Milestones Trust

8 Graeme Close

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 20 October 2016 and was unannounced. The previous inspection took place in June 2015 and no breaches of the regulations were found at this time. The service was rated as 'requires improvement' at the last inspection.

The service provides nursing care and accommodation for up to 16 people with mental health needs. At the time of our inspection, 15 people were living in the home although two were in hospital.

There was a registered manager in place at the home. 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 and their relatives told us they were happy with the care provided by the home. We received a number of positive comments about staff including "marvellous" and they "give very good care". Our observations showed that staff were kind and respectful.

Care was planned in a person centred manner that took account of people's individual preferences and wishes. For example, people's preferred daily routines were described and we saw from daily records that these preferences were supported by staff. People were able to take part in a range of activities if they wished to.

People in the home were safe. There were sufficient numbers of staff to ensure their needs were met. Staff vacancies were managed so that the impact on people was minimised through the use of regular bank and agency staff. Staff received training and supervision to support them in carrying out their roles effectively.

People's rights were protected in line with the Mental Capacity Act 2005 (MCA). Applications were made to the local authority in line with the Deprivation of Liberty Safeguards (DoLS) when a person needed to be deprived of their liberty in order to be cared for safely.

People were able to be independent and this was encouraged where it was safe for the individual. For example, people were supported to make meals. Some people were able to go out of the home independently. This had been assessed and measures were in place to ensure their safety when they did so.

There were systems in place to manage medicines. People's preferred ways of receiving their medicines were taken account of.

Staff reported they felt well supported by the registered manager and able to raise any issues or concerns. There were systems in place to monitor the quality of the service.

We found that notifications to the Commission weren't always made. We found example of DoLS authorisations that had been granted but that had not been notified to the Commission in line with legislation.

We found one breach of regulations during this inspection. You can see the action we took at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were protected against the risks of abuse because staff received training and were knowledgeable about the signs to look for.

There were risk assessments in place to ensure people were supported in a safe way.

There were sufficient numbers of staff to ensure people's needs were met.

Medicines were managed and administered safely.

There were systems in place to ensure the environment was well maintained and safe.

Is the service effective?

Good

The service was effective.

People's rights were protected in line with the Mental Capacity Act 2005 (MCA) and DoLS.

Staff received training and supervision to support them in carrying out their role effectively.

People were supported to see healthcare professionals when they needed to.

People received support to eat a healthy and balanced diet and were protected from the risks of malnutrition.

Is the service caring?

Good

The service was caring.

People were supported in a calm, kind and caring manner.

People were encouraged to be independent where they were

able to be.

Is the service responsive?

Good

The service was responsive.

Care plans described the particular ways that people liked to be supported.

There were procedures in place to respond to complaints.

People were able to take part in a range of organised activities if they chose to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Notifications were not always made when required.

Staff were positive about the support they received and felt able to raise issues and concerns.

There were systems in place to monitor the quality of the service.

8 Graeme Close

Detailed findings

Background to this inspection

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

This inspection took place on 20 October 2016 and was unannounced.

The inspection was carried out by two inspectors. Prior to the service, we gathered information about the service from notifications. Notifications provide information about specific events that the home is required to send us by law. During the inspection we spoke with two people who use the service, five members of staff and the registered manager. Following the inspection we spoke with one relative. People who had been out of the home during our inspection were given opportunity to speak with us but declined to do so. We looked at the care records of four people who used the service, as well as other records relating to the running of the home. These included audits, safety records and complaints.

Good

Is the service safe?

Our findings

People were protected from abuse because staff were trained in safeguarding adults and confident about reporting any concerns they may have. Staff knew where to find safeguarding policies and understood the term 'whistleblowing'. Whistleblowing is the term used to describe the action a member of staff can take if they suspect bad or unsafe practice in the work place. Staff identified agencies, such as the police and CQC, they could approach if they had concerns. There were protocols and guidance in place in the event of emergencies, or if a person had gone missing. This included guidance for staff to follow on discovering a person was missing and when the police should be contacted.

There were safe systems in place to manage and administer medicines. Medicines were stored safely in cabinets and cupboards in locked rooms. A fridge was provided for medicines that required cool storage. Appropriate temperatures were maintained and recorded. Suitable storage was provided for medicines that required additional security. We checked and found the recording of administration of these medicines, and the checking of remaining stock balances, were sufficient and accurate.

A protocol was in place to make sure people who went out of the home on day trips, or holidays, received medicines when they needed them. However, we found that the protocol was not being followed. We checked the MARs for one person who was out of the home on a day trip on the day of our visit. The medicines had been taken out with the person. The MARs were in the home and had been signed, to confirm they had been given, in advance. This was not best practice and not in accordance with the provider's policy that stated, 'Ensure resident has taken medication before signing MAR sheet.' We brought this to the attention of the registered manager who told us they would address the issue.

People in the service were protected against the risks associated with their care because there were risk assessments in place to guide staff in providing safe care. These covered areas of support such as going outside of the home, the risks of self neglect and the security of the premises. For example we saw that one person was at risk of skin breakdown if they weren't attentive to their personal care. Measures were in place to support staff in recognising when the person was showing signs of self neglect and what they could do to support the person. Most of the risk assessments we reviewed had regular notes evaluating the information contained in the assessment and adding any updated information as necessary. This ensured that the information remained relevant and current. Another individual could potentially put other people living in the home at risk through their access arrangements to the home. There were measures in place so that this person's access to the premises weren't compromised but other people were also safe. The risks associated with people's health were also assessed and plans in place to ensure the risk was managed. People's weight and nutrition was monitored using a nationally recognised tool. One person's plan stated that this should be carried out monthly. However from the records it was clear that this had not been completed each month. We discussed this with the registered manager who told us that the person had declined to be weighed on a number of occasions due to other health issues. We discussed how it would be best practice to record when a person had declined to be weighed when this was offered. Staff were aware of the nutritional concerns for this person and how best to support them.

The registered manager told us that there were vacancies in the staff team that they were trying to recruit for, including a registered nurse position. These shifts had been covered by bank and agency staff. Staff told us that where regular bank and agency staff were used in order to provide continuity of care for people in the home. Staff told us they had no concerns about staffing levels. Comments included "The staffing is good here and it needs to be because they [people who used the service] need a lot of time" and "The staffing has got a lot better over the last year." One person in the home commented "They're [the staff] here when I need them."

There were systems in place to support the registered manager in making safe recruitment decisions. We checked the files of four members of staff. We saw that Disclosure and Barring Service (DBS) checks were in place. DBS checks provide information about any convictions a person may have and whether they are barred from working with children and vulnerable adults. We noted that two of the members of staff had gaps in their employment history. We weren't able to check the specific interview records for these staff but we did see that gaps in employment was a question that was asked of all potential staff at interview.

Accidents and incidents were recorded and monitored. Follow up actions were recorded and a further section was completed within a month of the accident or incident. Care plans were updated to reflect any changes needed. Staff told us they discussed accidents and incidents at staff meetings and at handovers. They told us this was to make sure all staff were up to date with any changes.

Systems were in place that monitored the environment and the equipment within the service. For example, the records showed that up to date checks were completed for fire fighting and electrical equipment, gas appliances and legionella risk assessments.

Good

Is the service effective?

Our findings

People's rights were protected in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that protects the rights of people who are unable to make decisions about their own treatment and care. DoLS provides a framework to assess a person when it is believed that they need to be deprived of their liberty in order to receive care and treatment safely. There were two people in the home who had DoLS authorisations in place. We saw that in one case, there had been a lapse of approximately six months between an authorisation expiring and a further application being made. We discussed this with the registered manager who told us that in this particular case, at the time of the authorisation expiring she had not understood the need to make a further application but she now knew that it was necessary to do so. Another person had conditions associated with their authorisation and we saw that the registered manager had met these. For example there were conditions associated with their medicines that we saw had been met and also a requirement for a Lasting Power of Attorney (LPA) to be appointed. The registered manager told us that this was being addressed. Where significant decisions were being on behalf of a person who did not have capacity we saw that people had the support of an Independent Mental Capacity Advocate (IMCA). If a person has no relative or friend who is able to represent them during significant decision, the law requires that they are appointed an IMCA to represent them.

People were supported to see other healthcare professionals when it was required. For example one person had a particular skin condition that required the support of the district nurse. There were recordings in the person's file to show that the nurse had visited the person regularly. We also saw evidence of visits from the psychiatrist and GP when needed.

Many of the people in the home were independent in relation to their nutrition and meals; however we saw that plans were in place to support people to eat healthily and to provide meals they enjoyed. Consideration was given to people's right to make choices about what they ate alongside support and encouragement to make healthy choices. For example one person liked to purchase food when they went out; staff ensured that a meal was kept for them if they wanted it when they returned. Records were kept of people's weights so that any concerns could be identified and referred to the relevant health professional if necessary. We noted in one person's records that there had been a significant weight loss over a period of one month. The registered manager told us about the reasons for this and what had been done to address them. We saw in the person's records that the GP was aware of the weight loss issue. It was recorded in another person's file that they did not always eat breakfast or puddings so were to be offered food in the evenings. We saw recordings in the daily notes of when the person had eaten in the evening. One person told us that their relative had particular dietary needs and they were happy that staff supported them to a suitable diet.

Where people were able, they were supported to cook some of their own meals. For example, if people wanted a cooked breakfast, they were supported to cook it themselves, with staff guidance, support and direction, in the recently refurbished 'training kitchen.'

Staff were positive about the support and training they received. Supervision took place regularly as an opportunity to discuss any performance and development needs. One member of staff said that this was "an

opportunity to have a voice". Staff told us they had training to support them in carrying out their role. We viewed the training matrix for staff at the home to check whether training was up to date. It was difficult to get an overall picture from this as not all training dates had been added. However, more accurate details were held centrally by Milestones Trust and for training that we queried as being out of date, we were either given a date of when it had been done, or a date for when it had been booked.

Good

Is the service caring?

Our findings

A number of people were out on a trip during our inspection and so unable to speak with us. We asked the registered manager to inform those who were on the trip that we had inspected and that we would make arrangements to speak with them if they wished to. One person who had declined to go on the trip told us that staff were, "All ok. Actually they are really nice." Another person told us, "I'm very busy so can't really stop but yes, the staff are good." One relative told us that they were very happy with the care and support provided at the home; the care was "marvellous" and "staff give very good care".

We saw and heard kind, caring and respectful interactions between staff and people living in the home. For example during the midday meal, people received support as needed. Support was provided in an unrushed and respectful manner.

People were encouraged to be as independent where possible. Where people were independent in aspects of their lives, this was clearly outlined in their support plans. For example we saw that some people were able to manage their own personal hygiene, but may require occasional prompts from staff to ensure that this was maintained. Where people needed more support in relation to personal care, staff described how they ensured people's privacy and dignity, for example by ensuring that doors were shut. It was stated in one person's support plan that they did not wish to be checked on by staff at night but had agreed to be checked if they were unwell. People's preferences for the gender of staff who supported them was recorded in their support plans.

Where it was safe for people to do so, we saw that they went out in their local community independently. People were also able to go out on organised trips if they wished to. On the day of our inspection, several people were being supported out on a trip to Weston Super Mare. We saw that another person went out and returned to the home as they wished.

People were involved in decisions about their own care and support. For example, we saw a records of a medicines review where the person concerned attended a meeting with the psychiatrist.

People were able to maintain relationships that were important to them. One relative told us that they visited regularly and were involved in their relative's care and kept up to date with any developments.

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Good

Is the service responsive?

Our findings

One person told us they were very happy with the support provided by the home and happy that their relative's needs were being met.

People's support plans provided information to guide staff in providing support in a person centred way that took account of their personal needs, wishes and preferences. For example, we saw that people's preferred routines were outlined in their support plans. We saw one person preferred to get up later in the day and it was evident from their daily notes that staff supported them in this. There was also detailed information about the particular ways people preferred to take their medicines. MAR records contained additional sheets that provided detail about people's preferences for taking medicines. For example, 'Likes to observe medicine tablet markings' 'Likes to take one by one with water' 'Usually take [name of person] medicines into the dining room…sometimes refuses….please continue to try as she will usually have them' and '[Name of person] will come to the clinic room to take medication.' We saw a member of staff explaining and describing to one person the medicines they were giving to them. Registered nurses were responsible for the administration of medicines that required additional security and for the administration of injections. This ensured people's medication needs were met by staff who were appropriately skilled and trained.

People's mental health needs were outlined in their support plans including the signs that a person's mental health may be deteriorating. There was guidance in place to support the person if they were concerned about any deterioration in their health. For example, one person liked to explore solutions with staff and then staff would write down action points for the person to refer back to.

A weekly activity programme was displayed in the reception area of the home. The activities for the current week included music, spirituality, art, reading and drama activities. People's participation was recorded in the activity record file which was divided into three sections, for in-house activity, supported outings and independent outings. We saw that in one person's support plan it was stated that they enjoyed going on holiday and they had recently been supported to go to a holiday resort

A complaints policy and procedure was in place. I looked at the complaints records and discussed the management of complaints with the manager. Five complaints had been received this year. The complaints had been managed in accordance with the provider's policy and there were no outstanding or unresolved complaints. We saw that in one case, a complaint had been made by a health professional seen by a person using the service. As a result of this complaint, the person's care records were updated in relation to the support they required when attending health appointments.

Requires Improvement

Is the service well-led?

Our findings

Staff were positive about the management of the home and the support they received in their roles. They told us that the registered manager was approachable and they felt able to raise any issues or concerns. Staff also reported they had regular team meetings and were able to raise any concerns at this time. One member of staff commented that they were "very well supported". Staff meetings were held on a regular basis. The meetings were attended by a representative of the provider's staff forum. These were member of staff from the provider's other local homes. They had discussions about how improvements could be made where concerns had been expressed. For example, staff had provided feedback that staff needed to feel more valued. Extra mile awards were agreed and were being introduced to recognise where staff provided exceptional service for people.

Staff were unsure about the specific visions and values of the organisation but were able to identify positive ideas that they wished to promote, such as independence, encouraging people to participate in the community and providing choices. We saw that these values were being promoted during our inspection.

The provider had systems in place to check and monitor the quality of the service provided. The registered manager completed monthly self-audits. These covered areas relating to each of the five domains inspected by the Care Quality Commission. Annual audits were completed by a representative of the provider. The audit was due to be completed for 2016.

The registered manager told us they were well supported. A representative of the provider recognised and acknowledged achievements and improvements that were made in the home. For example, the staff team received a letter thanking them when they received the Gold Soil award. This was an award in relation to the quality of the food used in the home.

Resident meetings were held each month. People were given the opportunity to participate and discuss areas where improvements could be made. The most recent meeting included discussions about dignity, fire drills, complaints and meal service. Surveys were completed on an annual basis and feedback was used to make improvements to the service. For example, a bathroom was turned into a wet room.

During the inspection we found that notifications to the commission were not always made when required and in line with legislation. We found occasions when a notification had not been made when a person had received a DoLS authorisation.

This was a breach of Regulation 18(2) (c) of the Care Quality Commission (Registration) Regulations 2009

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications weren't always made when DoLS authorisations were received. Regulation 18 (2) (c) of the Care Quality Commission (Registration) Regulations 2009