

Milestones Trust

16 Cleeve Hill

Inspection report

Downend
Bristol
BS16 6HN

Tel: 01179570839
Website: www.milestonetrust.org.uk

Date of inspection visit:
23 January 2019

Date of publication:
12 February 2019

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

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on 23 January 2019 and was unannounced. There were no concerns at the last inspection of July 2016. Five people can live at 16 Cleeve Hill. At the time of our visit there were 4 people with a learning disability and/or a mental health condition who were living at the service.

There was a manager in post and they were in the process of registering with CQC as the registered manager. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People continued to receive a service that was safe. The manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. The home was clean and staff followed the providers infection control policy and procedures.

The service remained effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. The manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice.

Staff provided a caring service to people and respected and promoted their dignity. People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

People benefitted from a service that was well led. The values and culture of the service were clearly communicated to and understood by staff. The manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

16 Cleeve Hill

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector for adult social care. Prior to the inspection we looked at information we had about the service. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning for the inspection.

During our visit we met and spent time with three people living in the home. We observed people for short periods of time so that they didn't feel anxious about our presence. We spent time with the area manager and manager. We spoke individually with three staff. We looked at two people's care records, together with other records relating to their care and the running of the service. This included three staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

People continued to receive safe care and support. People appeared to be happy, comfortable and safe in their surroundings. Staff took every precaution to keep people from unnecessary harm, they were kind and protective and they wanted people to be happy and feel safe.

Staff understood what constituted abuse and the processes to follow to safeguard people in their care. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred.

Staff had identified when certain behaviours from people could impact on their safety and, that of other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure safety. Staff considered what triggers may exacerbate certain behaviours so these could be avoided wherever possible, for example loud noises, shouting, pain and distress. Where this had not been possible staff knew how to support people to de-escalate the situation. Staff had the knowledge to protect people safely without being restrictive. This particularly related to supporting people with behaviours that they were unable to control at times.

Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and, what action had been taken. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented.

During the inspection the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. Staff confirmed there were sufficient numbers of staff on duty to ensure people were safe and choices and preferences were promoted and respected.

The trust continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines continued to be managed safely. There had been no significant errors involving medicines in the last 12 months. Staff completed safe medicine administration training before they could support people with their medicines. The manager completed practical competency reviews with all staff to ensure best practice was being followed.

The home was clean, homely and free from any unpleasant odour. The provider had infection prevention

and control policies in place and staff had received training. Staff had access to the equipment they needed to prevent and control infection including, disposable gloves, aprons, waste disposal, and cleaning materials.

Is the service effective?

Our findings

People continued to receive care and support from an effective service. People were supported by staff who felt confident and competent to assist and care for people. The manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. Staff confirmed that the induction and subsequent training they received was effective.

The service had a small, steadfast group of staff. Staff continued to work well as a team. Staff felt they were supported daily by the manager and colleagues. Any additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and 'popping out' to local amenities. They chose to spend time in the lounge, the dining room and their own rooms. Two people had decided to have a long lie in bed that day. Staff respected this decision and periodically went to see if they were ok and if they required anything.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and, how to implement this for those people who did not have mental capacity and, how to support best interest decision making. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. 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 make 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 with appropriate legal authority. 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 authorisation's to deprive a person of their liberty had the appropriate legal authority and were being met.

Staff ensured people were protected from the risks of poor nutrition and hydration. They offered choices and provided nutritious food that supported people's health needs. People were supported and educated by staff to eat a balanced healthy diet, without compromising their choice and preferences. People were encouraged and supported to plan and prepare meals. There were no rigid menus, meals and mealtimes were flexible each day dependent on personal preferences and daily routines. Hot and cold snacks and drinks were available throughout the day.

The service ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. The manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

The provider had identified that the environment required improvement. Plans had been submitted to the local council to extend the home. This would provide people with a larger kitchen/breakfast room, a dining room and a separate lounge. Some decoration and furniture in bedrooms looked tired. This work would be incorporated in the refurbishment plans due to start this summer.

Is the service caring?

Our findings

Throughout the inspection we saw various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. The manager and staff demonstrated a determined, positive commitment to people and wanted to ensure they felt valued. Staff supported people as equals, their approach was respectful and patient. It was evident that over time staff had built up positive relationships with people that were based on trust and personalisation. They wanted people to feel important and live a life that was meaningful and fulfilling.

Staff thoroughly enjoyed working at the home and it was evident they were committed to people who lived there, the provider, managers and fellow colleagues. Comments included, "I love what I do and I feel proud", "I enjoy working here and making a difference" and "I feel valued by the manager and other colleagues".

Staff were motivated and inspired to offer care that was kind and compassionate. They were determined and creative in overcoming obstacles in achieving this. Staff shared with us various examples where they had made a difference, through diligence, patience and gentle encouragement. They spoke with us about one person who had become socially isolated prior to living in the home. This had continued when they moved to Cleeve Hill and they had been reluctant to leave their room. Over time they had been supported and encouraged to set goals, to take small steps and record their personal achievements. Gradually the person started to spend time in the communal areas of the home, then they would take a walk in the garden and perhaps go past their next door neighbours house. In just over a year they were now confident to visit shops and use the local cafes. One health care professional had written to the manager and stated, "He has much improved since being here. He seems much happier and outgoing. Thank you to staff for their patience. I have cause to compliment the staff, there has been a remarkable, positive transformation in his wellbeing and personality".

People were treated with respect and dignity, and their privacy was maintained. We were told about one person whose bedroom was at the front of the bungalow. They didn't like to pull the curtains for privacy and enjoyed the natural day light. One member of staff told the person about a special coating that could be stuck to the window which didn't compromise his view or the light coming in but would stop members of the public being able to see through the window. This was now in place and demonstrated how people's choices were respected in addition to maintaining their dignity.

The area manager had recently written to the chief executive because she wanted to celebrate the kindness staff had shown to one of their 'residents' who had been receiving end of life care. There were several examples where staff had 'pulled out all the stops' to support the 'resident and their sister during this difficult time. This included taking the sister to hospital visits and staff sitting with the person in hospital at their bedside. The manager told us the person enjoyed their company, they would talk about fond memories and say prayers. When we spoke with staff it was evident they missed 'their resident' and they were still grieving their loss. The area manager wrote, "The whole team have been incredibly person centred in preparing for their end of life. They have supported their sister every step of the way and have made me feel so proud". The chief executive wrote to the manager and staff and said, "You are a credit to yourselves

and the Trust in providing such care and support. I have no doubt that the family was hugely appreciative. My thanks to you all for your commitment, dedication and true kindness".

Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important. Those relationships were sustained and encouraged in various ways. People were supported to attend weddings, funerals, holidays and other important/significant family events. People sent cards to family members and bought presents for them. We saw some lovely photograph displays of family and friends in people's rooms.

Is the service responsive?

Our findings

The manager reviewed the service so that people received support that was responsive, person centred and based on best practice. Assessments were always completed for those who were considering moving into the home. The information was detailed and supported the manager and prospective 'resident' to decide as to whether the service was suitable and their needs could be met. Every effort was made to ensure that significant people were also part of the assessment including family, hospital staff, GP's and social workers.

Plans captured an approach to care that included the support people required for physical, emotional and social well-being. They were personalised and included information on people's life experiences, interests, hobbies and likes and dislikes. There was specific, detailed information about behaviours, personalities and personal backgrounds. This included how people preferred to be spoken to, preferred routines and methods of communication. During our visit we saw people being cared for and supported in accordance with their individual wishes.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to the manager or person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment. The manager spoke with us about one person who had a long-term history of high blood sugar levels and a diagnosis of diabetes. The staff had diligently worked with the person and educated her on healthy eating and reducing their sugar intake, so much so that the person's diabetes had been reversed. This was a great achievement.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. These accounts also provided a good level of detail for all staff to read, they told a story and informed staff about what had happened during the month.

The complaints policy and procedure was available in written and picture format. It helped people understand how to express what they were feeling and what they could do if they had any concerns. The manager and staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling. Because staff knew people they supported very well they recognised when they were unhappy about something. People had one to one support throughout the day. This gave them the opportunity to speak or communicate with staff about anything that may be worrying them.

Each person had a transfer fact sheet. This was a detailed overview about people and was used when they transferred between services for example hospital admissions or when attending appointments. These provided other care providers with essential information to help support consistency in care and promote people's safety. Essential information included triggers that may change someone's behaviour, pain and distress indicators and things that would make a person feel safe and comfortable. In addition to this it

provided emergency contact numbers, previous and current medical history, current medicines, people's capacity and communication needs.

Is the service well-led?

Our findings

People continued to receive support from a well led service. The manager had been in post for five months and her application to be the registered manager was being processed by CQC. 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 manager led by example, they were readily available to offer support, guidance and hands on help should staff need assistance. The manager also covered vacant shifts, when other staff members were not available. This promoted continuity of care and kept them up to date with people's needs. Comments from staff included, "I find the manager very approachable, she is in fact one of the best managers I've had", "She makes a difference and she is genuinely a nice person", "She always tries her best and is very professional" and "She will cover shifts and is always willing to help out". Staff told us they were listened to and felt valued and empowered to make decisions and share new ideas. Staff meetings helped support this.

Monthly meetings were held and the manager told us that the "residents" owned the meetings and that there was an open agenda. The meetings that were held supported people who used the service to influence how the home was run. People were given the opportunity to express their views about the quality of the services provided and make any requests. We looked at minutes of meetings and saw that people had made requests about what they would like to add to the Christmas shopping list and what they would like to do over the next month.

The home monitored and assessed the quality of services provided by giving people and relative's questionnaires to complete. Where improvements were required these were put into an action plan. The questionnaires asked people to put forward suggestions for improvement and asked for any comments on areas that may not be covered in the questionnaire.

Systems were in place to monitor and evaluate services provided in the home. The manager reviewed concerns, incidents, accidents and notifications. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality. Additional monthly audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving. They conducted mock inspections based on the KLOE's to help support and promote this.

Policy and procedures were reviewed to assess if they remained effective and up to date with current best practice and guidance. To ensure the service kept up to date with relevant changes relating to good practice, regular forums with other providers and managers were attended. These included, Care & Support South West. They ensured they had effective working relationships with outside agencies such as the local

authorities, district nursing teams, GP practices, the safeguarding and DoLs teams and CQC.

The manager and staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. We use this information to monitor the service and ensure they have responded appropriately to keep people safe and meet their responsibilities as a service provider.