

Milestones Trust

58 Crantock Drive

## 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

### About the service

58 Crantock Drive is a 'care home' providing support for up to eight people who have learning disabilities, autistic spectrum conditions or additional needs. Eight people were living there at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was had been extended and was larger than most domestic style properties in the area. However, the building design fitted into the residential area and the service was an accepted part of the community. There were deliberately no identifying signs, intercom anything else outside to indicate the building was a care home.

### People's experience of using this service and what we found

People and their relatives told us they were happy with the care and service received. Staff were kind and caring towards people, and people appeared relaxed and comfortable in their presence.

People were supported by enough staff and vacancies were being recruited to. Any gaps in shifts were covered by regular bank staff or agency workers who knew the people they were supporting.

People were protected from the risk of harm or abuse. Staff knew how to keep people safe, and guidance was available if staff needed to report concerns. Risk assessments reflected people's needs and ensured staff provided safe care for people. Risks relating to the environment and equipment were regularly assessed to ensure these were managed.

People received their medicines safely and as prescribed. Staff received training to ensure they were competent in administering and managing medicines. Some checks required more consistent completion, although any risk to people was low.

Staff supported people to eat and drink enough to maintain a balanced diet which met their needs and preferences. People had access to routine and specialist healthcare services. Staff worked with other professionals to ensure people received effective care which met their needs.

Care records were person-centred and gave information about what was important and how people wished

to be supported. People's capacity was considered and documented on each care plan and assessed for particular decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff knew people well and information about their preferences and interests was recorded. People were able to access a wide range of opportunities and activities which were meaningful to them. Staff supported people to maintain relationships with friends and family.

A clear leadership structure was in place, and the service was well led by knowledgeable and respected managers. Staff felt supported by the management team and there was a commitment to the service from the staff we met. Systems were in place to monitor and review quality and performance, and actions were taken when shortfalls were identified. Feedback was regularly requested, and actions taken when lessons could be learned, or improvements made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 07 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 58 Crantock Drive

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

58 Crantock Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. Some people living at the service were unable to communicate verbally. We used observation throughout our inspection to help us understand their experiences.

We spoke with two members of staff, as well as the registered manager, service co-ordinators and the area manager. We reviewed a range of records. This included three people's care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents.

We considered this information to help us to make a judgement about the service.

#### After the inspection

After the inspection, the registered manager provided additional information and policies. We spoke with four relatives to find out more about their experience of the care provided. Their comments have been incorporated into this report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm wherever possible. One person told us, "I'm safe here, the staff look after me. They help me with my problems and help me."
- Staff received regular training to ensure they knew how to keep people safe. Policies and accessible information gave staff guidance when required.
- Staff told us they would report any concerns. They were able to describe clearly what they would do to help ensure people were protected from harm.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm.
- Care records contained individual risk assessments which reflected people's needs and supported staff to provide safe care for people. Risks assessed included moving and handling people, managing challenging behaviours and supporting personal care activities.
- Systems and a programme of regular checks were in place to ensure environmental risks were assessed. These included risks presented by the building and activities within it, such as water safety and fire. Fire equipment was checked regularly, and people had individual personal emergency evacuation plans to ensure staff knew the support people needed in emergency situations.

Staffing and recruitment

- People were supported by enough staff to meet their needs.
- Although there were some staff vacancies, an active programme of recruitment was in place. Agency staff were used to cover shifts at times, and a team of regular bank staff also ensured staffing levels were safe.
- The provider stored recruitment information centrally away from the service, but we saw evidence that recent pre-employment, criminal record and other checks had been carried out. These consider whether staff are suitable to work with vulnerable people. We highlighted to the area manager that one staff file did not have evidence of checks being carried out recently. They planned to discuss this within the organisation.
- During the inspection, staff did not appear to be rushed and were able to spend time with people. Some staff told us the shifts could be busy and said there was a lot to do. We highlighted this to the registered manager.

Using medicines safely

- Staff supported people to receive their medicines as prescribed. Staff who administered medicines had received training and regular competency checks were completed.
- When medicines errors had occurred, managers had reported these and provided additional supervision

and training as necessary. The registered manager had recently made changes to practice to reduce the potential for errors in medicines administration.

- Medicines were stored securely in people's bedrooms, and additional stock was locked in the office.
- Staff checked and recorded room temperatures to ensure medicines were being stored correctly. A new fridge had been placed in one person's room a few days before our inspection, and temperature checks had not been recorded. We highlighted this to the management team during our inspection and were assured that staff would be reminded of the importance of regular checks.
- Medicine administration records (MAR) were accurate and clear, and these confirmed people received their medicines as prescribed. Information about people's preferences when taking medicines was clearly described.
- Body maps were available in people's medicine folders. These showed staff where, how and when prescribed creams should be applied.
- Regular medicines audits had been carried out to monitor safety and ensure risks were managed. Areas for improvement had been identified and shortfalls were addressed.

#### Preventing and controlling infection

- The service was clean and tidy. Protective equipment and guidance was available to staff to ensure the principles of infection control were followed.
- An infection control audit had been carried out to ensure standards were maintained, and to monitor infection control risks.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the management team. The service made changes where necessary and aimed to learn from incidents to help ensure people were safe and protected from avoidable harm.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service to ensure their needs could be met. People's physical, mental health and social needs were assessed. Families and professionals were involved in this process. One relative told us staff had carried out assessments before their family member moved to Crantock Drive, and described it as, "So thorough."
- Individual needs and preferences were recorded to ensure staff delivered care that was effective and meaningful.
- Care plans had been recently reviewed to ensure they continued to meet people's needs. One person was preparing to move to accommodation where they could be more independent. This showed the service considered and met people's changing needs.

Staff support: induction, training, skills and experience

- A training matrix showed staff had completed training which gave them the skills and knowledge to support people effectively. Staff spoke positively about the training they received, saying, "There's loads of training. We get training in anything we need. It's really good."
- New staff completed a programme of induction and spent time with more experienced colleagues until they were sufficiently skilled to work more independently.
- Staff said they felt supported by the management team, and told us they could speak with them at any time.
- Staff received supervision and felt this was a useful opportunity to discuss their work, training or development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were able to meet people's dietary needs and preferences and support them to eat a balanced diet and drink enough.
- People told us they enjoyed the food.
- People chose what they wanted to eat each day. Some people were encouraged to assist in aspects of meal preparation, for example peeling vegetables. A workspace in the kitchen had been lowered so that wheelchair users could reach the surface and a hob area to ensure they were actively involved.
- Staff were aware of people's specific needs. For example, one person required a soft diet. Information was recorded in the person's care record about how best to support them and ensure they were safe.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records showed staff worked with other professionals to ensure people received effective care. This included attending routine and specialist healthcare services. One person attended a planned annual health check with their GP on the day of our inspection.
- Documents such as 'hospital passports' were in people's care files. These provided health professionals with information about how best to support and treat the individual.
- Records and correspondence showed advice provided by health professionals had been acted upon where possible. For example, carrying out physiotherapy exercises and following guidance given about a person's dietary needs.

#### Adapting service, design, decoration to meet people's needs

- The service met the needs and preferences of the people who lived there. Spacious communal lounge and dining areas were well used, and a large accessible garden gave people different spaces to use at different times.
- Staff, people and relatives all described the service as homely, relaxed and comfortable. People were consulted about changes to the environment and décor.
- Bedrooms were decorated as people chose and these reflected their preferences and needs. One person had visually stimulating items on the ceiling above the area they used during the day, but the area around their bed had less decoration to ensure it was calm and relaxing for the person.

#### Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed for making particular decisions. When people lacked capacity to make a particular decision, mental capacity assessments and best interest decisions were completed and recorded. Family members or other professionals were involved as necessary.
- Capacity was considered and documented on each care plan. This showed staff had considered the person's ability to make decisions relating to each need or plan.
- One person did not have capacity to make decisions, but their care record prompted staff to, "Talk through the choices with me, even though you may be deciding for me."
- DoLS applications had been made and authorised for three people. There were no conditions associated with these, and recommendations had been followed up where required.
- Staff understood the principles of the MCA and had received training to ensure they knew how to apply these in practice. We saw staff giving people choices during our inspection, for example, regarding food, activities and routines.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question is rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at 58 Crantock Drive. One person said, "I like the atmosphere here and how the staff help us. I can't think of anything that could be better."
- Relatives told us, "Staff absolutely respect and treat them as individuals. I would give them 11 out of 10 for the support they give", "They're well looked after. The staff are very good" and, "I have nothing but praise for Crantock."
- During the inspection, staff were caring and kind towards people, and people appeared relaxed and comfortable in their presence. Some staff had supported people for many years and knew them well. Information was available about people's preferences and interests.
- A member of staff said, "We're all really caring and attentive to people's needs." Some staff had completed 'Time to Shine' forms which highlighted ways in which people were provided with high quality, safe care. In each case, staff said they felt they treated people with respect and as individuals, and encouraged people's interests and independence.
- Information was recorded which reflected people's needs under the Equalities Act. This included details about people's preferences regarding religion, sexuality and gender. One person's care record stated, "I like to look presentable and feminine. I like to dress in a ladylike fashion."

Supporting people to express their views and be involved in making decisions about their care

- Staff used a personalised approach to enable people to be involved in decision making and expressing their views. For example, people chose the activities they wanted to do and the clothes they preferred to wear.
- House meetings took place and enabled people to discuss matters relating to the service, activities and plans. Staff also spoke with people individually to ensure they were involved wherever possible.
- Surveys about the service had been completed by people and their relatives in the previous 6 months. Feedback was positive and any identified areas for improvement had been actioned.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. For example, one person's care plan explained the support they needed when showering, and stated that they preferred female staff to assist them. Staff told us this guidance was followed.
- People were supported to be as independent as possible. For example, in personal care, assisting with household tasks and moving around the home without assistance.
- Care plans gave guidance to staff about what people could do for themselves and how best to provide

support. One care plan stated, "I need staff to cut up my meal so that I can eat independently."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were person-centred and gave information and guidance about what was important to them and how they wished to be supported. Care records had been reviewed to ensure they were up to date and relevant.
- One person's care plan stated, "[Name] requests that staff ask them the night before what time they would prefer assistance in the morning." Another care record described the bowl that a person liked to use for breakfast. A photograph was included so that staff knew how to meet the person's preference.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of people's information and communication needs. Information was available in different formats including easy to read and pictorial documents.
- Staff told us about ways in which they made sure people were given information in a way they could understand. For example, meals and menu choices were shown in picture format.
- Care records contained information about how to communicate with each person. One person did not communicate verbally, but information was provided about the sounds and actions the person made, and how they might express different emotions or needs. For example, "When I am sad I go quiet. I might chew my fist. Reassure me, offer me a quiet place to play in with a favourite toy and perhaps put some music on."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service continued to meet people's preferences regarding activities and maintaining relationships.
- People and their relatives told us they frequently went out on trips and that events were regularly held at the service. For example, parties, theatre trips, fundraising events and shopping. People had been supported to go on holiday. One person recently went on holiday for the first time, and another was able to go away for a shorter break.
- One relative said, "[Name] has so much more stimulation than we could ever give" and another relative told us, "I have to ring before I visit because [Person's name] is out so often." Two relatives said they would like to see more opportunities being made available to their loved ones, but added that they were happy with the activities available.

- People were encouraged and supported to carry out individual activities within the service. For example, colouring, sensory activities and using the interactive touch screen. Resources were available in communal areas and in people's bedrooms. A staff member said, "I'm really proud of what we offer the ladies. There are activities every day and day trips, and we offer people new opportunities."
- Staff supported people to visit and keep in touch with friends and family, and visitors were welcome at the service. A relative told us, "I'm always offered a cup of tea and made to feel at home there."

#### Improving care quality in response to complaints or concerns

- Systems and policies were in place for recording and dealing with complaints. People were supported to raise any concerns or complaints, and these had been satisfactorily and promptly resolved.
- People told us they would speak with staff or the management team if they had concerns. One person said, "We all get on. No problems, no arguments."
- Relatives told us they would be confident to raise any concerns. Comments included, "If I saw things that weren't right, I'd certainly say," and "I can talk with any of the staff, I talk with them all the time and I have no concerns."

#### End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection.
- Care records contained detailed information about people's wishes and preferences if they became seriously ill or died. Some people's information was recorded on a form entitled, 'Celebrating My Life.' This explored preferences around the delivery of care and celebrating the person's life as well as information about their wishes after death. The information recorded was person centred and individual. For example, one person gave specific funeral preferences, such as their music choices and stating that clothes and flowers should be pink.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were respected and put first wherever possible and staff were clear that care and support must be person centred. This reflected the provider's values which focus on the individual and aim to provide people with the best care possible.
- There was a relaxed atmosphere, and staff were positive about the service. They enjoyed providing the support people needed to achieve good outcomes. One staff member told us, "I love working here. It's more than just a job. It's like my family."
- Staff were positive about the support they received from the management team. One staff member said, "Management are fine. There's always someone to go to and actions follow if there are issues."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- Staff felt confident about bringing any issues of concern to the attention of the manager and felt assured they would be listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and worked with staff and senior managers to meet regulatory requirements. The previous CQC rating was displayed in the service and on the provider's website.
- Staff told us they felt clear about what they were expected to do in their role and felt supported by the management team. One staff member said, "Any time, day or night, there's always someone to contact."
- Quality assurance processes were in place to monitor and improve standards. Audits were carried out regularly, and action plans were in place and regularly reviewed to ensure improvements were achieved. These included regular audits of care plans, medicines, and the environment as well as checks which scrutinised the standards which are described by CQC.
- Senior managers within the organisation provided support and carried out checks to monitor quality and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- Staff were able to give feedback and make suggestions about aspects of the service. Staff meetings took place to ensure there was open communication and staff felt engaged and involved. Subjects such as safeguarding, training and learning from incidents had been discussed at recent staff meetings.
- Relatives told us they felt included in making sure people received high quality care. For example, one relative told us, "They keep me up to date" and another explained, "I see the care plans. They communicate with us about everything, it's like an extended family."

#### Continuous learning and improving care

- The management team were open and responsive during our inspection. They were keen to continue to improve the service. One staff member said, "We're not perfect, but we try hard. If we're not right, just point us in the right direction."
- The registered manager was an active part of the wider organisation and attended a range of meetings and forums to ensure they remained up to date and able to meet standards and expectations.

#### Working in partnership with others

- Staff worked with a range of professionals and the local community to ensure people's needs were met. This included the local neighbourhood association, social workers and health care staff.
- Specialists provided support and guidance where necessary, for example regarding behaviours which challenged or physical health conditions. This ensured people received high quality, person centred care.