

Milestones Trust

45 Mayfield Park North

Inspection report

45 Mayfield Park North
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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?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

45 Mayfield Park North provides accommodation and personal care for up to four people with mental health problems. The inspection took place on 29 March 2015 and was unannounced. On the day of our visit there were three people living at the home.

At our last inspection in May 2013 the service was meeting the regulations inspected.

There was a registered manager for the service. 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.

We found that care plans had been written with the full involvement of the person concerned. This ensured people were supported in the way they wanted to be. However, care plans were not always properly reviewed. This meant they may not have been up to date and showed how to provide people with the support they required to meet their needs.

Summary of findings

The service was safe for people and they were assisted by staff who knew how to report abuse if they suspected it. The staff also understood how to whistleblow if they had concerns about the way the service was run.

People were supported by enough qualified and experienced staff to provide them with the care they required. They were protected from the risks of unsafe and unsuitable staff being employed by the provider's recruitment and staff selection procedures.

People's rights were protected at the home. This was because there were systems in place to ensure that the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed if decisions needed to be made on their behalf.

Staff felt properly supported and were provided with training to do their job effectively. This helped ensure staff cared for people in the way they preferred. People confirmed that the staff were caring and kind. Staff also showed they had a good knowledge about people's different needs and how to meet them.

People were included and consulted about the care and support they received at the home. There was friendly communication between people at the home and the staff.

People were provided with healthy food and drink that ensured their nutritional needs were met. They were also well supported with their health care needs by other healthcare professionals when needed.

People were supported with their mental health needs so that they lived a fulfilling life. They were encouraged to be independent and to take part in interests that mattered to them in the home and the community.

People's physical health needs were monitored by staff and they were supported to stay healthy.

People were encouraged to make their views known about the service. The registered manager made sure complaints were properly responded to by following the provider's complaints procedure. People's views were also sought as part of the process of checking the quality of the service they received. There were systems in place to ensure that the quality of care and service was properly monitored.

Staff understood what their roles and responsibilities and the values and philosophy of their organisation were. The organisation's key values were to promote independence and provide care in a way that was centred on the person and what they wanted. The care and service people received was regularly checked and monitored to ensure it was safe and of a good standard.

Summary of findings

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 was safe.

People at the home were supported by staff who understood how to keep them safe. The staff understood what the signs of potential abuse were and the way to report concerns.

Staff knew how to support people safely. Risk assessments had been written for each person and these provided staff with suitable guidance.

People were supported by enough staff to assist and safely support them.

People medicines were managed safely at the home.

Good



Is the service effective?

The service was effective.

People were involved in planning the care and support they wanted to receive.

People's needs were met by staff who were competent to support them effectively.

Peoples' rights were protected because there were systems in place if they could not give consent. Actions were put in place so that decisions were made in their best interest in accordance with the Mental Capacity Act 2005.

People's nutritional needs were effectively met and they were offered a healthy and well-balanced menu.

Good



Is the service caring?

The service was caring.

Staff were kind and caring in their approach towards the people they supported.

Privacy was maintained for people and they were treated in a way that was respectful and courteous.

People were able to use the support of an advocate if they needed to.

Good



Is the service responsive?

Some aspects of the service were not responsive.

Care plans identified people's needs and how to support them, however not all had been reviewed to ensure they were up to date.

People were supported to take part in activities and interests they enjoyed.

Complaints were encouraged and people told us they felt able to raise any concerns they had with the registered manager or any of the staff.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well-led.

Staff felt supported by the registered manager and other senior staff. There was an open management culture in the organisation. Staff felt able to express their views openly.

The quality of care and overall service people received was properly monitored and checked to ensure it was suitable.

Good



45 Mayfield Park North

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.

The inspection team consisted of one Adult Social Care Inspector. We reviewed the information we held about the service and the notifications we had been sent. The

notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager by telephone after our visit and we also spoke with one support worker. We met the three people who lived at the home. We looked at two care records, menus, medicine records training records, supervision records, and staff rotas. We also looked at a number of different records to do with how the service was run, including a range of health and safety information.

Is the service safe?

Our findings

People told us they felt safe living at the home and with all of the staff who supported them. One person said when talking about the way staff treated them, “there is not one of them that doesn’t treat us properly”.

The staff cared for people in a safe and suitable way. For example, staff sat with people when they needed extra support with their needs. Staff ensured they observed people so they could support them appropriately to remain safe while eating their meal.

Staff had received training about safeguarding adults and knew how to respond to an allegation of abuse. Staff knew how to follow the safeguarding adults policy and procedure to respond to any issues of concern or allegations of abuse.

Staff also understood what whistleblowing at work meant. They told us that this meant to report malpractice or illegal activities if they suspected them. There were procedures for ensuring allegations of concern about people’s safety were properly reported.

Risks were properly managed and there were suitable risk assessments in place for each person. The staff told us they were made aware of this information from the registered manager or other senior staff. This was so they knew how to manage risks people may experience in a safe way. For example, when people became upset or their mood changed risk assessments showed how to assist people to feel calm and to stay safe.

People’s medicines were managed safely. We saw there was suitable secure storage available for medicines. A medicines fridge was used for safe storage of certain medicines. The staff were checking the temperature of the fridge to ensure medicines were stored at the correct

temperature and were safe to use. Medicines recording sheets were accurate and up to date. They demonstrated people were given the medicines they required at the right times.

Safe recruitment processes protected people at the home. Checks were carried out before new staff started work to confirm their suitability, including an application form and references. A completed Disclosure and Barring Service (DBS) check was carried out for all staff. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable adults.

The staff duty rotas showed how many staff were allocated on each shift. The registered manager said staff numbers were worked out based on the number of people at the home and how much support they needed. The rotas showed there were enough staff who were suitably qualified available at all times. If people had extra community activities or appointments to go to staff numbers were increased. For example one person told us that their keyworker took them out regularly for day trips.

Changes to the care and support people received were implemented where needed. The incident and accident records showed the registered manager was reviewing significant incidents and occurrences that had happened at the home. There was a record of the actions that had been taken after an incident or accident occurred. The care plans showed how this information was used to update them to reflect any changes to people’s care. The registered manager also shared this information with staff. Information was shared with staff via staff meetings, and a communication book. This was so that they knew about any changes to people’s care after incidents or occurrences had taken place.

The environment was safely maintained and people told us they found the temperature in the building was comfortable for them. Checks were carried out when needed by external contractors on electrics and water systems. This was to make sure they were safe to be used.

Is the service effective?

Our findings

People had positive views of the way they were supported at the home. One person said, “the staff are very good”. Another comment was “my keyworkers take me out”

Staff understood when people had the mental capacity to make their own decisions and this was respected. Staff said they always offered and promoted people’s rights to make choices in their daily life. For example how they spent their day, whether they wanted to go out from the home and who they wanted to socialise with.

Staff understood about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This provides a legal framework for acting on behalf of people who lack capacity to make certain decisions. Staff had attended training and read the provider’s policies which were available to staff. Care plans explained how when people could not give consent and what actions were needed so that they received care and support in a way that maintained their rights. People were also supported to make decisions when they were able, for example, clearly communicating with them to help them understand what care staff wanted to offer them.

The rights of people who used the service were protected because the registered manager understood how to meet the legal requirements of the Deprivation of Liberty Safeguards (DoLS). These are a safeguard to protect people’s rights to ensure if there are restrictions on people’s freedoms they are done lawfully and with the least restriction to keep them safe. When we visited, there was no person at the service for whom a DoLS authorisation was required.

People’s nutritional needs were met. Staff understood people’s nutritional requirements and how to support them. Care plans clearly showed how staff should support people at meal times. Information about healthy eating was available and kept in the kitchen to assist staff to meet people’s needs. Risk assessments in relation to people’s dietary and hydration needs were also in place. For example, there was information to ensure meals were of the right texture for people to eat safely where they were at risk of choking.

People were effectively supported with their physical health care needs. People told us they were registered with a GP surgery nearby. Information showed staff monitored people’s health and wellbeing and supported them to see their doctor if needed. Each person had an up to date health action plan that clearly explained how to support them with their particular physical health care needs.

There were enough staff with the right experience to meet the needs of the people who used the service. Staff told us they had been on training courses relevant to the needs of the people they supported. Courses included understanding mental health needs, infection control, food hygiene, safe moving and handling and health and safety. Staff were observed putting their learning into practise. For example, the lunchtime meal was prepared safely. We also saw that staff followed infection control procedures appropriately while undertaking their duties.

Staff received supervision and an annual appraisal of their work to support and monitor their work and performance. The frequency of one to one supervision meetings with the registered manager was variable for some of the staff. The team had met with the registered manager to discuss their work and share their views.

Is the service caring?

Our findings

People were treated with kindness and an attentive approach by the staff who supported them with their needs. The atmosphere in the home was calm and relaxed. The staff member on duty cooked a roast dinner and ate lunch with people. There were friendly conversations between people and lunch was a social event. One person told us, “we do this every Sunday its nice”

Two people told us about the recent bereavement they had. They told us they were going to the funeral and staff were going to be there as well to support them.

Staff respected people’s choices, for example, staff told us they offered people choices about how they wanted to spend their day, what they wanted to eat and drink and where they wanted to go out. People’s meal choices and wishes about their care and support were written in their care records.

The staff were knowledgeable about the care people required and what was important to them in their lives. They were able to describe how different individuals liked to spend their day. They explained that some people preferred to undertake activities of daily living and social events on their own, while others liked to have staff support. We saw people spent their day in the ways they preferred.

The staff were able to explain to us what privacy and dignity meant when they assisted people with their care. They spoke to people mostly in a respectful caring manner. The member of staff asked people how they were and spent time with each person who wanted to talk with them

However, we heard one person repeatedly being asked to wash their hands. This compromised the dignity of the person concerned as it was not said in a discrete way.

Two people kindly showed us their bedrooms. Each room had been decorated to reflect the person’s tastes. One person told us the registered manager was helping them to buy new furniture for their room, and they were choosing the style that they wanted. People had their own rooms; one person had their own flat in the basement and a key to lock it. This helped to maintain their privacy and independence.

If people were not able to communicate verbally, they were supported to make choices in everyday matters. These included deciding what to wear, eat, or do for the day. We observed staff offer people choices in this way. We saw picture boards were used to assist people to make choices. There was also a menu for people in this format.

If needed people were able to use advocacy services to support them in making their views known. Advocacy organisations are independent and provide support to people to ensure their views are properly represented.

Is the service responsive?

Our findings

We found that two care plans had not been properly reviewed and updated to make sure they were an accurate reflection of the care people needed. The care plans had the word 'ongoing' written by them for previous review dates. There was no other written information to show whether people's outcomes identified in the care plan were being met. This meant there could be a risk that people were not receiving the support they needed.

People told us that they felt supported at the home and that staff knew how to provide them with the care they needed. One person said " my key worker is very good".

People's plans included information to help staff provide personalised care and support. are records contained guidance to help staff support people and meet their needs. The records included pictures and an easy read format so that people with communication difficulties could understand their plans. The care plans showed people were involved in deciding what care and support they wanted. The care plans contained information that showed staff what actions to take to assist the people with their needs.

People were supported to take part in social activities they enjoyed. One person told us that they went out to local shops every day and they liked to go for a walk. Another person said they often went out shopping and to visit places with the staff. Care records showed that people's preferred activities were well known by the staff. Staff were able to explain peoples preference's and how they liked to

be supported. For example one person did not like to much noise or to feel crowed by other people . This impacted on their mental health. We saw that when they needed it people were able to have enough space and privacy.

People were encouraged to go out and do things that they enjoyed on a daily basis. One person told us that they regularly attended social groups and drop in centres in their community.

Staff told us how they supported people and the different approaches they used. For example, they told us how they assisted people with their physical care needs, their dietary needs and their mobility. They said they supported people who needed social support to build confidence in the community. The staff showed they understood people's mental health needs and the different types of support they required to live a fulfilling life.

The provider had a system in place that supported people to make a complaint if needed. The complaints procedures explained that complaints would be fully investigated and resolved, where possible, to the complainant's satisfaction. The complaints procedure included a timescale and a course of action the provider would take. It was also available in a picture format to make it easier to use. The service had not received any complaints.

Surveys were sent out to people on a regular basis. This information was used to improve the service for people. Feedback was positive; however, we saw how menus were updated based on people's views expressed in these surveys.

Is the service well-led?

Our findings

People told us the registered manager was, “very nice” and “kind”. They said they felt able to see them whenever they wanted to. They also said the registered manager made time to see them and to find out how they were. The staff said they felt the registered manager was supportive in their approach. The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management.

The visions and values of the organisation were prominently displayed so that people knew what they were. These included being respectful to people and the importance of teamwork. They were discussed with the staff at team meetings so that they knew what they were. One of the values was ensuring people were treated with respect and cared for in a way that was person centred. Staff told us they were aware of the values and the importance of caring for people in a way that properly reflected them.

The registered manager remained up to date with best practice in mental health by going to regular meetings attended by other professionals who support people with in the same area. They shared information and learning from these meetings with the staff at team meetings. We saw that they also shared relevant articles and journals with the staff.

The chief executive visited the home regularly to meet people and staff and find out how people were. They wrote a report letter about their visit to the registered manager. If they had identified any areas where improvements were needed this was included in the letter sent to the home after the visit. The last visit had been positive and no actions had been needed.

Regular staff meetings were held and this was a chance for staff to make their views known about the way the home was run. Items discussed included the needs of people at the home, health and safety matters, and plans for the service. If actions needed to be taken after these meetings the registered manager ensured they were put in place. At the last visit no actions had been required.

There were systems in place to ensure the quality of service was monitored and standards maintained. The registered manager and a senior manager carried out regular checks reviews of the care and service. Audits were carried out on a monthly basis to check on the overall experiences of people who lived at the home. They also checked on the training, support and management of the staff team. Reports were written after each audit, if actions were needed to address any shortfalls these were clearly set out.