

Milestones Private Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Milestones Private Limited is a domiciliary care service which provides care for six young people with a learning disability and or/autism living in the community. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

Relatives and healthcare professionals were unanimously positive about the staff and the management of the service. However, as the service was quite new and only provided care to a small number of people, it was not possible to fully assess if the systems to learn, improve and ensure sustainability were fully effective. Improvements were required to staff employment records.

People received support from a small team which ensured they received consistency and continuity of care. Risks to providing people's care and support had been identified and care plans included the actions staff should take to minimise the identified risks. Staff understood their responsibility to keep people safe from abuse and avoidable harm.

Relatives had confidence in the ability of staff to deliver effective care. People were supported to be in the best possible health and staff worked with other agencies to ensure people accessed all the support they needed. Staff had information about people's nutritional likes and dislikes and the level of the support they needed to ensure they ate and drank enough to maintain their health.

The nominated individual demonstrated a thorough understanding of their legal responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and

staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring because they took time to understand people's behaviours, routines and motivation. People's care plans reflected any diverse needs which helped staff to recognise and understand aspects of people's life which were important to them. People's care was planned in partnership with them and their families and they were involved in choosing the staff who supported them.

The care people received reflected their individual needs and preferences and was flexible to accommodate people's plans and routines. People's social and cultural interests were considered and there was a proactive approach to encouraging people to try new experiences.

Rating at last inspection

We did not rate the service at the last inspection as it had only been providing support for one person for a short time. (Published 30 July 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Milestones Private Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Milestones Private Limited is registered as a domiciliary care service. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 72 hours' notice of the inspection site visit. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection activity started on 27 January 2020 when we visited the provider's office and was completed on 01 February 2020.

What we did before the inspection

We reviewed information we had received about the service since it became registered and sought feedback from healthcare professionals who commissioned with the service. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with the nominated individual and two care workers. The registered manager was unavailable during our site visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed two people's support plans, five staff recruitment records and the provider's quality assurance checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke by telephone with three relatives of people who used the service about their experience of the care provided and two healthcare professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was unrated. At this inspection this key question has been rated as requires improvement. This meant some aspects of the service were not always safe.

Staffing and recruitment

- People told us they received a very reliable service and staff arrived when they expected them. One relative told us, "They are very punctual and on time."
- People received support from a small team which ensured they received consistency and continuity of care.
- The nominated individual told us they had recently refused a care package because they felt they did not have enough staff available to safely provide the level of service required.
- Due to people's complex needs, they and/or their relatives were involved in the recruitment process and interviewing potential new staff. This meant people only received support from staff they felt confident and comfortable with. One relative told us, "I am involved with the recruiting process, so I am very hands on with it. I have a big say with the yes or no because staff are actually coming into my home."
- However, improvements needed to be made to staff employment records. We were told the provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. This included a Disclosure and Barring Service (DBS) check and references. Records did not evidence that gaps in employment had been fully explored and references had not been authenticated. We also found one member of staff had started working with only a DBS in place and no references. Risk assessments had been completed and the nominated individual told us staff would not work alone with people, but rotas did not always confirm this.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt confident their family members were kept safe by staff. When we asked one relative they responded, "Yes, because of the feedback that [name of person] gives. He gives good feedback."
- Staff were aware of their responsibility to safeguard people from harm and told us they would report any concerns to the registered manager. One staff member described abuse as "Anything that is harmful to a person, should it be physical, emotional or verbal. Anything that is going to damage them."
- We found staff were not always clear about all the agencies they could refer concerns to if they felt managers had not responded appropriately. The nominated individual told us they would reiterate this with staff.
- The nominated individual was the safeguarding lead for the service. They told us, "We know our responsibilities and if there are any safeguarding issues we will contact the local authority."

Assessing risk, safety monitoring and management

- Any risks to providing people's care and support had been identified and care plans included the actions staff should take to minimise the identified risks. This included risks associated with epilepsy, mobility and

continence care.

- Relatives and healthcare professionals told us there was a positive approach to risk management. One healthcare professional told us, "[Registered manager] is quite thorough on risk assessing and she will make a point before any work starts of talking with families about what the safety factors are." Another healthcare professional said, "There can be difficulties, but they are always looking on the positive which is a good quality to have. They do it in a safe way and are always aware of the risks. They support positive risk taking."

Using medicines safely

- People administered their own medicines or with support from family members.
- The nominated individual had procedures in place for when people required support with their medicines. They had arranged specific training in the safe handling of medicines to ensure staff had the knowledge to manage medicines safely. Regular competency checks were planned to ensure they remained safe to do this.
- The nominated individual told us a planned system of checks would ensure people received their medicines as prescribed.

Preventing and controlling infection.

- People and relatives told us they had no concerns with staff cleanliness or how they left their property.
- Some people had health conditions that made them vulnerable to infection. There was information in their care plans as to the actions staff should follow to minimise the risks of cross infection.

Learning lessons when things go wrong

- There had been no accidents or incidents.
- The nominated individual was aware of recording any incidents which should occur and the importance of taking any learning from these.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was unrated. At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, emotional and social needs had been holistically assessed before they started to use the service.
- People, relatives and other healthcare professionals involved in people's care were consulted during the assessment process. This ensured people's needs, wishes and preferences were effectively supported.
- People's care plans reflected any diverse needs, including their religion, ethnicity, disabilities and important relationships. This helped staff to recognise and understand aspects of people's life which were important to them.

Staff support: induction, training, skills and experience

- People's relatives had confidence in the ability of staff to deliver effective care.
- The registered manager and nominated individual were both experienced support workers who initially worked with people to ensure they understood their needs.
- Relatives told us the managers effectively shared their knowledge of people with new staff by working alongside them during their induction. One relative told us, "[The managers] have got the experience themselves, so they model for new staff coming in. It is a young team, but they are very well trained and inducted really well." Another relative confirmed, "I think everyone is individual and it takes time to get to know someone and support them how they want to be supported. I think they [the managers] support staff to get to that point."
- The service had links with another established domiciliary care agency who provided staff with formal mandatory training in areas such as health and safety, food hygiene and first aid. There were some gaps in mandatory training, but the nominated individual told us this was being addressed.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people's meals were prepared by their family or other healthcare professionals involved in their care.
- People who required assistance with meals were supported to have what they wanted to eat and drink. Care plans contained detailed information about people's nutritional likes and dislikes and the level of the support they needed to ensure they ate and drank enough to maintain their health.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Managers and staff worked with other agencies to ensure people received consistent and effective care. One healthcare professional told us, "They [the managers] are really good at bringing any issues or concerns they have to me straightaway."

- The registered manager and nominated individual regularly attended multi-disciplinary meetings with other healthcare professionals to share information. This ensured people were accessing all the support they needed. A healthcare professional said the management team were always available to attend meetings and were well prepared for them.
- People were supported to be in the best possible health. For example, people's oral health needs and the support they needed was recorded in their care plans.
- Where appropriate, people had hospital passports in place. The passports contained information in an easy-to-read format to help clinical staff understand the person's support needs and promote effective care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of MCA.

- The nominated individual demonstrated a thorough understanding of their legal responsibilities under the Act. Where they had concerns about a person's capacity to consent to any restrictions within their care plan, they had referred them to their social worker to ensure they were in the person's best interests and legally authorised.
- Relatives told us staff offered people choices and worked in the least restrictive way possible. One relative told us, "They (staff) respect [name's] choices and offer choices to them." Another said, "The support is led by what [name] says they want. They get a good balance with that and when they need to work in [name's] best interests."
- Some people who used the service were under the responsible care of parents and were not subject to an MCA assessment or the Court of Protection requirements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was unrated. At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us managers and staff were very caring because they took time to understand people's behaviours, routines and motivation. One relative told us, "They are amazing and outstanding with [name] and have worked really well with them and got to know them very quickly."
- The registered manager tried to ensure staff who worked with people shared people's interests and enthusiasms. For example, it was an important part of one person's routine to go swimming regularly and another person liked to go horse riding. One relative told us, "With the choices they are making around staff, they are ensuring [name] will be supported with the things they want to do."
- People who used the service had different faiths, cultural and lifestyle choices. The nominated individual explored what this meant to people and how it could impact on their preferences for how their care needs were met. For example, one person needed to follow a specific diet on certain days of the week and another person had preferences regarding the staff who delivered their care. Staff understood and respected these choices.

Supporting people to express their views and be involved in making decisions about their care

- People's care was planned in partnership with them and their families. Care plans were personalised and clearly reflected people's individuality. One relative told us, "They want me to be involved and to be at meetings, so I can give my input."
- Care plans contained detailed information about how staff could support people to express their views and make decisions. For example, one person's care plan informed staff of the best way to present choices and what could be done to help the person achieve understanding. There was also information about when was the best and worst times of day for the person to make a decision.
- People were given a service user guide which included contact details if people wanted to discuss aspects of their care. Relatives knew who to contact if they had any questions or queries about their care or wanted to change it.
- The management team were aware of advocacy services and when this should be considered to ensure people's voices were heard and their views respected.

Respecting and promoting people's privacy, dignity and independence

- There was a strong emphasis on supporting independence to ensure people's privacy and dignity was maintained. Care plans were clear what people could do for themselves and where they needed prompting or support.
- Staff supported people to learn and maintain lifestyle skills, so they could become more independent.

One relative told us, "When [nominated individual] is working with [name] they call it teamwork which is encouraging [name] to work towards building up his independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was not rated. At this inspection this key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives told us the care people received was responsive as it reflected their individual needs and preferences. This was because people and those important to them had been involved in developing their care plans.
- Staff were committed to ensuring people and their families had choice and control and the service was flexible to accommodate people's plans and routines. One relative told us, "It is a very personalised service. They have set hours but are very flexible if we need further support." A healthcare professional confirmed, "One of the things that impressed me with Milestones was their flexibility and person-centred approach."
- Some people could sometimes become anxious. Staff were able to maintain a consistent response at such times. This was because there was guidance in people's care plans about proactive strategies to prevent and distract anxieties from escalating.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs of people were fully assessed and reflected within support plans.
- The nominated individual ensured people's communication needs were met. For example, staff needed to inform one person 30 minutes before something was planned so they had time to process the information and get ready for it.
- Information was shared in a variety of formats including visual choice, photographs and written timetables.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider considered people's social and cultural interests when developing their support plans. Staff supported people to engage in activities and hobbies that interested them such as bowling, swimming, walking and going to the cinema.
- Staff recognised the importance of people's relationships with family and friends. For example, one person was supported to regularly visit with their family and another person was supported to attend their faith meetings.
- There was a proactive approach to encouraging people to try new experiences and explore opportunities to increase their social groups. One relative told us, "[Registered manager] is coming up with ideas to

encourage [name] to try things he has never done before."

Improving care quality in response to complaints or concerns

- People were issued with a service user guide that informed them how to make a complaint.
- Relatives told us they would be confident to share any complaints but had no concerns about the care provided. One relative told us, "In the first instance I would talk to [registered manager] about things. There is nothing that can't be resolved and talked through."
- No complaints or concerns had been received by the provider at the time of our inspection visit.

End of life care and support

- Although the service was not currently supporting anyone with end of life care, there were plans in place to capture people's wishes should a need arise.
- The nominated individual told us they would work with other organisations and healthcare professionals who could provide further support to enable people to spend their final days as they wished to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was not rated. At this inspection this key question has been rated as requires improvement. Leaders and the culture they created supported the delivery of high-quality, person-centred care. However, the process and procedures to support this were inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a stable management team in place with the registered manager and the nominated individual responsible for the day to day running of the service. Everyone we spoke with knew who the managers were and told us they would contact them should they have any issues they needed to discuss.
- We looked at systems to show learning and improvements were taken through a programme of regular checks and audits. As the service had only been operating for a short time and was only providing care to six people, it was not possible to fully assess if the systems to learn, improve and ensure sustainability were fully effective. One relative told us, "It is good, I think they are still in their early days, so they are still growing. They have got a little way to go before everything is in place."
- Checks had not identified that the provider had failed to follow their own policies for safe staff recruitment.
- The nominated individual understood their responsibilities to submit statutory notifications from the service. A statutory notification is information about important events which the provider is required to send to us by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and healthcare professionals we spoke with were unanimously positive about the staff and the management of the service.
- One healthcare professional told us, "We need more agencies like this and certainly [registered manager] is very passionate about disability and helping young people reach their potential. It is about being as creative as possible and providing real opportunities."
- Relatives told us they would not hesitate to recommend the service because it put people and their families at the centre of the care provided. One relative told us, "I think it is brilliant, I like their values, they are very proactive and enthusiastic, and I think they will really support [name] to where he wants to be." Another relative said, "I do recommend people go to small local provision with companies that want to work directly with families."
- Staff spoken with felt supported by the registered manager and nominated individual who shared their knowledge and experience to improve outcomes for people. One member of staff described the service as, "Professional, caring, organised and there for you." Another commented, "They (managers) are available 24/7. [Registered manager] really is available around the clock whenever we need her."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The nominated individual understood their responsibilities under the Duty of Candour. They told us, "The duty of candour is where as professionals we have to be honest and transparent. For example, if we do make a mistake or there is a medication error we need to sit down with people and explain the mistakes we have done and the procedures we have put in place to stop it happening again."
- There were systems in place to investigate and feedback on any incidents, accidents or complaints. However, these systems had not been tested at the time of our inspection visit.

Working in partnership with others

- The provider worked in partnership with other agencies to ensure people had access to specialist support when they needed it.
- Management supervision was provided by another experienced care provider to ensure that the provider and registered manager could get support or advice when needed.