

Milestones Trust

Milestones Homecare and Dementia Service (MHADS)

Inspection report

Bristol Dementia Care Centre
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 6 October 2015 and was announced. We gave the service 48 hours notice of the inspection. This was to ensure that people who used the service were available to meet with us and also that the registered manager and staff were available. The service was last inspected in May 2015 and met with legal requirements at that time.

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.

Summary of findings

There was no system to quality audit whether people were supported to take their medicines safely. This meant there was no assurance that medicines were managed in a safe way.

Potential new staff were regularly being interviewed by one member of the management team. This meant there was a risk that unsuitable people may be recruited, if one member of staff made the decision who to appoint.

Staff were not being consistently monitored and supervised in their work. This meant there was no assurance staff were always providing effective care and support.

The quality checking system for auditing the service was not being used properly. There was a risk that the quality of care and overall service was not safe and suitable.

People told us that all of the staff who visited them were kind, caring and respectful to them. People were supported by staff who were trained to understand their needs.

People felt that their care needs were well met by the staff and they spoke highly about the care and support from them. Examples of comments included, "They all go that extra mile for you" and "They do what I want in the way that I want".

People had been involved in planning the care and support they received. Care records were informative and they explained what actions to follow to assist people with their care needs.

Peoples views were sought by the provider about the way the agency was run. People knew how to make a complaint about the service the agency provided if they needed too.

There was an online system in place to monitor peoples visits and the reliability of the service that staff provided.

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 not fully safe

Requires improvement



There was no formal system to check whether people were given medicines safely. This meant there was no assurance that staff managed medicines safely.

Recruitment procedures were not fully safe. Senior staff interviewed potential new employees on their own. This meant there was an increased risk that unsuitable people may be recruited.

Staff understood what abuse was and they knew how to report concerns about people who used the service.

Is the service effective?

The service was not fully effective

Requires improvement



Staff were not being properly supervised. This meant there was a risk that people may not receive care that met their needs.

People felt that their range of care needs were met by the staff who came to see them .

Staff were provided with a variety of training and learning opportunities. The staff told us this helped them to effectively meet people's needs.

Is the service caring?

The service was caring.

Good



People spoke highly about the staff who visited them and said they were caring and very kind.

Staff were respectful in manner when they supported people with their range of needs.

Is the service responsive?

The service was responsive

Good



People said that the care they received from staff was planned in a flexible way that took account how they wanted to be supported.

Care records were personalised about each individual and clearly explained how to support people to meet their care needs.

The provider carried out regular surveys to find out the views of people who used the service. The results of these were used to improve the service.

Is the service well-led?

Some aspects of the service were not well led

Requires improvement



Summary of findings

The system to assess the quality of the service provided was not up to date. This meant people were at risk of receiving unsafe care as it was not being consistently checked and monitored.

There was a registered manager at the agency and staff felt they had a supportive approach.

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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 inspection took place on 06 October 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service. This meant we needed to be sure that people were available to speak to us. The membership of the inspection team consisted of two inspectors.

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 plan to make. They returned the PIR after our visit to the service.

We reviewed notifications from the service a notification is information about an important event which the provider is required to tell us about by law.

We talked by telephone to 14 people using the service. We interviewed six staff, including the registered manager. We also spoke to one of the provider's senior managers after our visit.

We looked at seven people's care records, seven risk assessments and seven medicine records. We also saw staff duty records, five recruitment records, staff training and supervision information and a number of records to do with how the agency was run.

Is the service safe?

Our findings

The provider had a system for auditing how people were supported with their medicines. However, this was not up to date as it had not been used since January 2014. The registered manager said that they checked people's medicines records when they were brought back to the office. This was a way to check if medicine errors had occurred. When we looked at a sample of medicines it was evident this was not done consistently, this meant it was not clear whose charts had been checked or not. Nor was there any other system in place to check that medicine arrangements were safe and suitable for people.

This was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The medicine administration records we viewed were up to date and confirmed when people were given their medicines or the reasons why not. Staff told us they went on training to help them to know how to give people their medicines safely. Staff training records showed that staff practise was checked and tested by a senior member of staff to ensure they gave out medicines safely.

On the day of visit we saw potential new staff were being interviewed by a member of the management team. The interview was carried out by one member of staff. This meant there was a risk that unsuitable people may be recruited. This was because one person interviewing has no one else to check and measure the quality and suitability of the applicant with. In four staff recruitment records there was only one set of interview records signed by one person. The registered manager was unable to provide us with evidence that two or more people had interviewed applicants who were applying to work for the service.

There were some checks undertaken on the suitability of new staff before they were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed for all staff to try and ensure only suitable new staff were taken on by the agency.

People were supported by staff who knew how to keep them safe from abuse. People said that if they were unhappy in any way about a member of staff they were

able to contact the office based senior staff. The staff knew about the agency's procedure that set out how to safeguard people from abuse. We saw a copy of a procedure and other relevant information to guide and assist staff to know how to keep people safe from abuse. Information in training records showed the staff team had attended training courses to learn more about the subject of safeguarding people from abuse.

The staff were able to tell us about whistleblowing at work. They knew it meant reporting dishonest or abusive activities at work to relevant authorities. One member of staff told us, "I have a whistle permanently in my mouth". The whistleblowing procedure was up to date with contact details for the organisations people would use if they needed to report concerns.

The registered manager and staff who supported people monitored incidents and occurrences that had occurred. Staff recorded what actions had been put in place after an incident or accident. Risk assessments had been updated or rewritten if needed after any incident where a risk was identified. For example, one risk assessment had been updated to support someone to assist them to bathe safely after they had experienced a number of falls while bathing.

People told us on some occasions recently they had been assisted by staff from another agency due to staff shortages. The registered manager told us they were trying to recruit new staff to meet the care needs of people. The people we spoke with said they felt there was enough staff to support them. The staff we met told us there was enough staff on duty to provide safe care.

The registered manager told us the numbers of staff and the time they were allocated to support people were increased whenever it was required. They explained how staffing numbers had been increased recently when a person was unwell and needed extra care. Staff records showed that staff numbers were worked out based on people's needs and how many hours of support each person required.

Health and safety risks were identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example, if people were at risk of falling in their home action was taken to ensure there were no trip hazards.

Is the service effective?

Our findings

Staff were not being properly monitored and supervised because the system that was in place to do this was not up to date for all staff. The providers own policy stated that staff should be formally supervised in their work at least once every eight weeks. The staff told us this had not been happening. This meant there was a lack of assurance that they were providing effective care and support for people. The registered manager told us they were aware that staff supervision was not being kept up to date. We saw that they had recently started to book staff one to one meetings for all staff. Several of the staff team had recently had a one to one supervision meeting after gaps of over six months.

The staff we met had not had a recent spot check carried out on them. The records we saw also showed that other staff had not been subject to a recent spot check while they were assisting people. The records we saw showed that three staff had recently had an unannounced spot check carried out on them. The purpose of spot checks are to see if staff provide people with effective care.

This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People spoke positively to us about the way that staff provided their care and support. Examples of comments made included, “They seem to get it right with me and they know what I need”, “They do things in the way that I ask and they can’t do enough for me” and “They are always so helpful”.

The people we spoke with said that when they had started using the services of the agency, a member of staff had met with them. This was to plan with them the care they would like to receive. People were assisted with their personal care by staff who had a good understanding of how to provide them with the support they needed. The staff explained how the care and support people needed varied. The type of support they provided people with included help with bathing and showering, support to manage medicines and support to have enough food to eat and drink. The staff told us they read each person’s care records before they first visited them. They also said they were told by senior staff when care records had been updated if a person’s needs had changed.

People told us that they had consented to the care they received. They told us that staff asked them if they were happy with the support being provided on a regular basis. People had also signed their care plans and the records stated they had been involved in planning the care they received. Staff also recorded when people consented to the care that they had provided for them.

People told us they were able to see their GP if they were concerned about their health. People had a health action plan. The action plans contained information that showed how people were to be supported with their physical health needs.

People were supported to eat nutritious food and drink that they enjoyed. Some people we spoke with said the staff helped prepare and cook snacks and meals for them. People told us they felt happy with the support they received. One person explained that staff supported them with meals. They said, “They make sure I always have plenty to eat and drink left for me when they go”. Where people were identified as needing support with their nutritional needs a care plan was in place, and staff recorded and monitored their food and fluid intake. Staff told us they sometimes helped people who needed to eat a special diet for health reasons. Information in care records explained how to support people with these particular nutritional needs. The staff team had also been on training to help them to understand the nutritional needs of older people.

The staff demonstrated they knew the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how they apply to people who live in their own home. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. The staff knew that mental capacity must be assumed unless someone was assessed otherwise. The staff were also able to tell us that where there was likely to be a deprivation of liberty of a person in their home, it must be authorised by the Court of Protection. They explained how people had the right to make decisions in their lives. We spoke with staff who told us, “We have had mental capacity training. It is about people being able to make informed choices. We can raise a concern but can’t influence a person’s choice and decisions”.

Is the service effective?

The staff told us there was someone they were able to call if they needed guidance and support outside of the main office hours of the agency. There was an out of hour's telephone number they could use to speak to someone for support and advice.

Staff were positive about how much training they were able to go on to help them learn more about how to support people effectively. The staff said they had gone on training in subjects relevant to people's needs. Training they had been on included caring for older people, equality and diversity, record keeping, dementia care, health and safety, food hygiene, first aid, infection control and medicines management. Training records further showed that the staff team had been on regular training in these subjects.

New staff were supported in their work and we saw that there was an induction-training programme for new employees. The induction programme included areas in how to support people with dementia, the care needs of older people and safeguarding adults. Completed records showed that senior staff had ensured that new staff had attended suitable training before they began work with people. New staff also worked alongside more senior staff and observed how they supported people. Staff were only able to assist people on their own when they had been judged as safe to do so by a senior member of the team.

Is the service caring?

Our findings

All the people who used the service and their families spoke positively about the service provided by what most people described as their regular staff. Comments received included, “They’re right on the button”, “They’re just beautiful”, “I’m happy, the girls are lovely”, “Yes, they are very respectful”, “I have different staff but they are all good,” “The staff are very good, they do exactly what I ask in the way that I want”, “They are lovely”.

People told us that the regular staff who came to see them knew them well and that were kind and caring. One person said, “The staff are marvellous, I can’t fault them. I always have the same team of staff. My husband can pick up the phone anytime and the managers always help. It made it much easier for my daughter to go away on holiday, knowing the staff are here to help” another person said “They are all marvellous and they go the extra mile for you. People also said staff were respectful, for example, one person told us “They are very caring and always polite”.

People received care and support that was planned in a way that was suited to their needs. For example, some people said staff helped them with personal hygiene, some only needed help with their medication. One person told us “I think the staff are well trained. They seem to know what I want and how I want it. Another comment was “They have really taken the time to find out what my relative would like”.

Every person we spoke told us that staff who visited them were respectful to them and assisted them in the way they wanted to be cared for. One person told us “Everyone of them is extremely polite”.

People told us they had been involved with their care plan before they started using the service. One person said “They spoke to us about what we wanted and they have never let us down”.

Care records showed people had helped to plan what sort of care and support they received. For example what time their visit took place, and what gender staff they wanted to have support them. Staff knew the people that they visited very well and spoke positively about how much they enjoyed their work.

Comments from staff included, “We provide person centred care, I think the care is really good, and “We know when we’ve done a good job when we leave someone and they are happy and they have thanked us for what we have done”. The registered manager explained that staff were taught about the idea of person-centred care when they completed their induction programme. Person centred care means that people should always be respected as a unique individual.

Staff had been on training to help them understand the principals of equality and diversity. Staff knew that this meant promoting equality of opportunity for all and caring for people in a way that was free from prejudice and discrimination.

Is the service responsive?

Our findings

The people who we spoke with told us that the service they received was flexible and based on what care and support they felt they needed. Examples of comments made included “They turn up within reason when I need them to and “They spoke to me about what I want and they do exactly what I ask”. Everybody we spoke to said they saw a team of usually regular staff and that they knew who was due to visit them. One person told us “My regular girls are wonderful”.

An assessment had been undertaken to identify each person’s support needs and care plans were written based on how these needs were to be met. The assessments and care plans had been reviewed on a regular basis. Changes were made to the support people required and the times and frequency of visits if needed. Staff told us they were kept informed about the changes in visits and the support people required. This was either by the registered manager in person or via email. When visiting the agency we saw staff came to the office and discussed changes in the needs of people they visited.

Care plans were person centred and contained information for staff that explained what people’s personal preferences were in relation to their care. For example, one care plan we looked at set out how the person liked to be assisted to bathe and at what time. Another care plan explained how to sensitively support a person who had memory loss and needed prompting with personal care.

People we spoke with said they felt confident they could make a complaint to the manager or any of the staff. There had been one complaint made about the service over the

last year. The complaints procedure had been followed. Action was taken and a letter sent to the person and this told them what course of action was taken to investigate their complaint.

People told us they were given their own copy of the services procedure when they first started using the the agency. The complaints procedure contained the provider's contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format.

The complaints and compliments records showed that there had been one formal complaint this year. People spoke with said they had never needed to complain. People were familiar with the provider’s complaints procedure. They said they would speak to a manager in the agency office directly. Comments included “I’ve never had to complain but id know who to do to and “I’ve got the information in the folder they gave me”.

People told us they had been given a folder that contained information about the services the agency provided. This was to help them to be informed about whether they felt it was suitable for their needs. The information people were given was clear and it fully explained in detail the services the agency provided.

The provider sent out surveys to people at least once a year. People were asked in the survey if they had any complaints about the service. Where people had raised concerns in the survey form, we saw detailed actions were taken by the manager to address them. The latest responses from people during the last 12 months were positive and comments included “The carers are my girls and they deserve a pay rise” and “We would be lost without them, the last agency I used were useless”.

Is the service well-led?

Our findings

The provider had an online audit system that looked at different areas of the service and the way it was run. These included the quality of care people received, whether care plans were up to date and health and safety matters. The system was not fully effective because it had not been kept up to date. Nor had it identified how to address the lack of a system to audit medicines management. It had also not picked up that interview practices for new staff were not fully safe, or that staff supervision was not up to date.

The service also used an online system known as CM2000 used to track the times staff arrived at people's home and how long they spent with each person. The CM2000 system was put in place by the Local Authority to monitor the service for people who they funded. The manager told us that they found the monitoring system useful as it allowed them to track if people's visits were completed in the allocated time.

Some people told us they had contact with the registered manager who was helpful and supportive. An equal number of people told us they were not sure who the registered manager was. They said they had not been contacted by the agency to find out how they felt about the service. Uncertainty about who the registered manager was and a lack of consultation, could have a negative impact on the service people receive.

Some people told us that a senior member of staff contacted them on a regular basis. They said they were asked to give their views of the service the staff provided and what they felt about the way their needs were met. They told us the manager and other staff based in the office listened to them and took their views seriously. For example if people felt visit times were not suitable these had been altered to best suit people's needs.

Staff were asked to fill out a staff survey, which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the service. However, some staff told us they were not aware of the staff surveys and had not been consulted recently. We brought this matter to the attention of the registered manager who agreed to respond and make sure staff were invited to take part in the next survey.

The aims and objectives were included in the agency brochure, statement of purpose and staff handbook. The staff we spoke told us they had not been given a copy of the staff handbook. The registered manager was unclear how many staff had received a copy of the handbook. This could affect the care people received. This is because the staff handbook includes a range of guidance, policies and procedures for staff to follow. Staff mostly work alone in the community. This will make it harder for them to access this information without a copy of a staff handbook.

The registered manager said they stayed up to date with current matters that related to care for people in the community by going to meetings with other professionals who also worked in social care. They told us they shared information and learning from these meetings with the staff team. They also said us they read online articles and journals about health and social care matters.

Health and safety audits and quality checks on the care people received were undertaken regularly in their homes. Actions were put in place where risks and improvements were needed. For example, an assessment of people's bathroom and kitchens were carried out to ensure they were safe.

The staff had an understanding of the provider's visions and values. These included vision and values that were person-centred and that aimed to ensure people were at the centre of how the service was run. The staff told us they were aware of these values and they underpinned the way they supported the people they visited. For example, staff were able to tell us they included being person-centred in their approach with people, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported people they visited.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. These notifications assist the Commission in keeping up to date with how the service is functioning. Notifications also include allegations of abuse and serious injuries to people. We found that the manager was clear about the recording and informing processes for statutory notifications and had responded as required in making statutory notifications to the Commission.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(2)(g)</p> <p>12.1. Care and treatment must be provided in a safe way for service users. (g) For the proper and safe management of medicines;</p> <p>Peoples medicines were not managed safely because there was no formal quality checking system in place.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 – Fit and proper persons</p> <p>Staff did not receive supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>