Milestones Trust

2a Court Road

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

The inspection took place on 6 and 8 April 2016. This was an unannounced inspection. The service was last inspected in October 2013. There were no breaches of regulations at that time.

The service is registered to provide accommodation for up to fifteen people and cares for people who predominantly have learning disabilities needs. The home is divided into three individual houses which are connected by a shared corridor.

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.'

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS).

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and they were observed providing care which maintained this.

The service was responsive. Care plans were detailed, person centred and provided sufficient detail to provide safe, high quality care to people. Care plans were reviewed and people were involved in the planning of their care. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medication administration, recording and storage were safe.

Risk assessments had been completed to reflect current risk to people.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Staffing levels were sufficient.

Is the service effective?

Good

The service was effective

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

People and relevant professionals were involved in planning their nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed care plan.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

The service had a robust complaints procedure.

Is the service well-led?

Good

The service was well-led

Regular audits of the service were being undertaken.

The registered manager and senior staff were approachable.

Quality and safety monitoring systems were in place.

2a Court 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.

This was an unannounced inspection which was completed on 6 and 8 April 2016. The inspection was completed by an adult social care inspector. The previous inspection was completed in October 2013. There were no breaches of regulation.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at four people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with five members of staff and the registered manager of the service. We spent time observing people and spoke with three people living at 2a Court Road. We spoke with four relatives to obtain their views about the service. 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.

Good

Is the service safe?

Our findings

People told us they felt safe living at 2a Court Road. People used comments such as, "I feel safe here", "All of the staff are good and friendly" and "The staff are caring". We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided. Relatives told us they felt their relative was safe and comfortable in the home and had good relationships with the staff.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency rechecked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. For example, one person was at risk of choking. Their risk assessment was robust and included strategies for staff to minimise the risk of choking.

There were sufficient numbers of staff supporting people. This was confirmed in conversations with staff and the rotas. The registered manager told us there was always a minimum of two staff in each house and an additional five staff members dedicated to supporting people with activities outside of the home. Relatives commented on how they felt the home was sufficiently staffed. One relative commented "There is always enough staff on duty". The registered manager informed us they operated an on-call system and also had bank staff available to cover shifts in emergencies.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of five staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Procedures for staff to follow with contact information for the local authority safeguarding teams was available. All staff had received training in safeguarding. Any issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out. We observed staff wearing gloves and aprons when supporting

people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation drills. There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

Staff told us there was a quick response to maintenance and repairs and records confirmed this. The home had a dedicated maintenance person who completed daily premises checks to identify any issues.

The premises were clean and tidy and free from odour, cleaning was the responsibility of all staff during their shifts. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with felt the home was clean.

Staff showed a good awareness in respect of food hygiene practices. Different types of foods were kept on different shelves in the fridge and freezer. For example, there were separate shelves for vegetables and meats. Food was clearly dated when put into the fridge. We were shown records of the temperatures for the fridges and freezers which were taken daily. We were also shown records of food temperatures being taken for all meals before they were served to people.

Good

Is the service effective?

Our findings

Staff had received regular supervision. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager who was always available. Staff told us they did not have to wait for their supervision to discuss any issues with the registered manager or team leaders. There was evidence staff received annual appraisals.

Staff had completed an induction when they first started working in the home. This was a mixture of shadowing more experienced staff and training. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager informed us each new member of staff had an induction checklist and which detailed core tasks and training they needed to complete. This was checked and signed off by the registered manager when a person completed their induction.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. In addition to this, staff had also received specialist training from other professionals who visited the home such as continence nurses and district nurses. Team meetings were also used to develop staff learning. The registered manager informed us how they would use team meetings to discuss current policy and legislation to ensure staff were well informed of any changes.

The home had an assistant team leader whose responsibility was to co-ordinate and manage the training needs of the staff team. A matrix was used to identify staff training requirements which clearly detailed what training had been completed, what was outstanding and when this was due to be completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Everyone had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The registered manager and staff demonstrated a clear understanding of the DoLS procedures.

It was evident from talking with staff, our observations and from care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. We observed a staff member talking with one person about what they would like to do when they went out that afternoon. Staff respected the wishes of people using the service. We saw one staff member ask a person if they would like to remain in their room or go down to a communal area. The person expressed their wish to go down to a communal area and they were supported with this. Staff knew the needs and preferences of the people. Staff provided us with detailed accounts of peoples' daily routines as well as their likes and dislikes.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service.

The registered manager informed us they used evidence from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, one person required specific dietary arrangements and a speech and language therapist (SALT) had been involved in this.

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. People informed us they were asked what they would like to eat and menus were planned according to their preferences. Some people were from Italian and Jamaican backgrounds and menus were developed to reflect their cultural needs. The home had been certified by the Soil Association and had received an award for this as at least 70% of meals were home cooked.

Meals were flexible and if people wanted something different to what was on the menu they could choose this. This was confirmed to us by the staff and the registered manager. One person we spoke with stated, "The food is good". One relative told us, "The food is of good quality and there is always enough to eat". Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required.

People had access to a GP, dentist and other health professionals. The outcome following appointments were recorded and were also reflected within care files. One person had diabetes and the outcomes of their GP visits were clearly recorded in their care file.

The property was suitable for the people that were accommodated and where adaptations were required these were made. Needs of people had been taken into account when decorating the hallways and communal areas. Each bedroom was decorated to individual preferences and the registered manager informed us people had choice as to how they wanted to decorate their room. One person liked buses and they told us they were enabled to incorporate this into the decoration of their room. There was parking available to visitors and staff and, there was sufficient secure garden space at all of the properties which people could access if they wanted to.

Good

Is the service caring?

Our findings

Staff treated people with understanding, kindness, respect and dignity. Staff were observed providing personal care behind closed bedroom or bathroom doors. One staff member described an incident where a person had removed their clothing in a communal area and how the staff member used their cardigan to cover this person and support them to the bathroom. Staff were observed knocking and waiting for permission before entering a person's bedroom.

There was a genuine sense of fondness and respect between the staff and people. People were laughing and joking with staff. People told us they felt staff were caring. Relatives we spoke to informed us the staff showed a high level of commitment and compassion towards the people they supported. Staff were positive about the people they supported. One member of staff stated "I love this job and the people I get a chance to work with. I feel I have the chance to have a positive impact on people's lives".

At mealtimes we saw that people who required assistance to eat their lunch were supported appropriately. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. People were given the information and explanations they need, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people.

People looked well cared for and their preferences in relation to support with personal care was clearly recorded. Relatives provided positive feedback about the staff team and their ability to care and support people. Words such as "Excellent", "Caring" and "Compassionate" were used by relatives to describe the staff.

We observed positive staff interactions and people were engaged. Examples of this were observed throughout the inspection where staff were present in communal areas and engaging with people. For example, we observed one member of staff supporting a person to read a magazine.

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people. Staff were observed using touch as a form of communication and also to put people at ease when speaking to them. Staff evidently knew people well and had built positive relationships. Family members we spoke with felt the staff knew their relative's needs well and were able to respond accordingly.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative stated, "There have never been any restrictions on visiting".

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Each care file also had a page detailing people's likes and dislikes at the front of the file so it was easy for staff to identify individual preferences.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. At the time of inspection, the home was trialling a new daily notes recording system where staff used tablet computers to record needs. These were automatically uploaded to a computer to ensure all events in a person's day were recorded in real time as they occurred. Staff informed us they had found the new system beneficial as it ensured they always had up to date information about people. The daily notes contained information such as what activities people had engaged in, their nutritional intake and also any behaviour which may challenge so that the staff working the next shift were well prepared.

The home had a robust process for ensuring changes were recorded in peoples files. For example, one person indicated they wanted to trial baking and this was recorded in their activities plan as part of the review process. Another person was displaying a lot of behaviour which challenged in the mornings only. As part of the review process, other professionals were involved and the person's activities were moved to the afternoon which resulted in a decrease of behavioural difficulties. There was evidence regular reviews of care plans were being carried out on a monthly basis.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people we spoke with indicated that they were happy living in the home and with the staff that supported them. One person stated "I like it here". Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The provider also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. Activities included swimming, bike riding, climbing and attending day centres. Each person had their own activities timetable

detailing what they were doing during the week. In addition to activities outside of the home, we observed staff sitting with people and engaging with them when they were back at the home. One person told us they liked going to a local farm and staff supported them with this. Another person stated "I have lots to do". Relatives stated activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do the things they enjoyed.

Complaints were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. When looking at the records, it was evident complaints had been dealt with appropriately and there had been learning taken from the complaint.

Good

Is the service well-led?

Our findings

There was an experienced registered manager working at 2a Court Road. The registered manager had been working at the home for 16 years. Staff spoke positively about the registered manager. Staff told us they felt they could discuss any concerns they had with the registered manager. A staff member who had started recently stated "The manager has really helped me since I started". Staff informed us there was an open culture within the home and the registered manager listened to them. Staff informed us they used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager and team leaders stated they felt team meetings were important as they allowed the staff team to identify good practice as well as areas for improvement. The registered manager informed us staff meetings occurred every month.

The staff described the registered manager and team leaders as being 'very hands on'. We observed this during the inspection when the registered manager and team leaders attended to matters of care throughout the day. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. Relatives of people living at the home supported this stating they felt the registered manager was involved in day to day matters at the service. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the management team.

Regular audits of the service were taking place in both services. This included monthly audits of the whole service by the registered manager. The registered manager also completed a monthly self assessment which was submitted to the provider. The provider's quality assurance team carried out bi-monthly audits of the service. Once audits were completed, issues identified during the audit process were incorporated into the annual business plan. Annual surveys were sent out to relatives and the feedback from these was positive.

We discussed the value base of the service with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The registered manager and staff told us they involved people and their relatives. Where people did not want any involvement from their relatives, this was clearly recorded in their care file. Staff were clear that 2a Court Road was the home of the people living there.

The registered manager had a clear contingency plan to manage the home in her absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. For example, the provider had implemented an on call system to cover for unexpected staff absences. The registered manager also detailed how the team leader would cover for them in their absence.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.