

Milestones Trust

63 Lambbrook Road

Inspection report

63 Lambbrook Road
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 23 December 2015 and was unannounced. The service was last inspected in April 2013 and met with legal requirements at that time.

63 Lambbrook Road is a service run by Milestones Trust. The service is registered to provide personal care for up to four people. People who live at the home have complex learning disabilities. At the time of our visit there were four people living there.

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

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

People said they felt safe but we found potential risks to certain individual's safety. One person had made accusations that another person at the home had been abusive to them. Although there had been no evidence to substantiate this, and both people had been assessed as

Summary of findings

having mental capacity the person who the allegations were made towards had not been told about them. This potentially compromised their rights and meant that the allegations had not been fully investigated.

One person had moved into the home seven days before our visit. The registered manager said that a senior manager had assessed the needs of the person before they moved to the home. However, there was no written assessment in the home that explained how to meet the person's needs. This meant there was a risk that the person's needs would not be met.

Peoples care plans had not been regularly reviewed and updated. This meant they did not show whether they were up to date and an accurate reflection of what people's current needs were. This put people at risk of receiving unsafe care

There were quality assurance systems in place, but these had not identified shortfalls in the service. This meant that the overall quality of care was not being effectively monitored.

The provider carried out appropriate checks before staff commenced work to help ensure that only suitable staff worked at the home.

People told us the food was good and there was plenty of choice. Staff told us that an individual's dietary needs

were assessed and people were regularly consulted about their food preferences. People were able to see their GP, optician and other health care professionals for regular health checks and if they were not well.

At the time of our inspection everyone at the home was able to make decisions for themselves. However, the provider had systems in place so that the requirements of the Mental Capacity Act 2005 were implemented. This legislation protects people who lack capacity to make informed decisions in their lives. Deprivation of Liberty Safeguards (DoLS). DoLS are authorised to make sure that people in care homes, hospitals are looked after in a way that does not inappropriately restrict their freedom.

People were supported by staff who were kind and friendly in their manner. People were supported to make decisions about the care and support they received.

The service sought feedback on how the home was run. Yearly quality assurance questionnaires were sent to people, their relatives and staff to seek their views on how the service is run.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

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?

Some aspects of the services were not safe

One person had made accusations that another person had physically abused them. The person who the allegations were made towards had not been told about them and this infringed their rights. It also meant that the allegations had not been properly investigated.

Medicines were stored, administered and managed safely.

The provider carried out robust recruitment checks to minimise the risks of unsafe staff being employed.

Accidents and incidents were reviewed and action taken to prevent reoccurrences.

Requires improvement



Is the service effective?

The service was effective

Staff had a good understanding of people's care and support needs. People were supported by staff with the necessary skills and knowledge to meet their needs.

People were provided with enough to eat and drink and the choices were nutritious and took into account people's preferences and dietary needs.

Staff were supported to take part in training to support them in their role. Staff had the opportunity to meet with their line manager on a regular basis.

People had access to health care professionals when they were needed and were supported by staff to maintain good health.

Good



Is the service caring?

The service was caring

People were treated respectfully and in a way that maintained their dignity.

Staff were kind and caring in their approach. People were comfortable in staff's company and displayed good relationships.

Visitors were welcomed to the home at any time.

Good



Is the service responsive?

Some aspects of the service were not responsive

Care records had not been regularly reviewed to ensure they showed how to meet people's current needs. In addition, one newly admitted person at the home did not have a copy of a formal assessment of their needs in place.

Requires improvement



Summary of findings

People were well supported to participate in the local community and to take part in activities they enjoyed in the home.

Is the service well-led?

Some aspects of the service were not well led

The system in place to check the quality of service people received had not identified recent shortfalls in the way the service was run. This meant people may receive care that was unsafe.

People spoke positively about the registered manager who they said was caring and good at their job.

Staff understood the visions and values of the organisation that they worked for. These included treating people with respect and encouraging their independence.

Requires improvement



63 Lambrook Road

Detailed findings

Background to this inspection

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

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

One inspector carried out the inspection. During the inspection, we spoke with four people who used the service. We also spoke with two members of staff and the registered manager.

We looked at two people's care records. We observed care, support and daily life for the people at the home. We also looked at records that related to how the service was managed.

Is the service safe?

Our findings

Potential safeguarding allegations were not always properly managed. One person had made an accusation that another person had physically abused them. The registered manager was able to provide evidence to show that the alleged victim had not been harmed in anyway. However, the person who the allegations made towards had not been told about them. The registered manager said this was because the person concerned would be very upset and the allegations had been made a number of times and had never been substantiated. However, this failure to tell the person concerned compromised their rights. It also meant that the allegations had not been fully investigated.

People told us they felt safe with all of the staff who supported them at the home. We saw people were relaxed and responded in a positive way when staff approached them. Staff we spoke with were able to show they understood the how to protect people and keep them safe. They were able to describe the different forms of abuse and were aware of what to do if they felt a person was not safe. Staff told us they had attended training about safeguarding adults and that safeguarding people was also discussed with them at staff supervision sessions. This included making sure that staff knew how to raise any concerns. Staff said they had received training on how to protect people from the risk of harm or abuse.

Staff knew what whistleblowing at work meant to them and how they could report any matters of concern. Staff were able to explain to us that this meant they were protected by law if they reported suspected wrongdoing at work. The staff had attended training to help them understand this subject. We saw a copy of a whistleblowing procedure on display and this had contact details of the external organisations people could safely contact.

There was information available from the local authority advising people how to safely report potential abuse. There was a copy of the provider's procedure for reporting abuse on a notice board in a communal area. This was written in an easy to understand format to help to make it easy to follow.

There were assessments carried out to ensure that risks were managed safely and appropriately. When risks were identified in relation to how people were being supported,

there was detailed documentation in place to guide staff. Risk assessments were in place for equipment used to support people, for example hoists and wheelchairs, in order to ensure they were being used appropriately and safely. Staff we spoke with knew what the individual risks were to people were and how they should be managed or reduced. Risk assessments had also been completed to try and make sure the environment in which people lived and the external areas of the home were safe.

People received their medicines when needed them and they were managed safely. We saw that staff followed medicine administration policies and procedures when they gave people their medicines. Staff were trained to be able to safely handle, give out and dispose of medicines. All staff who gave medicines to people had their competency checked yearly by the registered manager.

There was enough staff working at the home to meet people's needs. The people we spoke with told us they felt there was enough staff to support them. The staff also told us there was enough staff on duty to safely meet people's needs. The registered manager told us they had a bank of staff they could access during unplanned sickness or annual leave. The registered manager also said that staffing numbers were increased when needed to make sure people's needs were met, for example if someone's health needs changed and they needed more support. We observed that staff were able to respond promptly when people wanted support. There was enough staff on duty to be able take people out into the community on a one to one basis.

The provider had a safe system in place that helped to reduce the risk of unsuitable staff being employed at the home. All staff were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. This check was also renewed on a regular a basis to ensure that staff were still able to work with people and they would not be put at risk of harm. References and other checks had been undertaken and this showed that the provider's recruitment processes were followed.

Staff understood their role in the prevention of infection. There was personal protective equipment such as gloves and aprons available for staff to use. We saw the staff wear this when needed.

Is the service safe?

Possible environmental health and safety risks had been identified and suitable guidance was in place to minimise the risk of harm and to keep people safe. For example, we saw guidance in place which was prominently displayed that advised how to keep bathrooms safe for use. Checks

were carried out to ensure that electrical equipment and heating systems were safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked.

Is the service effective?

Our findings

People had positive views of how they were supported with their needs. One person who lived at the home said, “The staff deserve to be marked 20 out of 10.” Another comment made was, “The staff know exactly what I need” and, “My keyworker helps me a lot.”

People’s needs were met by a small consistent team of staff who knew how to provide effective care. Our observations and discussions showed staff had the necessary skills and knowledge to meet their needs. Staff gave us a number of examples of how they provided suitable care to people. They told us how they supported people when they were upset in mood. They explained how they supported people with their particular mobility needs. They also supported one person who was visually impaired and needed extra support to be able to move around the home independently and safely.

Staff also told us part of their role was to assist people to gain independence in their daily life. They also said their role was to see things from the individual’s perspective. This also meant ensuring people received care centred on them as a person and what they wanted.

Staff understood the legal requirements of the Mental Capacity Act 2005. They also confirmed they had attended training on the subject. At the time of our inspection, there was no one at the home who had been assessed as not having mental capacity. The Mental Capacity Act 2005 aims to protect people who may not be able to make some decisions for themselves. It also enables people to plan in case they are unable to make important decisions for themselves in the future. The staff told us how the principals of the Act included respecting the right of people in care to make unwise decisions. It also meant assuming they had capacity unless they had been assessed otherwise. Care plans contained signed mental capacity assessments that related to people’s needs.

Staff understood about the Deprivation of Liberty Safeguards (DoLS) and how these applied to the people they supported at the home. DoLS are put in place to ensure that people in care homes, hospitals and supported living environments are looked after in a way that does not

unlawfully restrict their freedom. The safeguards should ensure a person is only deprived of their liberty in a safe and correct way, and only when it is in the best interests of the person.

Staff told us, and this was confirmed by our observations, that they routinely asked for people’s consent before they assisted them with any care and support needs. People’s decisions were respected if they changed their minds, and decided not to do something. Before people took part in activities, they were asked what they wanted to do, for example going to the shops or out for coffee or to the pub for lunch.

People were supported with their day-to-day health needs and were able to access the right healthcare professionals if they had specific needs. One person told us they saw their GP when they were unwell recently and they had come to the home to see them. Each person had a health action plan. This clearly explained how their physical health needs were met. Care records showed that staff monitored people’s physical health and would call a GP promptly if they were concerned.

People told us that they enjoyed the meals provided. Comments included, “The food is lovely” and “I like the food.” We saw people were offered individual meal choices. People told us they had a choice of food and menus were planned on a weekly basis with people to ensure they maintained a balanced, healthy diet.

The staff said they were supported to take up opportunities to attend a range of training relevant to the needs of people at the home. Staff training records showed staff had been on a variety of training and learning opportunities. Courses that the staff had been on included understanding mental health, mental capacity, health and safety, safe moving and handling, medicines training and safeguarding adults training.

Staff told us they received regular supervision from the registered manager. Staff supervision is a support process that we saw was used to discuss training needs as well as the needs of the people who lived at the home. The registered manager told us that staff received a six-weekly supervision meeting. We saw written evidence to confirm all staff were regularly supervised.

Is the service caring?

Our findings

People were assisted by staff who were kind and caring in their approach. This was evidenced in a number of ways, for example staff always used a calm and gentle approach and manner with people. The staff used a warm and gentle approach to support certain people to encourage them to go out to the shops and to visit family. People responded positively to staff when they used this approach.

We observed numerous kind and caring interactions. For example, one person who lived at the home spent time asking staff how they were and was interested in how the staff were feeling. Staff spent time chatting with the person when they engaged them in this way. Another person at the home had their birthday on the day of our visit. The staff had bought the person presents. The person concerned told us they were going out with staff as part of their birthday plans that day.

The staff demonstrated in conversations with us that they understood how to provide people with personalised care that met their needs. They told us they knew what time people liked to be supported to get up. The staff also told us certain people preferred a female member of staff to support them and this was always respected.

People told us they had a keyworker and spoke with them about their care and support. A key worker is a member of a staff who provides extra support to people and builds up a close relationship with them. Care plans reflected these discussions and showed people were involved in deciding what sort of care and support they received.

We saw people received visits from family and the staff were welcoming and friendly to visitors. This helped people enjoy their time with their family. There was an open visiting policy which also made it easy for people to invite family and friends to visit.

Staff understood what equality and diversity meant. They told us that this meant respecting that everyone is unique and supporting people to live their life in the way they would prefer. The staff gave us examples such as supporting people to practise their faith, and to have the friends and relationships of their choosing. The staff training records confirmed the staff had been on training to help them understand how to apply the principals of equality and diversity in their work. There was also a policy in place to guide staff to ensure they always respected people's equality and diversity.

People could use the kitchen and made themselves drinks and snacks. This showed how the environment supported people to be independent. People had their own bedroom and their own key to lock their door which gave people privacy. Each person's room had been personalised with their own possessions, photographs, and artwork and personal mementoes. This helped to make each room look personal and homely.

There was a small garden where people could walk safely. People were sat in different parts of the home. This showed people were able to have privacy when they wanted it.

Information about the local advocacy service was prominently displayed in a shared area for people to see. Advocacy services support people to ensure that their views and wishes are properly heard and acted upon when decisions are being made about their lives.

Is the service responsive?

Our findings

There was no evidence in the home that one person's individual care and support needs were assessed before they moved in. The registered manager told us a senior manager had assessed the person's needs and whether the home could provide suitable support. However, there was no documentation written by staff in the home that explained the care the person needed. This meant there was a risk that the person's needs could not be met and they may receive unsafe care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The care plans we viewed had not been regularly reviewed and updated. This meant they did not show that they were current and reflected what people's needs were. Care records had a date and no signatures or a date and staff initials as evidence that staff had reviewed them. This meant there was a lack of assurance that people were receiving the care they required to meet their needs.

Care plans contained information about details of each person's life history, their interests and what their particular care needs were. The care plans showed that people had been asked about their individual preferences and what goals they wished to reach. Care plans included information that clearly showed how people were supported in the way they chose and preferred. They contained details of who people wanted to maintain relationships with. Staff we spoke with were aware of people's preferences, and gave us examples of how they supported people in line with these wishes. For example, supporting people to stay in touch with family members, and encouraging people to do things that they enjoyed in the community.

People were encouraged to make choices about how they wanted their care to be delivered to them. We saw staff

support people to make decisions, for example if they wished to take their medicine, go out, have a bath or spend time with their family. Staff gave people support and helped them to make informed decisions about what they wanted to do.

People told us they liked variety of social and therapeutic activities that they took part in. The activities provided for people were varied. People told us these included one to one activities and group events. One the day of our visit one person went shopping and another person went to a party, two people went and they said they did this regularly. The home had also been decorated for Christmas and people told us they were looking forward to the festive season at the home.

The people we spoke with said if they were to have a complaint they could easily raise the matter with the staff and the registered manager. One person told us, "I speak to the staff or my keyworker." Everybody we spoke with said they had never needed to complain. People were not familiar with the provider's complaints procedure, but all said they would speak to the registered manager directly.

There was a copy of provider's complaints procedure on display. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint. The procedure was also available in an easy to read format.

People, their families and professionals involved in their care were invited to be part of a survey at least once a year to find out their views of the service. The registered manager and a senior manager reviewed the answers people wrote. People were asked for their opinions of a number of areas to do with how the home was run. These included staff, and their attitude and approach. They were asked if they felt involved in planning their care, what activities they were supported to take part in and what they thought of the food and the environment.

Is the service well-led?

Our findings

Quality checks on the care people received were carried out regularly. The checks addressed a number of areas that related to how the service was run. These included medicines management, care planning, keeping people safe, staffing levels, staff training and how the home was run. However, the shortfalls in care planning, and management of potential safeguarding allegations had not been identified by recent audits. This meant there was a risk that people could receive care that was unsafe and unsuitable for their needs.

Health and safety audits and quality checks on the care people received were undertaken regularly. Actions were implemented where risks and improvements were needed. For example, an assessment of the safety of bathrooms and the kitchen was carried out to ensure that risks were minimised.

A senior manager from the Trust came to the home at least every three months and spent time observing care and talking with people. They wrote a report of their findings. If there were any actions, they were sent to the registered manager to address. At the time of their last visit, there had been no actions to be carried out.

The provider's chief executive came to the home regularly to meet people. They also wrote a report and highlighted any actions if they had identified them at their visit.

People told us the registered manager was approachable and was always happy to see them at any time. One person said that the registered manager was "Very caring". The registered manager knew each person at the home well. We saw that they engaged with people in a warm and positive way.

Staff told us the registered manager encouraged a culture that was open and transparent. The staff said that they felt able to approach the registered manager if they had any concerns or needed to speak with them about anything to do with the home. Staff meetings were held regularly. The staff said they were free to say what they wanted to and the registered manager always listened supportively to them.

The staff had an understanding of the provider's visions and values. They were able to tell us they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported people they visited.

The staff were invited to take part in a staff survey where they were asked for their views about the organisation and about what it was like to work at the home. They were also asked if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had not always completed a full assessment of people's needs and designed care or treatment with a view to achieving service users' preferences and to ensure their needs are met;</p> <p>Regulation 9 (3)(a) and 9 (3)(b)</p>