

Milestones Trust

8 Graeme Close

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

This inspection took place on 26 October 2017 and was unannounced. The service provides nursing care and accommodation for up to 16 people with mental health needs. There were 15 people living in the home at the time of this inspection.

There was a registered manager in post. 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.

At our last inspection in October 2016 we rated the service overall Good. At that inspection we found one breach of Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found that notifications to the commission were not always made when required and in line with our legislation.

Following the inspection we told the provider to send us an action plan detailing how they would ensure they met the requirements of that regulation. At this inspection we saw the provider had taken action as identified in their action plan and improvements had been made. In addition they had sustained previous good practice. As a result of this inspection the service remains with an overall rating of Good.

Why the service is rated Good.

The registered manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had considered actual and potential risks to people, action plans were in place about how to manage these, monitor and review them. Medicines were managed safely and staff followed the services policy and procedures.

People were supported by the services recruitment policy and practices to help ensure that staff were suitable. The registered manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift.

People moved into the service only when a full assessment had been completed and the registered manager was sure they could fully meet a person's needs. People's needs were assessed, monitored and evaluated. This ensured information and care records were up to date and reflected the support people wanted and required.

Staff had the knowledge and skills they needed to carry out their roles effectively. They were supported by the provider and the registered manager at all times. People were helped to exercise choices and control over their lives wherever possible. Where people lacked capacity to make decisions Mental Capacity Act

(MCA) 2005 best interest decisions had been made. The Deprivation of Liberty safeguards (DoLS) were understood by staff and, appropriately implemented to ensure that people who could not make decisions for themselves were protected.

People received a varied nutritious diet, suited to individual preferences and requirements. Mealtimes were flexible and taken in a setting where people chose. Staff took prompt action when people required access to community services and expert treatment or advice.

People were confident in their surroundings and with each other. The atmosphere was very pleasant and people were doing their own things to relax and pass the time of day. The home had a family atmosphere and homely feel. Staff were knowledgeable about everyone they supported and it was evident they had built up relationships based on trust and respect for each other. People experienced a lifestyle that met their individual expectations, capacity and preferences. There was an ethos of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed to accurately reflect people's needs.

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 remains Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service had improved to Good.

The registered manager provided consistent leadership of the service.

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the service.

Effective quality monitoring systems had improved. Audits were being completed to regularly assess the quality and safety of the services provided.

The service notified CQC of events as required by law.

8 Graeme Close

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we looked at 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.

During the inspection people were busy with plans they had made for the day but we did meet and speak with three people who used the service. We spent time with the registered manager and all staff on duty. We looked at four people's care records, together with other records relating to their care and the running of the service. This included the policies and procedures relating to the delivery and management of the service, minutes of meetings, accidents, incidents, complaints and, audits and quality assurance reports. The registered manager also shared with us her reflection on things they had achieved as a service since the last inspection and we have referred to these in our report.

Is the service safe?

Our findings

The service remained safe. People appeared to be happy, comfortable and safe in their surroundings. People and staff we spoke with told us people were safe and in good hands. Comments included, "I am very safe here, the staff are very good and look after me", "Yes I do feel safe, I am not worried about anything", "The staff are good and they provide the appropriate level of support" and "I think we keep people we care for as safe as we can without restricting their rights and what they want to do". People were kept safe by staff who understood their role and responsibility to protect people.

Staff had identified when certain behaviours from people could impact on their safety, other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure safety. Staff considered what triggers may exacerbate certain behaviours so these could be avoided wherever possible, for example loud noises, shouting, pain and distress. Where this had not been possible staff knew how to support people to de-escalate the situation. Staff had the knowledge to protect people safely without being restrictive. This particularly related to supporting people with behaviours that they were unable to control at times. Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. This included environmental risks and any risks due to the health and support needs of the person, both within their homes and the community. Risk assessments included a helpful, good level of detail about the action to be taken to minimise the chance of harm occurring.

Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented.

The provider had an up to date safeguarding policy in place. Records detailed the local procedure and contacts for the safeguarding team. Staff understood what constituted abuse and knew the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified would include the local authority, CQC and the police.

There were sufficient numbers of staff on duty 24 hours a day. During the inspection the atmosphere was busy and lively. People had made individual plans for the day ahead and staff responded promptly to people's requests for support if required. The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments and when someone wanted to go out socially. The registered manager ensured there was a suitable skill mix and experience during each shift. Regular staff were allocated to people to help ensure a consistency and continuity when

receiving care provision. The service also benefited from various volunteers.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. The registered manager told us about plans for the coming year to involve people who use the service in future staff recruitment. They had encouraged people to be a part of the staff interview panel and in the meantime they had written questions they wanted the registered manager to ask during staff interviews.

There were clear policies and procedures for the safe handling and administration of medicines. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed/supported until they felt confident and competent to do this alone.

Is the service effective?

Our findings

Throughout our visits staff were confidently and competently assisting and supporting people. We asked people if they thought staff were good at supporting them. Comments included, "They are all very good, they really look after me, I am very happy here" and "They know what they're doing, they are always able to explain things to me in a way that I understand".

The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident within the roles they were to perform. We spoke with the two newest members of staff who told us the induction had been very useful and they had felt supported when getting to know people.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. Since the last inspection two assistant leaders had successfully completed a Diploma Level 3 in Health and Social Care, the cook has completed NVQ Level 3 in Food Safety and the registered manager and two assistant team leaders had completed the Leadership Programme. At the time of our inspection one assistant team leader was currently pursuing BSc in Health and Social Care and two support workers were finishing their Diploma Level 3 in Health and Social Care. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. Staff were asked for feedback on all training provided to ensure it was meaningful and effective.

The service had a small, steadfast group of staff. They felt supported by the registered manager, and other colleagues. Additional support/supervision was provided on an individual basis. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences.

All staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals and independent advocates.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and 'popping out' to local amenities. They chose to spend time in the lounge, the dining room and their own rooms. They engaged with various preferred activities/interests throughout the day.

Staff ensured people were protected from the risks of poor nutrition and hydration. They offered choices and provided nutritious food that supported people's health needs. People were supported and educated by staff to eat a balanced healthy diet, without compromising their choice and preferences. The service was thrilled to have recently received a Gold Award from the Soil Association for the healthier meals they provided from organic produce. People were encouraged and supported to plan, source and prepare meals. People had twenty-four hour access to a training kitchen. There were no rigid menus, meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed eating out and having takeaways. Hot and cold snacks and drinks were available throughout the day. Opinions about meals were always sought to help ensure people were satisfied with the choice, variety and quality of the food.

The registered manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. The home worked in partnership with the hospitals, community social workers, the community mental health teams and the community learning disabilities team (CLDT).

Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported by staff for all appointments they attended. The level of support was individualised and people were empowered to represent themselves at the appointments as much as possible. All appointments were documented and included the outcomes of these. Care plans and risk assessments were updated if this was required.

Since the last inspection the service had received a substantial financial donation. People had been fully involved in how they wanted to spend the money and consider improvements they wanted to make in their home. In addition to refurbishing their own training kitchen they had replaced a specialised bath, and new flooring in the downstairs bathroom. There was a new walk in shower, the garden and been re-paved and they had chosen a new TV for the conservatory. People were being consulted about the remainder of the fund and future projects.

Is the service caring?

Our findings

Staff provided a caring service. Positive, kind relationships had been developed with people and their families. People told us, "I have been amazed how lovely the staff are since I moved in, I never thought it could be like this", "They are all great. I get on with them" and "I like the staff, they are kind to me".

Throughout our visits staff supported people with kindness and compassion. Their approach to people was respectful and patient. It was evident that over time staff had fostered positive relationships with people that were based on trust and individuality. They provided us with a good level of detail about people's lives prior to moving in. This included family support and existing relationships. Every effort was made to enhance this knowledge so that their life experiences were meaningful and relationships remained important. Those relationships were sustained and encouraged in various ways. Some examples included, staff supporting a person to visit their relative in Weston-Super-Mare every six weeks, helping a person sending a get well card to their sister and one person wanted to send photographs of their newly decorated bedroom to their sister in Canada.

Previously families and friends were kept informed and involved with the service by producing quarterly newsletters. The newsletter provided information about significant events with photographs and future plans for the coming months. This had lapsed due to staff changes but had been well received in the past. The registered manager told us they intended to re-launch the newsletters in January 2018. Other initiatives to encourage more family involvement included coffee mornings and identifying a staff member as family liaison person.

The registered manager and staff demonstrated a determined, positive commitment to people in order to ensure they felt valued. Staff supported people as equals; their approach was respectful and patient. They wanted people to feel important and live a life that was meaningful and fulfilling.

There was an empowering culture for people who lived at the home. Independence and autonomy was promoted at all times and was at the centre of all care and support people received. It was never assumed that people who moved to the home would stay on a permanent basis. Support pathways were developed with individuals and relevant professionals to support phased progression for the potential to live in an alternative independent community setting. The registered manager and staff recognised individual capabilities and worked on strengthening these.

One person had made great progress in order to move into a new flat and live independently with a limited support package. They had developed various daily living skills so that they could achieve their ultimate goals. This included, domestic chores, cooking, shopping, raised awareness of their medicines and self-medication, and travelling independently on public transport.

There were other examples where people and staff had felt proud of individual successes around independence and being in control. Some people found it challenging when managing their own money. Staff educated them about the value of money and the advantages of budgeting and saving. This approach had also helped people to appreciate the value of personal effects and how much things cost. Everyone's progress was individual to them. One person liked to go out and buy bread and milk for the home and

another one liked to buy flowers from home's petty cash to facilitate the 'residents floral arranging group'.

Three people who had recently moved to the home had previously had a traumatic experience in another care facility. This included things such as social isolation, the impact of a restrictive lifestyle and being subjected to institutional care practices. We had met these people in their previous care home which was useful because we could see the comparison and improvements in their overall wellbeing. Although their placements were in their early stages, staff had worked extensively to make them feel welcome and introduce 'small steps' to overcome obstacles that had been previously imbedded. One person recognised us and was keen to tell us about how things were for them since moving to their new home. They were very positive, happy and buoyant in mood, they told us about how they felt welcome and how 'life had changed for the better'. They were enjoying activities and 'getting out' and 'being useful and learning new things'. It was good to see how staff dedication and their caring approach had helped this person increase in confidence and were setting themselves goals for the future.

Is the service responsive?

Our findings

The registered manager reviewed the service so that people received support that was responsive, person centred and based on best practice. Assessments were always completed for those people who were considering moving into the home. The information was detailed and supported the registered manager and prospective 'resident' to make a decision as to whether the service was suitable and their needs could be met. Every effort was made to ensure that significant people were also part of the assessment including family, hospital staff, GP's and social workers. The assessments were used to develop care plans based on individual needs and were reviewed and further developed during the first four weeks of admission. People and their relatives were supported through this process by staff.

In addition systems were safe and robust should emergency admissions be required. Prior to our inspection we were aware that the service had been asked to take three urgent admissions from another care home facility. The registered manager and staff had made this transition as smooth as possible and had supported them with sensitivity and compassion. The registered manager told us, "The team supported the new residents settling into the home quickly. The team and I are pleased that we have already made differences in the lives of the three new residents. The changes are evident and we all continue to develop positive relationships with them and making them feel safe and secure in Graeme Close. The other residents have coped very well with the new admissions to the home from the normal procedure of introduction and gradual transition into the home".

Support plans captured an approach to care that included the support people required for physical, emotional and social well-being. They were personalised and included information on people's life experiences, interests, hobbies and likes and dislikes. There was specific information about behaviours, personalities and personal backgrounds. This included how people preferred to be spoken to, preferred routines and methods of communication. During our visit we saw people being cared for and supported in accordance with their individual wishes. The information people shared meant that staff knew exactly what people wanted and what was important to them.

Staff protected people from social isolation and recognised the importance of social contact and the need to continue with things that interested them and that they enjoyed doing. This included supporting a person to be able to use their season tickets for football, supporting people to enjoy holidays away and day trips, participating in a local walking group, swimming, dog and art therapy sessions, gardening, cycling and baking. Volunteers played a significant part in ensuring personal preferences, hobbies and aspirations were supported and they too had built up trusting relationships with people they supported and staff they worked alongside.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to the registered manager or person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. We joined a handover session on the day of our inspection. Staff commencing their shift received a good account of how people were, what was planned for the rest of the day and enabled staff to have effective discussions

The complaints policy and procedure was available in written and picture format. It helped people understand how to express what they were feeling and what they could do if they had any concerns. The registered manager and staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling. Because staff knew people they supported very well they recognised when they were unhappy about something. People had one to one support throughout the day. This gave them the opportunity to speak or communicate with staff about anything that may be worrying them.

Is the service well-led?

Our findings

At the inspection in October 2016 we found that the service did not always notify us of events as required by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Following the previous inspection the registered manager had made improvements and had provided staff with guidance on what should be reported, in addition to the level of detail and what we needed to know. Appropriate notifications were now received promptly, they provided a good level of detail including the lead up to the event, what happened and what action was taken. We use this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.

People received care and support from a well-led service. The registered manager demonstrated effective leadership skills within their role. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was evident. People and staff were positive about the service, the registered manager and their personal experiences. Comments included, "I am very impressed with the manager and all the staff, I am enjoying being part of their team", "I love living here, I can speak to the manager", "I enjoy my job we are a good team from the top to the bottom, we are all equals! And "I am very happy with everything, this is my home".

The registered manager was knowledgeable about the people in their care and the policies and procedures of the service. They were keen to share with us the achievements over the last year and their views, aims and objectives for the coming year. They provided us with a reflective piece of work they had completed as part of their personal professional development. They wrote, "I am pleased that since July 2017, we have a full managerial staff team in place. I have already seen positive results and tasks have been delegated in a more balanced way to prevent over loading and burnt out staff. In August 2017, we had our team building day which was a great success. This was another opportunity for us to reflect as a group and acknowledge our achievements and set goals to challenge us. We will focus on our new initiative, the Recovery Pathway, personalised support where each resident through consistent approaches will measure their satisfaction and outcomes for an improved wellbeing. The outcome based frameworks include, promoting clean and comfortable accommodation, having control over their daily lives, dignity, food and nutrition, occupation, personal cleanliness, physical comfort and safety, social participation and involvement".

The registered manager felt supported and respected by their line manager and staff team, they welcomed feedback so that they could continue to strive and improve their service for everyone who used it. In their recent reflective account they wrote about how they considered their own values and behaviours and how these would impact on people who used the service, "I have had positive feedback from my line manager, CEO, residents' GP, families, friends, staff, HR and external professionals. They have acknowledged my management of Graeme Close. The team and I have a positive partnership because I listen to residents and staff and am responsive to their comments. I am fair, and approachable, I promote best practice, and challenge practices without compromising standards or policies. I encourage staff development, and enable them to maximise their strengths and my own. I show respect and positive attitude to others, I am thoughtful, honest, professional and uphold my integrity. I am happy in my role regardless of the

challenges".

There was a strong emphasis on continually striving to improve the services provided. The registered manager promoted and encouraged open communication amongst everyone that used the service. People were actively involved in developing the service and felt they were listened to. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Other methods of communication included meetings for people, and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. It was clear through discussions with people, staff and looking at the minutes that the meetings were effective, meaningful and enjoyed.

The service considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan for the future to improve and further enhance current good practice they were achieving. There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out of the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were