

Milestones Trust

The Recovery Hub

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 Recovery Hub is registered to provide accommodation for persons who require personal care. The service provides care and support to up to nine people who have mental health needs. There were seven people living at the home on the day of our visit.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

Medicines were stored and administered safely. People were supported to maintain good health and had access to external health care professionals when required.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Support provided to people met their needs. Care plans provided information about what was important to people and how to support them. People were involved in activities of their choice.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

We looked at staff recruitment records and found the provider had a safe and effective system in place for employing new staff. Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff completed training to ensure they were suitably skilled to perform their role and were supported through a supervision programme

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive and approachable. Comments from people and compliments received by the provider confirmed that people were happy with the service and the support received.

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 ●

The Recovery Hub

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 checked 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.

Prior to the inspection we looked at the 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 plan to make. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager.

This comprehensive inspection took place on 4 March 2017. The inspection was unannounced and was carried out by one inspector.

On the day of the inspection we spoke with two people and two members of staff. We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

The provider had suitable arrangements in place for the storage and administration and recording of people's medicines. Staff had been trained in the administration of the medicines. There were medication profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and their prescribed medicines. We carried out an audit of the medicines and the amount in stock agreed with the administration records. The medicines were stored safely and securely. People were encouraged to self-medicate following assessments of their capability. A person who used the service told us "They helped me to start to self-administer my medicines but when I had a crisis they assessed it wasn't good for me but I've improved again so I self-administer some of them."

The service had safe and effective recruitment systems in place. There was a robust selection procedure in place. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

People were protected from the risk of abuse. The service had provided staff with safeguarding adults training and had a policy and procedure which advised staff what to do in the event of any concerns. Staff were able to explain the correct action to take if they were concerned about a person being at risk and which external authorities they could report to. Staff told us they were confident that the registered manager and provider would act on their concerns.

There were sufficient staff to meet people's needs. Staffing levels were assessed and organised in a flexible way to support people for their daily needs and for additional activities and appointments outside of the home. Staff told us there were enough staff to meet people's needs. Staff told us that on occasion when there was a shortage of staff that this was covered by the regular staff at the service, bank staff or staff from one of the provider's other homes. There were also on call procedures in place for staff to gain support for when staff shortages and other problems occurred.

People told us they felt safe and that there were sufficient staff on duty to meet their needs. People's comments included; "I feel a lot safer in here, the staff make me feel safe. I don't go out often but when I do the staff support me to make sure they are there if I need them." "Yes it's safe, everyone's ok."

People had risk assessments in place to support them to manage risk using the least restrictive methods. Care records detailed the possible risks to people's safety and wellbeing. For example we saw risk assessments around changes in behaviour for one person when their mental health changed and how this could result in self neglect. The actions to take to minimise the associated risks and keep the person safe had been clearly set out in their care records.

People were cared for in a safe environment. The registered manager ensured there were risk assessments completed of the premises and equipment used. There was an emergency contingency plan in place should

there be an event that effected the running of the service. We saw personal emergency evacuations plans were in place for each person who used the service. This helped to ensure people would receive the relevant care and support during and after an emergency.

Is the service effective?

Our findings

Staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This is legislation to protect people who may not be able to make certain decisions for themselves. No-one living in the service was subject to a DoLS authorisation. Staff understood the importance of promoting choice and empowerment to people when supporting them. The service enabled people to make their own decisions and assisted them to understand the decision making process. Consent had been agreed by the person regarding their level of care and this was documented in their support plan.

Staff had the knowledge and skills to carry out their role. New staff received training provided by the service when they joined as part of their induction programme. Training subjects included first aid, infection control and food hygiene. Staff said they had received training that the provider deemed as mandatory to their roles by and also had access to further training if they wanted it. Additional training specific to the needs of people who used the service had also been provided for staff. This training included mental health awareness and diabetes training.

People who used the service confirmed they were supported by skilled and experienced staff who understood their needs and knew them well. One person told us, "I feel really lucky to have landed here. The staff give me the support I need with my money, meals and that." Another person said "The staff do generally go out of their way to make a big difference to my wellbeing."

Staff said they received supervision sessions regularly. The supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff.

People's nutrition and hydration needs were met. People were encouraged to eat a healthy diet of their choosing. We saw records to show people who used the service had worked together to create a daily menu of their own choosing. New meals were introduced following requests and consultation with people. One person told us they made their own meals and were involved in menu planning.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required. Staff had then acted upon the actions agreed at the respective appointments.

Is the service caring?

Our findings

People's needs were met by caring, patient and considerate staff. The staff team had worked within the service for a number of years which meant they knew people well. They had built a trusting and supportive relationship with the people who used the service.

People told us about their care plans and said they had been involved in writing them. People were encouraged to be independent and make decisions in their daily lives. People's goals were recorded in their care files. The goals that people set were individual to them and the support they required to achieve this was clearly documented. One person wanted to become more independent; this included completing daily chores such as doing their laundry and cooking.

People told us they had choices in how they lived their daily lives and did not feel restricted. One person said "They [staff] are very positive about helping us get back to normal and they are realistic about what we can do but let us make our own choices."

People's privacy and dignity was respected by the staff. People had their own key to their bedroom and told us staff would not come in uninvited. Staff only spoke to people about personal matters in private. Although one person did tell us they felt that this was sometimes difficult when they were going through a 'mental health crisis'. One person said "When I needed help with my personal care for a while I managed to maintain my dignity because the staff were really respectful. We observed that the staff treated each person respectfully and spoke to them in a courteous and polite manner.

Staff had developed nurturing and supporting relationships with the people who used the service. Staff understood how to approach situations to ensure positive outcomes were achieved. One person told us they had lived somewhere else for a number of years and that they felt this home was far better than anywhere else as they felt 'chilled' and the staff were 'very kind.' People were encouraged to maintain relationships with important people in their lives and to follow their hobbies and interests.

Is the service responsive?

Our findings

People who used the service told us they felt involved in their care. They told us staff were understanding and knew how to meet their needs effectively. People felt they received personalised care.

Pre-admission assessments and reviews of care plans had been developed to meet people's assessed needs and included guidance for staff to ensure people were supported appropriately and consistently. The care plans we saw were person centred and focused on how staff could support people to achieve positive outcomes in specific areas such as personal care, medication, maintaining physical health, maintaining mental health and managing finances. Care plans showed that staff supported people in these different areas of their daily lives.

The care plan stated the person's ability to manage their personal care and how the staff were to support them. For example, prompting from staff to undertake personal hygiene tasks. The mental health care plan included the person's diagnosis and the behaviours that may trigger a deterioration of mental health. The action plans gave staff guidance on monitoring the person's mental health care.

Staff recorded the support that had been given to people in their daily notes. Staff recorded information regarding the support that had been provided and the person's mental health and wellbeing throughout the day.

People were supported and encouraged to follow their interests as well as taking part in educational and employment opportunities. Reviews of the activities offered to people took place regularly to ensure every person who used the service was engaged and fulfilled.

People felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. People we spoke with said they knew how to complain and told us of complaints they had made in the past and how they had been dealt with to their satisfaction.

We saw records that demonstrated that with people's consent relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know

Is the service well-led?

Our findings

The service was managed by a 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.

People who used the service and staff contributed to the development and management of the service. Meetings were held regularly and people's comments were listened to and implemented to improve the service when possible. A quality assurance system was in place that consisted of audits, checks and feedback from people who used the service. When shortfalls were identified action was taken to improve the level of service.

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the home. Staff told us they felt well supported by the registered manager and their colleagues.

To ensure continuous improvement the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training, their observations identified good practice and areas where improvements were required. There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.