

Milestones Trust

33 Charnhill Crescent

Inspection report

33 Charnhill Crescent
Mangotsfield
Bristol
BS16 9JU

Tel: 0117 377 4018

Website: www.aspectsandmilestones.org.uk

Date of inspection visit: 7 October 2015

Date of publication: 09/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

33 Charnhill Crescent provides accommodation and personal care for four people. People who live at the home have mental health needs. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

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.

There was an established team working in 33 Charnhill Crescent. They were knowledgeable about the people they were supporting. Staff had received appropriate training to support people effectively. There was a strong commitment to providing care that was tailored to the person. People were involved in making decisions on how they wanted to be supported.

Summary of findings

People were encouraged and supported to lead active lifestyles both in their home and the local community. People were encouraged to be independent in all aspects of their daily living. This included looking after their own medicines if they had been assessed as safe to do so, managing their own finances and planning and cooking their own meals. People were given a weekly budget to enable them to purchase their own food. Some people were working towards living more independently either in their own flat or a supported living model.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes.

Sufficient staff supported the people living at the service. There were occasions during the day when there were no staff present in the home. This was kept under review ensuring people were safe and not at risk. People told us

they enjoyed the opportunities of being on their own without staff support. This was time specific for a period of two hours. When new people moved to the home this was reviewed to ensure it was safe.

People had a care plan that described how they wanted to be supported in an individualised way. These had been kept under review involving the person. Care was effective and responsive to people's changing needs. There was information for support staff in recognising any relapses in people's physical or mental health and guidance on what action should be taken to support the person.

People's views were sought through care reviews and house meetings and these were acted upon. Systems were in place to ensure that complaints were responded to. Staff learnt from these and action was taken to improve the service provided.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought.

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.

There were sufficient staff to support people. There were short periods of time when there were no staff present in the home. This was kept under review to ensure people were safe.

The service provided a safe environment for people and risks to their health and safety were well managed by the staff. They received their medicine safely and on time.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately.

Good



Is the service effective?

The service was effective.

People who used the service told us the food was good and they were given sufficient food and drink to meet their nutritional needs. People were encouraged to take an active role in shopping and cooking their own food.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law. This included the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received appropriate training and were supported to provide effective care. Training and supervision were provided regularly.

People were able to access health and social care professionals and specialists to ensure their physical and mental health needs were met.

Outstanding



Is the service caring?

The service was caring.

People who used the service and visiting health and social care professionals we spoke with thought the staff were approachable and kind. People were supported in an individualised way.

We saw that people had been involved in developing their plans of care to ensure their wishes were taken into account.

We observed there was a good interaction between staff and people who used the service.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. Care plans clearly described how people wanted to be supported. People were involved in the planning of their care.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People could be confident that if they had any concerns these would be responded to appropriately.

Is the service well-led?

The service was well led.

People benefited from a service that was well led where their views were sought. The staff and the registered manager worked together as a team. The team was small and well established.

The staff were well supported by the management of the service and were clear about their strengths and areas for improvement. Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way.

The quality of the service was regularly reviewed by the provider/registered manager and staff.

Good



33 Charnhill Crescent

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which was completed on 7 October 2015. One inspector carried out this inspection. The previous inspection was completed in July 2013 and there were no concerns.

Prior to our visit we asked for a Provider Information Return (PIR) to be returned to us. The PIR is information given to us by the provider. This is a form in which we ask the provider

to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications this is information about important events which the service is required to send us by law.

We contacted three health care professionals to obtain their views on the service and how it was being managed. We received positive feedback about the support being provided to people and now the service was being managed.

We spoke with three people living at 33 Charnhill Crescent, a member of staff and the registered manager. We looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and staff training information.

Is the service safe?

Our findings

People told us they felt safe living in 33 Charnhill Crescent. People told us there was always staff available when they needed support. People confirmed they had a key to their own front door and told us about the importance of putting the door chain on when answering the door to strangers and at night. House meetings were a forum for people and staff to discuss matters of safety both in the home and the community. People confirmed that staff talked to them about keeping safe.

One person told us they were able to stay in the home for short periods of time without staff and they were very comfortable to do this. The registered manager told us there were times when there were no staff working in the home. This could be up to a period of two hours and usually on an afternoon. Each person had been risk assessed to ensure this was safe and there were no risks to people. People were able to contact another home which was a short walk away if they had any concerns or if they needed support. The registered manager said this was kept under constant review and if a new person moved to the home this again would be reviewed to ensure the arrangements were safe and appropriate. This was clearly recorded in the service user guide and discussed with the local placing authorities.

People received a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. People were able to access the community independently, be involved in the cooking of their meals and were responsible for their own money. It was evident people were empowered to take control over their own lives.

The registered manager told us that the staffing was planned flexibly around the four people. Additional staff would be rostered to provide people with opportunities to go out with staff or support with healthcare appointments. There were times when there was one member of staff working in the home. A member of staff said it can be quite isolating when working on your own. However, they told us there was an on call system and the team were supportive. They said they would have no hesitation in contacting the

registered manager or another team member to discuss any issues or concerns if they were working alone. There was a lone working policy. People told us there was enough staff working in the home.

Rotas showed there was always a minimum of one staff on duty throughout the day and evening. The registered manager said there was always two staff working on a Thursday to support people with their social activities. A member of staff provided sleep in cover and was contactable in the event of an emergency.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. A safeguarding adult's policy was available to staff to guide them on the procedure to follow. Staff felt confident that any concerns would be investigated by the registered manager and the provider. There was a whistle blowing policy enabling staff to raise concerns about poor practice.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager. People's records had sufficient information to guide the staff on how and when to administer medicines.

Two people were responsible for their own administration of medicines. There was a clear protocol detailing the stages and the steps to enable a person to be independent with their medicines. The registered manager told us they were looking to change the present pharmacist. This was because it would be closer to the home and more accessible to people using the service. They told us some people would eventually take on the responsibility of ordering and collecting their own medicines.

The registered 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 relevant records were in place for the staff at 33 Charnhill Crescent. However, we recently visited the main office and looked at recruitment information and found there was a rigorous and robust system in place to ensure suitable staff were employed across the Trust.

Is the service safe?

The home was clean and free from odour. People told us they were supported by staff to complete daily chores and the cleaning of their bedrooms. Cleaning schedules were in place. Staff confirmed there were sufficient protective clothing such as aprons and gloves. Staff received training in infection control. There were policies and procedures in place to guide staff on minimising the risks in respect of infection control.

We saw there were four different colour coded mops and buckets. These were for different areas of the home and used to prevent cross contamination. However these were stored in a shower room which detracted from the homely feel of 33 Charnhill Crescent and potentially could have been a trip hazard. The registered manager told us, they would see if these could be stored more discreetly.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed

or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were policies and procedures in the event of an emergency and fire evacuation. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills).

Checks were completed on the environment by external contractors such as the fire system and routine checks on the gas and electrical appliances. Certificates of these checks were kept.

An annual audit was completed by the Trust's health and safety team in respect of whether the premises were safe and fit for purpose. Where concerns had been raised these had been actioned. Regular maintenance was completed on the premises.



Is the service effective?

Our findings

People told us they were happy with the care and support they received from the staff. People told us the staff listened to what they had to say and spent time with them. One person told us, “I am very lucky to be living here; although I am not always happy in myself the staff take the time to listen to me”. Another person told us, “I like living here, the staff are helping me to eat healthily, I am eating lots of salads, but I do like a good fry up”.

There was detailed information in care files to inform staff about people's mental health and general well-being. The sign of a person's mental health deteriorating was clearly documented. This included the early warning signs and the action staff should take to support the person. The actions for staff to take were clear and very person-centred. This included liaising with the person's GP or if in crisis then a psychiatrist and the community mental health team (CMHT). However, the registered manager stated that it was the GP that was the first point of contact who would assist in the referral process. This was because people at present were stable and not receiving support from a psychiatrist or the CMHT.

People had access to health and social care professionals. People confirmed they had access to a GP, dentist and opticians and could attend appointments when required. Where people had refused treatment this was clearly recorded and the consequences of the refusal explained to them. People had a ‘my health plan’, which described what support they needed to stay healthy. People had completed these with staff support on what support they required and any medical histories. People had been supported to attend an annual well women's check-up.

Where people's needs had changed staff were proactive in contacting social workers and other health care professionals for advice and support. This ensured the person was receiving an effective service and the staff were supporting the person appropriately.

A social worker told us they had no concerns about the service and felt the registered manager and the staff were knowledgeable about the people they had placed at the home. They were confident that if anything changed the staff at Charnhill would make contact to discuss any

concerns or changes to the person's wellbeing. They said they had recently completed a review with the person and they appeared settled, a lot more confident and happy with how things were going in the home.

A health and social care professional commended the home on how they had effectively managed a person's health condition ensuring the person was in control at all times. There was clear guidance for staff and the person on managing this effectively in the care plan. People's weight was monitored on a monthly basis or more frequently if there were any concerns. Where there were concerns the staff had liaised with the person's GP and other health professionals. It was evident the staff saw the importance in good physical health as a link to the person managing their own mental health.

People told us there was always enough to eat and drink. People independently accessed the kitchen to make drinks, snacks and prepare their breakfast, lunch and evening meal. Everyone cooked their own meals during the week with staff cooking at the weekends and holidays such as Christmas. We considered this to be an innovative approach that was both person centred and aimed at encouraging greater independence.

People completed their menu planning weekly and then were given a budget to go shopping for their individual items. This was innovative and showed the service's commitment on supporting and encouraging people to be as independent as possible. The level of involvement of people in their day to day lives such as household chores, cooking and shopping was clearly described in the statement of purpose. This was seen as being part of the ethos of the home enabling people to maintain daily living skills as part of their recovery and potential move to more independent living.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Everyone presently accommodated at 33 Charnhill Crescent has the mental capacity to make their own decisions. The registered manager told us this was kept under review in relation to fluctuating capacity due to people's mental health. It was clear from talking with the staff and the registered manager that people would have all the



Is the service effective?

information they needed to make an informed choice. This would include liaising with other health and social care professionals. People told us there were no restrictions imposed on them.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with appropriate training and were competent in the tasks they carried out. They told us their training needs were discussed during their individual supervision meetings with the registered manager and during team meetings. A member of staff commended the Trust on the commitment to ensuring staff had the appropriate skills and training. They told us about an external conference they had attended which was pertinent to their role of supporting people with mental health. They told us much of the training was delivered electronically. They missed face to face training and networking with other staff in the Trust. They told us they preferred classroom style training as it promoted discussion and further learning.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Staff confirmed they had recently completed specific training on supporting a person with their mental health from a health professional. This ensured the staff were supporting the person consistently working alongside the therapist.

There was a policy in place to guide the registered manager on their responsibilities to ensure all staff received supervisions with their line manager at least six times per year. Staff confirmed they met with the registered manager regularly to discuss their roles, training and any concerns that either party might have. In addition all staff had an annual review of the performance this included setting goals in relation to their role and identifying any future training needs and areas for improvement.

The four people presently living at 33 Charnhill Crescent were provided with suitable accommodation. There were four bedrooms. People were able to decorate and personalise their bedrooms to their own taste. One person told us, "I was able to pick out my own carpet and choose the décor of my bedroom".

There was a bathroom on the first floor and a shower room on the ground floor. Both the bathroom and the shower room were due to be refurbished. The shower room had black mould which the registered manager stated was due to the lack of ventilation. There was a large kitchen it was noted that the flooring was ripped where the freezer had been pulled out. This was a potential trip hazard. The registered manager told us these issues had been reported to the Trust but they did not have, a confirmed date of completion. This was followed up by the registered manager during the inspection. We received an email within 24 hours stating the kitchen lino would be replaced within two weeks and the shower room refurbished by December 2015. We were provided with appropriate assurance that this would be resolved.

There was one main lounge area for people to socialise and the staff had created a quiet area in the large laundry room. We were told people often made use of this area to relax. One person told us they preferred this area rather than the lounge area as they preferred peace and quiet. We considered this to be a creative way of ensuring people had access to a quieter communal area when they wanted or needed

The house had a front and rear garden. The rear garden had a large summer house which had been comfortably furnished, giving people a further area to sit and relax if they wanted. The registered manager told us the people were encouraged to assist in the garden up keep including planting and the watering of the garden. Smoking was not permitted in the house but people could smoke in the back garden.

Is the service caring?

Our findings

People told us they liked living at 33 Charnhill Crescent and everyone got on well. Everyone told us the staff were caring and kind, with one person stating, “Staff are all as good as gold, I cannot fault it”. Another person told us, “They (staff) regularly spend time with me on a one to one basis to enable me talk through how I am feeling, they are good listeners, never rush me and they are very patient with me”. They told us this usually happened at least once a day but in the past it could have been up to three times a day. They stated, “I am very lucky to live here, I don’t want to live anywhere else”.

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. The atmosphere was calm and relaxed. When a person became confused about what was happening in relation to going out. Staff quietly explained what was happening, when and who was going. This provided the person with reassurance and they seemed more relaxed once the explanation was given to them. In addition, we saw staff talking with people and praising them for their own achievements.

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. They also spent time with people individually. The key worker met with each person on a three weekly basis to discuss and explore whether they were happy with the care, what changes could be made and what they would like to do over the forthcoming weeks. However, from talking with staff and people it was evident that people were asked informally on a daily basis what they would like to do and how they would like to spend their time.

The registered manager and the member of staff on duty clearly knew people well. It was evident they were knowledgeable about the people they were supporting and

how people’s mental health was monitored. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed. They spoke positively about the people, describing their interests, likes, dislikes, their personal history and the person’s personal achievements.

A visiting health professional stated in their feedback to us that, ‘The overall impression of care is respectful in the exchanges between staff and service users’. They told us, their client expressed much appreciation towards the staff and the support they were receiving.

People confirmed that their bedrooms were their own private space and staff only entered with their permission. Care records identified the support people needed in dealing with personal correspondence. One person’s care plan stated that they liked to keep some information private such as letters and information relating to their bank account.

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. Staff told us regular social events were organised where family and friends were invited. Recently a tea and scone afternoon was organised to celebrate the new summer house and family and friends were invited.

Records about people were held securely in a locked cupboard in the office. The registered manager told us people could view their records any time they requested. People had signed their plans of care where relevant.

People had been consulted about their end of life plans and what they wanted to happen in the event of their death. A member of staff told us they were looking to complete a course in end of life care with the support from the registered manager.

Is the service responsive?

Our findings

People told us about the varied activities organised in the home and in the community. Activities included knitting clubs, aqua fit, walking, art and choir groups and trips to the cinema and theatre. One person told us they did not particularly like group sessions or arts and crafts but liked to go for a walk daily and complete their weekly shopping. Each person had an activity planner in their care plans detailing the activities they were taken part in.

Staff told us it was important for people to have structure to their daily lives and complete activities they enjoyed. People were supported to find work if it was appropriate or voluntary roles for local charities. People in the home were supported to take part in a fund raising walking event. Staff told us they were planning to hold a coffee morning to raise money for another charity. From talking with staff it was important for people to feel part of their community.

Some people were supported to have an annual holiday. One person told us they were going away to a cottage for a few days with a member of staff. They told us they were apprehensive as this was the first holiday they would have had in ten years. The person showed us pictures of the cottage and told us this was useful in reducing some of their anxieties.

People had their needs assessed by the registered manager before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

A social care professional commended the home on how they supported a person they placed in the home with a smooth transition from hospital to community. They told us visits for the person were organised to the home by the registered manager. These took place at different times of the day and evening gradually building up to an overnight stay. This was to enable the person to get to know the other people, the staff and how the service operated.

People had a care plan covering all areas of daily living. This included daily living skills, social networks, responsibilities, building self-esteem, trust and hope and

hobbies and interests. Care documentation included any risks associated with their care or medical conditions. For example what signs and symptoms to look out for if a person had taken an overdose.

People had been involved in making decisions about their care and support they required. Care was tailored to the person ensuring their individual needs were being met. A social care professional stated "Care is really person centred and the focus is on the individual and making it a home for them, there is an established team who know people well". They said they would have no hesitation in placing another person at the service in the future.

As part of the daily written handover, staff had recorded what items of clothing a person was wearing. This was because in the past this person had gone missing for a period of time. This enabled the staff to quickly share information with the police and other health professionals.

People told us they could come and go as they liked, but it was always good to let the staff know where and when they would be back. This meant staff could respond if a person had not returned when they said they would. There was a missing person protocol in place to guide staff on who to contact and the timescales.

At the time of our inspection the registered manager informed us that there were no on going complaints. The records seen indicated that this was the case. Staff told us they were confident that any concerns, worries or complaints raised by people using the service would be dealt with appropriately and in a timely manner.

Where people had raised concerns it was evident the registered manager had taken appropriate action, including informing the complainant about the outcome. For example one person had complained that the lounge was cold in the winter so additional heating was promptly supplied, another person had raised concerns about the light coming through the window, staff promptly purchased some black out blinds. It was evident the registered manager and the staff were committed to listening to people and acting on their concerns. People were reminded about the complaints procedure during their monthly house meeting and were asked if there were any concerns or any suggestions for improvement.

Is the service well-led?

Our findings

There was a culture where people felt included and their views were sought. Monthly house meetings were taking place where people's views were sought about the running of the home, activities, menu planning and any planned works in the home. People were consulted about the décor and colour schemes. Regular one to one meetings were held with people about their care and support needs. The registered manager told us key workers routinely meet with each person, every three weeks to discuss their support needs and any improvements that can be made to care delivery. Care plans were being reviewed every six weeks this included seeking the views of the person to ensure it was appropriate.

Annual surveys were completed by people who used the service enabling them to express their views about the service. People were satisfied overall with the care and support they received.

Staff and people were kept informed about future changes to the organisation and the wider picture of supporting people with mental health through team briefs and regular meetings. Health and social care professionals received information about the people they placed with the service to enable them to monitor the wellbeing of the person. A social care professional told us the service kept them informed of any changes and they worked together in supporting the person.

Staff were clear about the aims and objectives of the service and the commitment to providing care that was tailored to the person. From talking with the registered manager and staff it was evident that people were encouraged to have control in making decisions on how they wanted to live and these were respected. This included ensuring there were positive social networks made up of family and friends and supporting the person to be active both in their home and the local community.

Staff told us that meeting were regularly taking place and they were able to share their views about the service. Staff told us that any changes to the care practice, the running of the home and key policies were discussed. They confirmed the meetings ensured staff were kept informed about the

service and their individual responsibilities. Staff told us that daily handovers took place including a written record, which enabled them to keep up to date when they had been away from the home for a few days.

Staff spoke positively about the team and the leadership in the home. There was a very small established team of five staff who had worked in the home for many years. A member of staff described the registered manager as being approachable and very much working alongside the team. Staff told us they enjoyed working at the service and felt the registered manager was proactive in making improvements to the service which benefited the four people living there. Staff told us they could always contact the registered manager or an on call manager for advice and support if the registered manager was not working in the home. The registered manager had delegated areas of responsibility to different members of staff and was supportive of them in their roles.

Staff described a positive culture in the home and a cohesive team that worked together to meet people's needs. Staff told us the registered manager was open and transparent and 'ran a tight ship'. Staff told us they knew what was expected of them in relation to the roles and responsibilities. A health and social care professional told us, "The service is great, there is an established team who are dedicated to provide care that is tailored to the person".

People throughout the inspection came to chat with the registered manager. The exchanges were informal, relaxed and people appeared comfortable with the registered manager. It was clear the registered manager knew people well and engaged with them in an open and inclusive way.

We saw from looking at records that the registered manager conducted regular audits to check on the quality of service provision. These included infection control, medicines administration, care plans, cleaning rotas, weights and nutrition, accidents and environmental checks. The Trust recognised the team's achievement with their recent quality audits with a certificate being given for achieving 100%.

The area manager also conducted regular audits on all aspects of service provision and produced a report and any actions that needed to be taken to improve the service. The chief executive of the Trust completed regular visits to

Is the service well-led?

speak with people, staff and to complete checks on the environment. This included a written report to the service on their findings. The manager was commended on their work on annual appraisals of staff.

The registered manager and the team had developed a business plan for the forth coming year. Areas included improving on their person centred approach through key working, embedding the care planning tools and build on the local networks for people in the local community. There

were also areas identified in the home in respect of planned maintenance and decoration. It was noted that the bathroom refurbishment had been outstanding from the previous annual business plan. Information received before the inspection provided us with information about where the service could be improved with clear timescales for action. The improvements were about enhancing the service rather than shortfalls.