundered separately and not shared between people; this reduced the risk of cross infection.

Good

Is the service effective?

Our findings

Throughout our visit we saw people's needs were met. Staff were attentive and provided the care and support people required.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had received training on MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. Where people lacked capacity and, their liberty was being restricted, the provider had submitted DoLS applications to the appropriate authorities. Staff kept a clear record of all applications submitted, the date they were authorised, when they would lapse and when CQC had been notified.

The service had a programme of staff supervision in place. These are one to one meetings a staff member has with their manager. These were delegated appropriately to each staff member's immediate supervisor. Staff members told us they received regular supervision. Staff records showed these were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual meetings helpful.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Staff also received specific training to meet people's needs including, administration of emergency medicines, individual moving and handling and non-verbal communication training. Staff said the training they had received had helped them to meet people's individual needs.

Each person's communication needs were documented and staff demonstrated a good understanding of these. Gestures, signs and other non-verbal communication methods were used in addition to words to aid communication. Individual plans identifying goals for learning new words, gestures and signs were in place. Staff had involved people, family members and relevant health and social care professionals in developing these. For example one person with a hearing impairment had a book of communication symbols and used

some sign language. Staff supported this person to communicate using the symbols and signs. Another person had a plan in place to learn and use new words.

People chose what they wanted to eat. Menus were planned with the involvement of people. These were varied and included a range of choices throughout the week. People were encouraged to participate in the preparation of food. People were involved in shopping for food. This was either done through visiting shops or by placing on line orders. On day one of our inspection we saw staff involving people in choosing food to buy and placing an online order for delivery. Staff said care was taken to ensure food was wholesome, well-balanced and nutritious. People's dietary and fluid intake was monitored and recorded where required.

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

The physical environment was of a high standard and met people's needs. However, communal areas, particularly the hallways, were not very homely. The acting manager explained plans were in place to re-decorate and make these more homely. People's own rooms were personalised. People showed us their rooms and were proud of them. When necessary repairs were identified, these were quickly acted upon. The service had outdoor space for people to sit and enjoy the garden. On day two of our inspection, people used this space to relax and play outdoor games with staff support.

Good

Is the service caring?

Our findings

People were cared for by staff who knew them well. Staff were able to tell us about people's interests and individual preferences. The relationships between people at the home and the staff were friendly and informal. People looked comfortable in the presence of staff and sought out their company.

Staff were friendly, kind and discreet when providing care and support to people. People responded positively to staff which showed they felt comfortable with them. We saw a number of positive interactions and saw how these contributed towards people's wellbeing. For example, when people were sat outside in the sun a staff member offered a person with no verbal communication sun cream. They showed the person the sun cream, asked, "May I" and, mimed putting cream on and rubbing it in. The person smiled broadly and nodded. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures.

People were supported to maintain relationships with family and friends. Staff said they felt it important to help people to keep in touch with their families. Care records contained contact details and arrangements. These arrangements were very detailed. For example, one person had family abroad. A clear plan was in place to support the person to use video calling to maintain contact. Another person had a clear plan in place for their family member to be collected by staff every Sunday for them to have lunch together.

Promoting people's independence was a theme running through people's care records. The person using the self-contained accommodation had detailed development plans aimed at increasing their skills in living independently. They said they enjoyed working with staff to gain skills and were fully involved in deciding upon their goals and objectives. Staff were proud of having supported a previous user of the service to move on to more independent living.

Staff worked hard to involve people in all aspects of running the home. Care had been taken to involve people in the recruitment of new staff, including the recently appointed manager. The acting manager explained how computer technology had been used to help people indicate if they were happy with how candidates had answered questions or not. This showed staff valued people's views and opinions and recognised it was important for people to feel comfortable with the staff supporting them.

Throughout our inspection we were struck by the relaxed and homely atmosphere at the service. Everyone seemed to enjoy each other's company. People were engaged in conversation with each other and staff and there was a sense of fun. Minutes of meetings held showed there were regular discussions on how people were getting along with each other. Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them on a one to one basis. Staff told us as part of the key worker role it was their responsibility to ensure they had sufficient toiletries and supported them to go shopping for items of clothing. One member of staff told us they had

assisted the person they were key worker for to choose the decoration for their bedroom. Keyworkers also completed a monthly review with the person that was kept with their care plan.

People's preference in relation to support with personal care was clearly recorded. One person had clearly stated they wanted female staff to assist them with their personal care. All staff were aware of this and rotas showed this was provided in accordance with people's wishes.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, specific dietary requirements were met. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met and had received training on this.

Good

Is the service responsive?

Our findings

Throughout our inspection we saw staff responding to people's needs and providing care and support in a person centred manner.

Care plans were person centred and provided detail on people's needs, daily routines, choices and preferences. Staff clearly described how they supported people and spoke about people in a positive manner. Each person had two files containing an essential lifestyle plan and a health action plans. The essential lifestyle file contained daily diaries, assessments and other correspondence. Key workers completed a monthly summary. This was informative and included information about the person's general wellbeing, a summary of activities and any health appointments the person had attended. This information was used to monitor the care provided.

Essential lifestyle planning meetings were held with each person. The aim of these meetings is to ensure the person's needs, wishes and aspirations were planned for. We spoke with the keyworker for one person whose meeting was scheduled for 1 June 2016 and, looked at the information prepared for the meeting. We were told the person and their closest family member would be at the meeting, which would be run informally to ensure the person was able to participate as fully as possible. We saw a 'one page profile' had been written with the person. This highlighted what people liked and what people admired about them. Information stating the person liked, hydrotherapy, sensory massage, ice skating and singing had been drawn up. This showed these meetings were person centred and planned effectively. We looked at records of meetings that had taken place with other people. This level of detail was evident in each.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. There were written records of the handover so staff could keep up to date if they had been off for a few days.

Other guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw care plans contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. Staff were clear that when a person was admitted to hospital, a copy of the medicines record, their medicines and the hospital passport would be shared with hospital staff. The acting manager told us that some people did not particularly like hospitals and staff would support them during their stay with regular visits. This included making contact with the Learning Disability Liaison nurse based at the hospital.

Where a person required support with personal care, clear plans of care were in place. Care plans were in place in respect of any specialist equipment that was to be used for people such as specialist bathing

equipment or walking aids to reduce the risks of falls. Where people required assistance with moving and handling, detailed guidelines were in place for how the person should be hoisted, which included photographs of how to position equipment. Staff confirmed they had received training on moving and handling to enable them to support people and respond to medical emergencies such as falls. This included first aid training.

People were supported on a regular basis to go out in the community and participate in meaningful activities. At the time of our inspection one person was on holiday with two staff members. During our inspection we saw each person was supported with individual activities. These included, swimming, visiting family, and going out for lunch, shopping, cooking and other household chores. Records were kept of activities, detailing what had gone well and not so well. Staff explained them to learn what people enjoyed and helped in planning future activities. The service had three vehicles to assist with this. Staff said people were also supported to use public transport. From talking with care staff and the acting manager it was evident that they worked as a team to provide meaningful activities for people. One staff member said, "Everyone does something every day, it's great".

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. Complaints received had been managed effectively and action taken as a result. Each person's care plan contained a profile on how they showed if they were unhappy. Records were kept of this and what action had been taken to identify why and then take action to resolve this.

Good

Is the service well-led?

Our findings

At the time of our inspection the service was managed by an acting manager, with the support of two assistant team leaders. An area manager regularly visited the service. The acting manager said they were able to contact the area manager whenever they needed to. The provider also had senior staff based at their head office to provide advice on the management of the service.

People enjoyed the company of the acting manager and senior staff and were able to talk to them, or spend time with them, when they wanted. Staff spoke positively about the management and felt the service was well led. One staff member said, "(Acting manager's name) has supported me really well, she has taken time to coach me so I can do the best I can to support people". Another said, "(Acting manager's name) is an amazing manager, although we are now looking forward to the new manager starting". Health and social care professionals provided positive feedback on the leadership and management of the service.

Throughout our inspection we saw a person centred culture and a commitment to providing high quality care and support. Staff understood the values and culture of the service and were able to explain them. Senior staff provided us with information requested promptly and relevant staff were made available to answer any questions we had. The acting manager and staff spoke passionately about the service and their desire to provide a high quality person centred service.

People benefitted from receiving a service that was well organised and managed effectively. A clear management structure was in place. Job descriptions for each role were clear and staff understood their own and others roles and responsibilities.

The provider operated an on call system for staff to access advice and support if the manager was not present. This allowed staff access to a senior manager at all times for advice and support. Staff confirmed they were able to contact a senior person when needed. Experienced care staff were responsible for the service when the manager or other senior staff were not present.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.

The policies and procedures we looked at were regularly reviewed. Staff knew how to access these policies and procedures which provided them with up to date guidance. People and staff had confidence the acting manager would listen to their concerns and deal with them appropriately. People benefited from staff that understood and were confident about using the whistleblowing procedure.

People benefitted from receiving a service that was continually seeking to improve. The provider had in place an operational plan for 2016/2017. The acting manager said this plan was drawn up from feedback

received, the findings of internal monitoring systems and the providers longer term strategic plan. The plan detailed the areas they were planning to improve the service and the action they were going to take. The acting manager told us the service wanted to improve; the decoration of the home, people's involvement in their essential lifestyle planning and the annual appraisal of staff performance. They said that although they were leaving the service shortly, to be replaced by a permanent manager, they were returning to another service run by the provider close to Flaxpits House. They said they would be available to offer the new manager any assistance required and had discussed and agreed how this could be achieved with the area manager.

The provider used easy read questionnaires to seek feedback from people using the service and, had systems in place to gain feedback from relatives and professionals. Feedback received was collated and analysed. Feedback requiring action was actioned through people's care reviews if it related to individuals or, built into the quality improvement plan if it related to the service. Regular staff meetings were held. The records of these showed staff views were sought and action taken as a result.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits carried out in each house by senior staff. Audits completed included medicines management, health and safety, financial audits and care records. A monthly 'manager self-assessment' was also completed. This was based upon CQC's key lines of enquiry and asked if the service was safe, effective, caring, responsive and well-led. These audits were carried out as scheduled and corrective action had been taken when identified.

All accidents, incidents and any complaints received or safeguarding concerns made were followed up to ensure appropriate action had been taken. The manager analysed these to identify any changes required as a result and any emerging trends.

At the end of day 2 of our inspection we provided feedback on what we had found up to that point. The feedback was received positively with clarification sought where necessary. The acting manager showed a willingness to listen, reflect and learn in order to further improve the service provided to people. This gave us confidence the service would continue to improve and be able to sustain the good aspects of the service.