

Proctor Residential Care Home Ltd

# Milton Residential Care Home

## 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

Milton Residential Care Home is registered to provide accommodation and personal care for up to seven people with mental health support needs. At the time of our inspection the service was providing support to four people. Some people were required to adhere to the terms of their license agreement. Being released 'on licence' means that for the rest of their sentence the released person must adhere to certain conditions.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

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.

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.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. People told us they felt safe living at the service.

The provider ensured that new staff completed an induction training programme which prepared them for their role. Training was completed in essential matters to ensure staff and people at the service were safe. Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager to discuss their work and development.

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

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

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

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive. Comments from people confirmed they 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?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Milton Residential Care Home

## **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.

This comprehensive inspection took place on 4 March 2017. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This inspection was carried out by one inspector.

Before the inspection, the provider completed 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 plan to make.

On the day of the inspection we spoke with four people, two members of staff and the registered manager.

We looked at two people's care and support plans and medicine administration records. We also looked at records relating to the management of the service such as the daily communication records, incident reports, audits, supervision and training records.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us; "I feel safe. I wouldn't want to live anywhere else. I'm quite vulnerable so wouldn't feel safe living anywhere else. I want to stay here."

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was manageable. Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service. We observed that there were sufficient staff to help people when needed, such as taking people out and being available to provide advice when requested.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. 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.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with the registered manager and that they would be listened to. Staff were aware that they could report their concerns to external authorities, such as the local authority and the Care Quality Commission.

Risks to people were assessed and where required a risk management plan was in place to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as cooking, house safety, attending health appointments and personal safety. Assessments were reviewed regularly and updated, when required.

People were receiving their medicines in line with their prescriptions. Staff had received training in medication and were assessed regularly. PRN protocols were in place for each person. The term PRN is given to a medication which is to be taken 'when required' and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. Medicines were stored in a lockable medicines cupboard to ensure that they could not be accessed by anyone who was not authorised to do so. Stock checks of all medicines were undertaken and these had been clearly documented. When we spot checked some medicines, we found the balances to be accurate.

The service is committed to promoting independence for people. Where appropriate and safe to do so they actively promoted self-administration of medicines. Risk assessments were in place to manage people's self-medication. People who self-medicated had their medicines audited on a weekly basis and were checked and signed-off by the person and a staff member.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained. Environmental checks had been undertaken regularly to help ensure the premises were

safe. These included fire safety, water and building maintenance.

## 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.

People received effective support from staff who had the skills and knowledge to meet their needs. The provider ensured that new staff completed an induction training programme which prepared them for their role. A training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff.

Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in key aspects of care to ensure staff and people at the service were safe. Additional training specific to the needs of people who used the service had been provided for staff, such as coping with aggression and mental health awareness.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's nutrition and hydration needs were met. To enable people's independence, people were responsible for their own weekly shopping budget and food preparation. They chose foods of their choice and their decisions were respected. Staff would offer assistance, if requested. One person told us they liked cooking and they had access to their own kitchen. They were also trying to enrol on a cooking course.

People were supported to maintain good health and had access to external health care professionals when required. We saw people had received input from their GP, care coordinator and dentist.

## Is the service caring?

### Our findings

One person told us; "The staff are tremendous, really good, really thoughtful. They're nice guys." People were supported by a small, committed and experienced team. Enabling relationships had been established between staff and the people they supported. Support plans to enhance people's independence were promoted by the service and staff members. Each care plan held essential living plan needs which specified the support required by the individual.

To ensure their needs were met people had access to their own key worker. This provided one-to-one time with the person to discuss their needs and formulate action plans. One person wanted to be involved in voluntary work and they told us that staff assisted them with the application process and they attended the interview themselves. They told us; "People are encouraged to be as independent as possible."

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. One member of staff provided examples of how people preferred to be supported and told us they encouraged people to be independent, as far as possible. Staff told us that they would offer hands on support when requested or required. Staff enabled people to undertake tasks themselves. People undertook their own room management and household chores.

Some people were required to adhere to the terms of their license agreement. Being released 'on licence' means that for the rest of their sentence the released person must adhere to certain conditions. Our observations showed that good relationships had been established between staff and the people they provided care for. Staff spoke about people in a meaningful way and took an active interest in what people were doing. Staff offered support to people with their plans. One member of staff told us; "I like the fact they come to me. Talking helps a lot. Being there for them and being available helps. You keep pushing forward as you cannot change the past. People value their freedom but it can be overwhelming." One person told us; "I like being independent. They're here if I need them."

Staff respected people's privacy. People were able to have time alone and their personal space was respected. One person told us; "I have my own TV. If I want my own space I can go to my own flat. I'm alright."



## Is the service responsive?

### Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared happy living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed regularly and a formal review was held once a year or if people's care needs changed. Reviews included comments on the support plan, daily living skills, financial support, activities, safety and risks. Staff responded to any issues identified by the person by amending plans of care, changing activity programmes and reviewing routines.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included profiles agreed with their keyworker and included what was important to the person and how best to support them. People undertook activities personal to them. For one person this included spending time alone in their room and listening to music and spending time with their family. Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. Other activities included voluntary work, working in a café, attending college, playing pool and going to the pub with a member of staff.

The provider had systems in place to receive and monitor any complaints that were made. During 2016 the service had not received a formal complaint. People told us they would speak to staff if they were unhappy.

## Is the service well-led?

### Our findings

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.'

Staff described the registered manager as supportive. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they supported, such as assisting with people's goals to become more independent and move out of the service. Staff comments from a recent survey included; "We create a safe and stable environment that allow residents to feel supported in their chosen lifestyle" and "We work well as a team in all areas."

People were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals. Regular house meetings were held to seek people's views on the service and their thoughts on issues such as house maintenance and their requirements. Feedback from a recent survey confirmed that people had an up-to-date care plan and they were involved with the process. The survey also confirmed that staff respected their privacy and they all confirmed they knew how to make a complaint.

To ensure continuous improvement the registered manager conducted regular compliance reports. They reviewed issues such as; staffing, training requirements, maintenance, incident reporting and care plans. The observations identified compliant practice and areas where improvements were required. This included the need to improve people's room management.