

Milestones Trust

Mulberry House

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 

Overall summary

Mulberry House provides accommodation and personal care for six people. People who live at the home have a learning disability. There were four men living at Mulberry House at the time of the visit. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

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 observed how care was being delivered and saw positive interactions between staff and the people living in Mulberry House. We saw that staff were caring, kind and showed compassion.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse. Staff had been trained to follow these

Summary of findings

procedures. Systems were in place to ensure people were safe, which included risk management and routine checks on the environment. People received their medicines safely. Safe recruitment processes were in place. People were involved in the recruitment of staff.

There was sufficient staff working to support the people living at Mulberry House. Staffing was planned to ensure people were supported both in the home and the community. People participated in regular social activities and went on an annual holiday. These were organised taking into consideration people's interests and hobbies. Good links had been built with the local community and people were supported to attend church if they wanted to.

People had a care plan that described how they wanted to be supported in an individualised way. These had been kept under review involving the person. Care was effective and responsive to people's changing needs. Positive strategies were in place to support people when they became upset or angry using diversional techniques. Staff used different forms of communication to enable them to build effective relationships with people.

People had access to health and social care professionals when required. People were supported to make day to day decisions. Where people lacked capacity to make complex decisions these were made in their best interest showing staff had a good understanding of the Mental

Capacity Act 2005. The registered manager had submitted applications to the appropriate authorities to ensure people were not deprived of their liberty without authorisation.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support relevant to their roles. Systems were in place to ensure open communication which included team meetings and daily handovers. A handover is where important information is shared between the staff during shift changeovers. This ensured important information was shared between staff enabling them to provide care that was effective and consistent.

People's views were sought through care reviews, monthly one to one meetings with their key worker and surveys and these were acted upon. Systems were in place to ensure complaints were responded to.

The service was well led. There was a team that was supported by a registered manager. Staff confirmed they received support and guidance from the management of the service.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought. Systems were in place for monitoring the quality of the service to drive improvements.

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 were protected from the risk of abuse. This was because there were clear procedures in place to recognise and respond to abuse. Staff were trained in how to follow the procedures.

People were cared for in a safe environment that was clean and regularly maintained. People were supported taking into account any risks ensuring their safety. People received their medicines safely and as prescribed.

Staffing numbers were sufficient to meet people's individual needs and recruitment checks ensured staff were suitable to work at the service.

Good



Is the service effective?

The service was effective.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People were supported to eat a healthy and varied diet. People had care plans specific to meet their health care needs. Other health and social care professionals were involved in the care of people and their advice was acted upon.

People were supported by staff that knew them well and had received appropriate training.

Good



Is the service caring?

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach. Staff supported people to maintain positive relationships between each other.

Positive interactions between people and staff were observed. People were relaxed around staff.

People were actively asked for their opinion about their care through monthly meetings and these were acted upon.

Good



Is the service responsive?

The service was responsive.

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. Care plans clearly described how people should be supported with their daily routines.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People could be confident that if they had any concerns these would be responded to appropriately.

Good



Summary of findings

Is the service well-led?

The service was well led.

People benefited from a service that was well led where their views were sought. Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way.

The staff and the registered manager worked together as a team. Staff were well supported by the management of the service and were clear about their strengths and areas for improvement

The quality of the service was regularly reviewed by the provider/registered manager and staff.

Good



Mulberry House

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.

This was an unannounced inspection which was completed on 5 August 2015. One inspector carried out this inspection. The previous inspection was completed in October 2013 and there were no concerns.

Before the inspection, we 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 along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted three health care professionals to obtain their views on the service and how it was being managed. This included the local community learning disability team, a GP and a health care professional.

During the inspection we observed and spoke with people in the lounge, looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, two staff recruitment files and training information. We spoke with the four people about the care and support they received, two members of staff and the registered manager.

Is the service safe?

Our findings

People living at Mulberry House used mainly non-verbal communication. We spent time observing people and their interactions with staff. People were actively seeking out staff throughout the inspection. People were supported to access all parts of their home safely.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Safe systems were in place to enable people to use the home's vehicle to access community facilities. Plans were in place for people to safely participate in activities in the home. The front door of the property had a key code because people were not aware of the risks in relation to road safety. This was clearly recorded in people's plans of care. People had access to a secure back garden leading from the conservatory.

People were observed accessing the kitchen when staff were present and assisting in meal preparation and making drinks. Staff told us to ensure people's safety when in this area all sharp objects were locked away. This was clearly recorded in risk assessments. Staff were aware of their duty of care to supervise people to ensure their safety. However, it was evident this did not stop people from participating in meal preparation or other household tasks. Cleaning chemicals were stored securely to ensure the safety of people. This was because not everyone would be aware of the risks in relation to swallowing these products.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose. Maintenance was carried out promptly when required.

Staff were clear about what action they should take if they witnessed or suspected any abuse. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people. Staff confirmed they had received safeguarding training and explained how this was reported. Staff were aware of the organisation's

'whistle blowing' policy and expressed confidence in reporting concerns. The chief executive regularly visited the home to speak with staff and people about the care and support that was in place and any concerns they may have.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager.

People had a lockable storage in their bedrooms where all their medicines and medicine administration records were kept. Records showed there was detailed information for staff about the medicines that had been prescribed to people and their side effects. There were instructions for staff on how to ensure people received their medicines in a way that suited them. It was the responsibility of the member of staff supporting the person on the day to offer their medicines. This demonstrated a person centred approach to people's care and provided continuity.

The registered manager told us there had been two medicine errors since the last inspection. This information was shared with us before the inspection. Appropriate action had been taken including contacting the person's GP and South Gloucestershire Council who commissioned the service. This included reviewing the practice of the staff member to aid improvements and ensure safe systems were being followed to protect people.

Staff described how they supported each person when they became anxious or showed some agitation to others. They explained that it was important for them to keep people safe by pre-empting some of the behaviours that may challenge. For example one person liked to eat their lunch first and another became anxious when doing their washing. Staff clearly described the triggers and the strategies that were in place to support people. Staff monitored people's anxieties and recorded what was happening before the incident, during and after. These were kept under review involving other health professionals. Staff confirmed they had recently attended training in supporting people who may challenge. They told us it was important that any contributing factors were minimised and diversion tactics were often used. For example offering the person a cup of tea or taking part in a social activity or making sure all items of clothing was returned promptly after being washed.

Is the service safe?

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals. There was sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff told us infection control had been discussed at team meetings which included completing a quiz to check on their knowledge.

The registered manager clearly understood her responsibilities to ensure suitable staff were employed in the home. Some recruitment information was held at the main office of Milestones Trust so we were unable to fully check all records were in place. We will be making arrangements to check on this to ensure safe recruitment procedures were in place to protect people across the Trust. New staff had undergone health screening and there was a certificate which stated they were medically fit for their role. Checks had been completed with the Disclosure and Barring System to ensure staff were suitable to work with vulnerable adults.

As part of the recruitment process applicants were expected to visit the home before being invited for interview. The interview process included applicants participating in an observed activity with people. They were scored on their interactions with people such as making eye contact, friendliness, sitting next to the person and their communication style. The registered manager told us this was a two way process to enable the applicant to understand the service and to ensure they were suitable to work with people living in Mulberry House.

The registered manager told us they had recently recruited to the two vacant posts and the new staff would be starting

at the end of August 2015. This would mean there were would be a reduction in agency and bank staff used in the home. Staff told us it was important that familiar staff supported people in the home due to their complex needs. A health professional told us when they had telephoned the home it was often a bank member of staff working who may not always know the person well as the regular staff. The health professional told us this had recently improved and often they liaise with the registered manager as this seems more effective.

There was sufficient staff working in the home to support the four people. Staffing was planned flexibly to enable people to take part in regular planned activities both in the home and the community. There was a minimum of three staff working during the day with additional staff working on Monday and Wednesdays to enable people to attend planned activities and social groups in the community. There was one member of staff working at night to support the four people. Staff and the registered manager, told us they had enough staff.

People had additional funding for one to one staff time to enable them to participate in activities. This had been incorporated into the duty rota and monitored to ensure that people were receiving the support they were entitled to. The registered manager told us that on rare occasions where hours may be not provided for example, due to staffing. This would always be made up and the person would be offered a longer session as soon as practicably possible.

Is the service effective?

Our findings

One person was able to tell us they liked living at Mulberry House and liked the staff that supported them. They also told us they enjoyed the food and there was always enough to eat and drink.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and attended appointments when required. People had a health action plan which described the support they needed to stay healthy.

Feedback from healthcare professionals was positive, confirming that referrals were appropriately made and their advice was followed. One health professional told us that when annual health checks were completed staff were always prepared and the appropriate checks in relation to weight and dental care had been completed. They told us people were always appropriately dressed and looked well cared for.

Care records included information about any special arrangements for meal times and dietary needs. People could choose where to eat their meal, either in the dining area or the conservatory. Staff described how their discreetly observed meal times to ensure people were eating sufficient quantities or where a person may be at risk of choking. Other professionals had been involved in supporting people with their dietary needs. This included speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan.

On the day of the inspection one person had been supported to go out for lunch with a member of staff and another person had been out for coffee and cake. Meals were flexible and organised around people's activities. Pictorial menus were available to enable people to choose what they wanted to eat. There was a four week rotational menu which included all the food groups and offered people variety. Individual records were maintained in relation to food intake so that people could be monitored. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals.

The registered manager told us they had submitted applications in respect of Deprivation of Liberty Safeguards (DoLS) for the four people. DoLS provides a lawful way to

deprive someone of their liberty in the least restrictive way, provided it is in their best interests or is necessary to keep them from harm. Each person had been assessed using a pre-checklist to determine whether an application should be made. The registered manager had notified us about the outcome of the authorisations and was aware when these needed to be reapplied for.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff said they supported people to make decisions, for example about what to wear and how they wanted to spend their time. Staff were aware of those decisions that people could not make for themselves. Examples of this included decisions about healthcare monitoring or an expensive purchase when people were not able to understand the relevant information.

Meetings were held so that decisions could be made which were in people's best interests involving other health and social care professionals. Records were maintained of these discussions, who was involved and the outcome. The registered manager told us it was important that relatives and the person were involved in the decision process and their views sought. An example was where a person recently moved to a ground floor bedroom due to deterioration in their mobility. The rationale was clearly recorded exploring the risks and the benefits and who was involved in making the decision.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with a good range of training that enabled them to support people safely and effectively. They told us training needs were discussed at staff meetings, during individual supervision meetings and annual appraisals with their line manager. The chief executive had recently commended the registered manager on the annual appraisals that had been completed with each member of staff.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff

Is the service effective?

received regular training updates. Staff confirmed they had recently completed dementia training and how they were liaising with other health professionals to ensure they were meeting a person's changing support needs.

The registered manager was able to demonstrate new staff were supported through a formal induction which included face to face learning, e-learning and practical assessment in the home. The registered manager told us all new staff would shadow more experienced members of staff for the first two weeks to enable them to build relationships with people and the staff team. New staff members were subject to a six month probationary period at the end of which their competence and suitability for the work was assessed.

The registered manager told us all staff were supported to complete the health and social care diploma training or had previously completed a National Vocational Qualification. The health and social care diploma is a work based award that is achieved through assessment and training. To achieve an award, staff must prove that they have the ability (competence) to carry out their job to the required standard.

Mulberry House provides suitable accommodation for the people. Each person had their own bedroom which they had personalised with personal effects. There was a bathroom and toilet on the ground floor which was wheelchair accessible with a walk in shower. The bathroom on the first floor had a bath hoist to assist people where required.

The lounge was a light, airy room with comfortable seating where people could socialise and watch television if they chose. There was a conservatory off the dining room which led to a large secure garden. The flooring in some areas would benefit from replacement such as the bathrooms it was noted it had a raised pattern which trapped dirt and made it difficult to clean. Hallways and bedrooms had lino which made these areas easier to clear but detracted from a homely feel. The registered manager told us they were reviewing the flooring and was in discussion with the Trust about finances.

Is the service caring?

Our findings

The relationships between people at the home and the staff were friendly and informal. People looked comfortable in the presence of staff and chose to be in their company. The atmosphere was calm and relaxed. Staff were kind and discreet when providing care and support to people.

People were supported to develop positive relationships with the people they lived with. Staff said people generally got on well together. However, there were occasions when a person's behaviour had an impact on other people. Plans were in place which provided guidance for staff to follow on such occasions. This helped to ensure good relationships between people were maintained. Staff told us it was important that a member of staff was present in the lounge and dining area of the home to supervise and support people to ensure good relationships were fostered.

Staff sought to understand what was wanted and how they could help people. Staff were observed using a number of different methods to assist people to communicate. This included showing people different objects and using Makaton. Makaton is a sign language to aid verbal communication. People had communication passports to enable staff to understand people in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date. They also spent time with people individually. The key worker met with each person monthly to discuss and explore future goals with people. For example, one person had expressed an interest in going to Spain and doing some gardening. This person confirmed they had helped in the garden planting the bedding plants and the registered manager was exploring holiday arrangements with the person.

Staff were aware of people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit, what they would like to eat, drink and what activities they would like

to participate in. The staff members were patient and waited for the person to respond. The registered manager told us people will indicate the staff they would like to support them and this was usually catered for.

Staff maintained people's privacy and dignity. People's bedrooms, bathroom and toilet doors were closed when people were receiving care. Everyone was asked if they were happy if the inspector could see their bedroom. One person had stated very clearly they did not want the inspector to go into their bedroom when asked. This was respected.

Staff maintained people's dignity and assisted them to change their clothing after having refreshments. People were asked if they would like protective aprons during meal times and staff acted appropriately to the response. One person required their shirt to be changed on three occasions. The staff patiently and promptly assisted the person in going to their bedroom and choosing a different shirt ensuring this person's dignity was maintained.

One person was not well during our visit. Staff continually supported this person throughout the day offering assistance when required and refreshments. Another person stated they did not feel well. They were offered reassurance and some quiet time in the lounge area sitting with a member of staff chatting. This showed the staff had a caring and compassionate approach towards people and their well-being was paramount.

Many of the staff had worked with the four people for some years. They were knowledgeable about the people they supported. They described how they recognised signs of pain, upset or when they were happy from people's body language and facial expressions. One person was clearly upset during the inspection and the staff's quick intervention had this person laughing and joking with them. This was because this person liked using intensive interaction. This is where the member of staff copies the actions and noises of the person. This was an agreed and recognised intervention for this person. A member of staff told us this was used by all staff as a proactive way of building a relationship with the person and alleviating any anxieties they may have.

People had been consulted about the decoration of the home and the colour schemes of their own rooms. People were supported to personalise their bedrooms with

Is the service caring?

ornaments and pictures. One person showed us their bedroom it was evident they were very proud of their personal space. Another person told us they had chosen the wallpaper for the lounge.

Care records included information on important relationships including family and friends. This included information on how people were to be supported to maintain contact. One person told us they phoned their sister every week and their sister visited them regularly. It was evident this was an important relationship and staff were actively supporting this person to maintain contact. The registered manager told us people who did not have any direct involvement from family members were

supported to access advocacy to assist them to make their views known if required. Each person had a representative in respect of their deprivation of liberty authorisation. The representative visited monthly to ensure the care and support was appropriate with records maintained.

Records about people were held securely in a locked cupboard in the office. Staff told us that people could view their records at any time they requested. Information in care records was in an accessible format and included photographs of the person taking part in activities. Monthly reviews had been organised for people to discuss goals and progress. Where people wanted family involved this had been recorded in the plan of care.

Is the service responsive?

Our findings

Three of the four people had lived in Mulberry House for many years. The most recent person had moved in four years ago. The registered manager told us they had no plans to fill the two vacancies as it was felt this may be disruptive for the people already living in the service.

Each person had an activity plan. Activities were taking place daily and people had additional funding for one to one support in the community. Staff told us they supported people daily with activities as this was important for their wellbeing and to ensure people had enough stimulation. People attended community social groups including dance therapy, social clubs and arts and craft workshops. On the day of the inspection one person had been supported to complete the household shopping, another had gone out for lunch and the third had been supported to go to the local shops. Other activities included swimming and trips out. Staff told us they had recently supported a person to go on the train to Weston Super Mare. This had been a positive experience for the person as they had not been on a train before. Staff told us they were using public transport more frequently rather than relying on the home's vehicle to widen people's experiences.

Staff told us people were supported to have an annual holiday and they were asked where they would like to go and who they wanted to go with. One person preferred to stay at home and regular day trips were organised when they others were away on holiday. Regular one to one meetings were organised with people to discuss menu planning, activities and any concerns or ideas people had about the running of the home. This included reviewing any health care appointments, their weight and checks on the environment to ensure all was in order.

People had their needs assessed by the registered manager before they moved to the home. Information from the assessment had informed the plan of care. People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported, for example, when they wanted to get up, their likes and dislikes and important

people in their life. These were reviewed every six months by the staff. Annual reviews were organised with the placing authorities (the council responsible for funding the care) and relatives.

Care, treatment and support plans were seen as fundamental to providing good person centred care. They were thorough and reflected people's needs, daily routines, choices and preferences. People's changing care needs were identified promptly, and were reviewed with the involvement other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the handover process to ensure they were responding to people's care and support needs.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the premises in an emergency.

Staff told us if people wanted to attend church this would be supported and people's religious and cultural needs were taken into account. One person attended church on a weekly basis supported by staff. This was confirmed in daily records. The registered manager told us another person had attended but had recently indicated they did not wish to go. This was respected by staff.

Staff were responsive to people's changing needs, for example one person was being screened for dementia and they were liaising with other health professionals for advice and support. Staff confirmed they had recently attended dementia training enabling them respond to the person's changing needs. Staff told us that one person had not wanted any furniture in their bedroom when they first moved to the home. However, this person was slowly introduced to furniture and now seems happy to have this in their bedroom. This person was happy to show us their bedroom and seemed happy with both the furniture and the décor.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. Regular one to one meetings were

Is the service responsive?

held with people, records confirmed that they were asked about any concerns they may have. Care documentation included a profile on how the person may raise concerns and or express they were unhappy with the service being provided.

Where people had raised concerns or staff had done this on their behalf, the chief executive had written to the person, detailing who would be investigating and personally apologising for the concerns the person had. One person had raised concerns about a negative relationship with a person in the home and noise levels. This had been fully

investigated and steps taken to reduce the noise levels and improve relationships with the individuals concerned. This showed that people were empowered to raise concerns about the service and their views were taken into account.

Staff told us that generally people got on well with each other but staff needed to be present at all times to support and maintain this. This was because some people may hit out if they become upset or angry or someone enters into their personal space. Strategies were in place to guide staff on how each person should be supported to minimise the risks to others.

Is the service well-led?

Our findings

Records showed people using the service were supported to share their views as much as they could, through regular meetings with the staff. Staff used information from these meetings to plan activities and trips that met with people's preferences. For example one person had expressed an interest in doing some gardening. They had recently been involved in planting the summer bedding plants and potatoes. People's annual reviews showed their views were taken into account when reviewing and planning their support needs.

The provider and the registered manager carried out checks of the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focussed on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. The Trust recognised the team's achievement with their recent quality audits with a certificate being displayed in the home for achieving 100%.

Annual observational audits were completed by a quality auditor who worked for Milestones Trust. These looked at the quality of the care delivery ensuring it was effective and responsive to people's needs. This audit was completed over a number of hours which included observation of the staff supporting people throughout the day and included a meal time. The report was positive in relation to the interactions of staff and the support that people were given. The auditor had stated, 'It is clear that the home is well managed and the team recognise that the service users' needs are of paramount importance'.

An open and transparent culture was promoted. Complaints showed that where things had gone wrong, the organisation acknowledged these and put things right. For example, making sure people or their relatives had feedback about their complaints including an apology.

Staff and people were kept informed about future changes to the organisation and the wider picture of supporting people with a learning disability through team briefs and

regular meetings. Health and social care professionals received information about the people they placed with the service to enable them to monitor the wellbeing of the person.

The registered manager ensured the staff followed the aims and objectives as detailed in the statement of purpose and service user guide. The Trust aims to provide people with a high standard of care, well-being and personal development. Striving to preserve dignity, individuality and privacy, and develop individual packages of care according to people's needs and wishes through person centred planning. Staff were aware of the aims of the service and they were clear how they supported people to ensure these aims were met for each person. For example, by ensuring people were offered regular opportunities to participate in activities both in the home and community based on their personal interests and aspirations. Staff were aware of people's individual rights and ensured these were protected.

Regular staff meetings were taking place enabling staff to voice their views about the care and the running of the home. Minutes were kept of the discussions and any actions agreed. Staff had delegated responsibilities in relation to certain areas of the running of the home such as checks on medicines, care planning and health and safety. Staff confirmed these responsibilities were discussed during their one to one meetings with the registered manager to ensure they were completing their delegated tasks appropriately.

We saw the manager was visible and worked alongside the staff team in supporting people. We saw people living at the home were relaxed and happy with them and knew who they were. We observed communications between the registered manager and staff was positive and respectful.

Staff told us the registered manager was approachable and they were happy to raise concerns and make suggestions to improve the service. Staff told us senior managers regularly visited the service and spent time with people and the staff team. The chief executive visited twice a year to meet with people and the staff. Letters were seen confirming these visits. A member of staff told us, "We work well as a team ensuring the care is delivered consistently to each person, we are open and discuss any concerns as a team to resolve and improve the care for the 'men', they are our focus".

Is the service well-led?

We reviewed the incident and accident reports for the last twelve months. Appropriate action had been taken by the member of staff working at the time of the accident or incident. Staff had reviewed risk assessments and care plans to ensure people were safe. For example, staff told us there was always a member of staff in the lounge or communal areas to ensure people were safe. The registered manager reviewed each incident and accident

form to ensure appropriate action had been taken. This was then shared with the Trust who reviewed all accidents and incidents to see if there were any themes that could be shared across all homes within Milestones Trust.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.