Milestones Trust

25-27 Teewell Avenue

Inspection report

Staple Hill
Bristol
BS16 5NF

Tel: 01179701573
Website: www.milestonestrust.org.uk

Date of inspection visit:
23 August 2017

Date of publication:
22 September 2017

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

25-27 Teewell Avenue provides accommodation and personal care for six people. People who live at the home have mental health needs.

This inspection took place on 23 August 2017. The inspection was unannounced, this meant the staff and provider did not know we would be visiting.

At the last inspection in June 2015, the service was rated 'Good'.

At this inspection, we found the service remained 'Good'.

There was a registered manager in post. 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 the service had a calm, relaxed and homely atmosphere. We were welcomed warmly by people and staff who were open, honest and helpful throughout our inspection.

People were safe. Staff understood their role and responsibilities to keep people safe from harm. 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 with people to assess their suitability. Medicines were well managed and people received their medicines as prescribed. Measures to prevent the spread of infection were in place.

The service was effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. The service complied with the requirements of the Mental Capacity Act 2005 (MCA). Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People had access to the food and drink they chose when they wanted it. The physical environment was personalised and met people's needs.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to understand.

The service was responsive to people's needs. People received person centred care and support. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

People received a service that was well led. The registered manager was well liked and respected by people

and staff. They provided good leadership and management and were in turn well supported by the provider. The safety and quality of service people received was monitored on a regular basis and where shortfalls were identified they were rectified.

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**

25-27 Teewell Avenue

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 an updated rating for the service under the Care Act 2014.

This comprehensive inspection took place on 23 August 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to this inspection, we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We also reviewed the information the provider had given us in their 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 the improvements they plan to make.

We contacted five health and social care professionals involved with the service and asked them for some feedback. We have incorporated their views and comments into the main body of our report.

Some people were able to talk with us about the service they received. We spoke with three people. Others were not able to talk with us about their experiences of using the service. We carried out informal observations to gain an understanding of their experiences.

We spoke with a total of four staff, including the assistant team leader and three support workers. The registered manager was unavailable when we visited. We spoke with them by telephone on 31 August 2017.

We looked at the care records of each person using the service, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment and equality and diversity.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included; "I feel safe here, we have staff at night so I feel safe then too", and "Yes we're safe here. I go out on my own, staff know where I am though". We observed people throughout our visit and saw they reacted positively to staff and seemed relaxed in their company.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of situations that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice.

There were comprehensive individual risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to keep people safe from harm when carrying out domestic activities such as cooking, for people to use community leisure facilities safely and, when care and support was given. Risk assessments contained clear guidance for staff and detailed the staff training and skills required to safely support the person. Staff had a good working knowledge of risk assessments and measures to be taken to keep people safe.

People were supported by sufficient numbers of staff to meet their needs. People said they were able to receive care and support from staff when they needed it. Staff said there were enough staff to safely provide care and support to people. One support worker said, "We have enough staff to support people to go out whenever they want". During our visit, we saw there was enough staff to safely meet people's needs.

We were told there were two staff available during the day and one overnight. Staff rotas showed this was the case. There were some staff vacancies. To manage this, the small staff team was assisted by bank staff employed by the provider to work at various services. At the time of our inspection there were two bank staff working in the home alongside the assistant team leader. They confirmed they worked regularly at the service and clearly knew people well.

At the time of our inspection, we were unable to check if relevant pre-employment checks were carried out before staff started work. This was because these records were stored at the provider's main offices. We spoke with staff from the Trust's human resources department on 31 August 2017 by telephone. We were then able to confirm these had been carried out. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

There were clear policies and procedures for the safe handling and administration of medicines. Medicines

were securely stored and records of administration were kept. Regular auditing was carried out to ensure they were stored and administered safely. Staff were trained in administering medicines and their competence to do so was assessed regularly. One person administered their own medicines. A thorough risk assessment process had been undertaken with them to minimise the risks involved with this. This person told us they were happy with this arrangement and explained how they had been assisted to take this responsibility.

Environmental health and safety risks had been identified and action taken to keep people safe. Plans were in place to ensure people were safe when using the bathrooms and kitchen. Checks had been carried out on electrical equipment. Hot water temperatures were monitored to ensure people were not at risk of scalding. Plans were in place to keep people safe in the event of emergencies.

There was a designated smoking area in the conservatory at the rear of the home. People chose to smoke in this area. One person also smoked in their bedroom. Staff recognised the risks associated with this and both environmental and individual risk assessments had been developed with people to minimise these. People were encouraged to watch a fire video which increased their knowledge in the event of a fire breaking out in the home and ensured their safety. Clear 'easy read' notices were also on display explaining the action to take if a fire should occur. A thorough fire risk assessment had been completed in August 2017. Each person had a personal emergency evacuation plan in place. This identified the action staff should take if an incident such as a fire occurred. Additional checks regarding fire safety including; system checks, fire drills and fire equipment had been completed and future checks scheduled.

Records of any accidents and incidents were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. We saw the registered manager regularly reviewed these to identify any themes or trends.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were stored securely to ensure the safety of people. The accommodation was safe, clean, well maintained, odour free and appropriate for people's needs.

Good

Is the service effective?

Our findings

From our observations and what people and health and social care professionals told us people's needs were met. We saw staff provided the care and support people required when they wanted and needed it.

The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision. Staff records showed that supervisions were held regularly. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful. Staff we spoke with during our visit told us the registered manager was, 'Extremely supportive" and, "Always open to new ideas".

People were cared for by staff who had received the training required to meet people's needs. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. All staff received core training, which included; first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. In addition to this, the registered manager arranged a training session each month on a particular area or theme. These had included dignity in care, the Mental Capacity Act and CQC standards. Sessions were planned for later in the year to cover areas such as; mental health and positive behavioural support. Staff told us the training they received was very helpful for them. Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

One person had been assessed as not having the capacity to consent to their care arrangements. They were also subject to continual supervision to ensure they were safe and their needs met. The registered manager

had recognised this amounted to a deprivation of their liberty and had submitted applications to the appropriate authorities.

Staff understood that people were able to make their own decisions regarding their care and support. They explained to us this also included having the right to make decisions others may view as unwise. Staff actively promoted people making their own choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind. Care records gave clear information to staff about areas where people could make their own decisions and how people could be supported to make those decisions.

People chose what they wanted to eat. Menus were planned with the involvement of people using the service. Food provided was varied and included a range of choices throughout the week. People said staff prepared most of the meals. However, some people used the kitchen to make
snacks and drinks when they wanted. Menus were in place and showed people were offered a varied and healthy diet. People told us they enjoyed the food. People had access to a variety of drinks throughout the day. People's food and fluid intake was monitored and recorded.

People's care records showed relevant health and social care professionals were involved with their care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

The physical environment met people's needs. People had access to communal rooms that could be used to relax, chat to others or have some quiet time. Communal areas were homely and people's own rooms were personalised. Some people showed us their rooms and were clearly proud of them. The provider had undertaken some improvements to the home since our last visit. This had included re-decoration and the replacement of some carpets. We noticed the patio doors from the lounge were clouded with condensation. This had been discussed during our last visit as we felt improving this would be beneficial to people. Staff said they would raise this with the provider.

Good

Is the service caring?

Our findings

People we spoke with told us they liked the staff and thought they were caring. Comments included; "The staff are kind and caring. My keyworker (Staff member's name) is good but so are they all really" and, "The staff are all very good. I can talk to any of them about anything". Professionals also told us staff were caring. Throughout our inspection, we saw people were treated in a caring and respectful way.

We saw staff were friendly, kind and discreet when providing care and support to people. Staff knew people well and clearly respected them. They were able to tell us about people's interests and individual preferences. For one person in particular having someone they did not know in their home could be quite unsettling. Staff were very aware of this and took care to ensure they were comfortable with our presence.

We observed a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. Staff spoke about people in a positive manner. They stressed people's talents and demonstrated they valued them as individuals.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, one person's religious beliefs had been identified along with the support staff should give for them to practice these. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. Staff had received training on equality and diversity.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. Two people spoke with us about their families. Staff said they felt it important to help people to keep in touch with their families.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met. People we spoke with knew who their keyworker was and felt the system was beneficial to them.

Promoting people's independence was a theme running through people's care records. Guidance was included for staff on how to work alongside people providing coaching to carry out activities themselves. Staff told us they saw this as a key part of their role. One person told us that going out independently was very important to them. They explained that staff supported this and ensured they carried identification and contact details in the event of an emergency with them.

People were treated with dignity and respect. Their views were sought and responded to. This was achieved through day-to-day discussions with keyworkers and regular care plan reviews, which were clearly recorded. Information was provided in ways that were easy to understand.

Staff had discussed with people their end of life plans and what they wanted to happen in the event of their death or if they should suddenly become ill. As a result, plans had been developed to provide guidance for staff on what to do if this occurred.

Staff we spoke with, when asked, all said they would be happy for a relative of theirs to use the service.

Good

Is the service responsive?

Our findings

The service provided was flexible and responsive to people's individual needs and preferences. People had been involved in developing and agreeing their plans for how they were cared for and supported. Each person had detailed care plans in place that identified how their assessed needs were to be met. These also included information on their background, hobbies and interests and likes and dislikes.

People participated in a range of individual activities based upon their hobbies and interests and, likes and dislikes. These were carefully planned and included activities outside and within the home. Some people enjoyed going out to local pubs, shopping trips and other activities. However, one person in particular did not enjoy going out. They found this to be distressing and potentially harmful to their mental health. Staff worked closely with them to make sure they had enough going on to keep them content. This person enjoyed arts and crafts activities. They regularly asked staff to purchase items such as paper, pens and knitting wool. Pictures they had completed were on display in the home. Staff told us this person also played their piano/keyboard and other people enjoyed listening to this.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. A handover is where important information is shared between the staff during shift changeovers. We observed a staff handover and saw the information given was relevant, thorough and professionally presented. There were written records of the handover so staff could keep up to date if they had been off for a few days.

The provider had a policy on comments and complaints. The policy detailed how complaints were responded to, including an investigation and providing a response to the complainant. 'Easy read' versions of these were on display at the home. Regular one to one meetings were held with people, records confirmed that they were reminded about how to raise concerns. People's care plans included guidance on how they might raise concerns or express dissatisfaction with the service being provided.

Three complaints had been received in the 2017 calendar year up to the date of our inspection. Two involved a person raising concerns about the effect on them of another person's behaviour. We saw staff had taken action to sensitively deal with the complaint. They had ensured the person raising the complaint was both aware of and, satisfied with, the action they had taken. The third involved a person making a complaint about workmen turning up to undertake repairs and maintenance without them having been informed beforehand. We saw staff had liaised with the provider to ensure notice was given in future.

Good

Is the service well-led?

Our findings

Throughout our inspection, we saw a person centred culture and a commitment to providing high quality care and support. Staff understood the values and culture of the service and were able to explain them. Senior staff provided us with information requested promptly and relevant staff were made available to answer any questions we had. The assistant team leader and staff spoke passionately about the service and their desire to provide a high quality person centred service.

People and staff told us the registered manager had been in post for many years. They said this meant they knew people well and were able to ensure the service met people's needs. Without exception, we were told the registered manager was supportive and approachable.

Staff told us they were able to raise any concerns regarding poor practice with them and were confident these would be addressed. Other comments from staff regarding the leadership and management of the service included; "(Registered manager's name) looks after the staff and 'residents'. Bank staff are included so we feel valued. 'Residents' really like him and he is a very good manager" and, "The manager and the new assistant team leader are approachable and encourage new ideas". People were aware of the management structure in the home and knew who to speak with if they were unhappy. They said, "(Registered manager's name) is a good manager" and, "I know (Registered manager's name) well now and he's helped me a lot".

The registered manager and staff received advice and support from specialists within the Trust. This included an area manager who directly supervised the registered manager and, specialist staff in human resources, finance, estates management and quality.

The provider operated an on call system for staff to access advice and support if the manager was not present. This allowed staff access to a senior manager at all times for advice and support. Staff confirmed they were able to contact a senior person when needed. Experienced care staff were responsible for the service when the registered manager or other senior staff were not present.

Senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the provider in the 12 months prior to this inspection. These had given sufficient detail and were submitted promptly. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.

People benefitted from receiving a service that was continually seeking to improve. The provider had in place an operational plan for 2016/2017. The assistant team leader said this plan was drawn up from feedback received, the findings of internal monitoring systems and the providers longer term strategic plan. The plan detailed the areas they were planning to improve and the action they were going to take.

Sophisticated and comprehensive systems were in place to check on the standards within the service. These included weekly checks on areas such as; medication, equipment, care records and health and safety.

The registered manager completed a monthly manager's self-assessment review, which was passed to the area manager for an outcome focussed meeting to take place with them every six to eight weeks. The provider's quality auditor visited the home five times a year. At their visit, they completed an audit focussing on one of the CQC five key question areas. Service user satisfaction surveys were carried out each year and an easy read summary completed. A finance audit was completed every six months by a member of the Trust's finance team. Annual health and safety and infection control audits were carried out by a representative of the provider. We viewed the most recent records of each of these audits. In each case where remedial action was identified this had been carried out. This meant the provider and registered manager were taking corrective action when required and, were working to ensure the continuous improvement of the service provided to people.

In addition to these formal measures, we saw the Trust's Chief Executive visited the home twice a year. Following their visit, they wrote to the registered manager to highlight any areas identified. We saw a copy of their most recent letter dated 2 March 2017.

Staff meetings were scheduled and held each month. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points, which were monitored by the registered manager to ensure they were completed.

Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. The policies and procedures we looked at were comprehensive and linked with the relevant legislation Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

A copy of the most recent report from CQC was on display at the home and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.

At the end of our inspection, feedback was given to the assistant team leader. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.