

Milestones Trust

Elysian Villas

Inspection report

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Date of inspection visit:
05 June 2018

Date of publication:
16 August 2018

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

The inspection took place on 5 June 2018 and was unannounced. Our last inspection took place in April 2017. We found no breaches of regulation at this time, however there were areas that required improvement. This included recording of the administration of medicines and recording of decision making under the MCA. At this inspection we found those areas had improved, However further concerns were found and the rating for the service remained as Required Improvement.

The service provides nursing care and accommodation for up to 12 people with learning difficulties. The accommodation is divided in to three separate villas on the same site. Elysian Villas is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people at the service were not always safe. This was due to the security of the building. Nine months prior to the inspection, the provider notified us of an incident where a person using the service left the building unattended because the gate to their villa was left unsecured. There was a second incident of this nature two months after the first. At this inspection, we found that a solution had not yet been put in place and the gates were still being left unsecured.

The service was also experiencing difficulties in recruiting and maintaining staff which meant there were significant staff vacancies at the service. This was being managed through use of regular bank and agency staff. We received varied feedback about this and the impact of it on people being supported. The majority of staff felt the impact on people was minimal due to the way in which it was being managed.

People received safe support with their medicines. These were stored securely and the administration of medicines was recorded on Medicine Administration Record (MAR) charts.

The service was effective. Improvements had been made in the way in which best interests decisions were being made. People were supported to see healthcare professionals when they needed to. Staff were satisfied with their training and support and received one to one supervision.

Staff were kind and caring and treated people with respect. We saw staff spend time with people sharing humour. Staff encouraged one person to change their clothes on several occasions ensuring they were clean and comfortable.

Staff were responsive to people's personal needs and preferences. One person had recently moved villas as it better suited their needs. People were also able to take part in activities outside of the home, for instance going to day centres and the farm.

The home was not well led in all aspects because the service had been slow to respond to a safety issue with the premises. Staff were positive about the registered manager telling us they were approachable and they could raise any concerns they had.

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 safe in all aspects and remained as requires improvement. Gates outside of individual villas were not secure meaning there was a risk that people who required supervision could leave unaccompanied.

There were significant staff vacancies within the service meaning that agency and bank staff were used regularly.

Staff were knowledgeable about safeguarding vulnerable adults and confident about reporting any concerns

Requires Improvement ●

Is the service effective?

The service had improved to Good. People's rights were protected in line with the mental capacity act.

People were supported to see healthcare professionals when they needed to.

Staff received good support and training to carry out their roles effectively.

Good ●

Is the service caring?

The service remained Good.

Good ●

Is the service responsive?

The service remained Good.

Good ●

Is the service well-led?

At our last inspection the service was rated Good at this inspection the rating was requires improvement. This was because action had not been taken swiftly enough to fix an issue with the safety of the building

Requires Improvement ●

Elysian Villas

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 5 June 2018 and was unannounced.

The inspection was undertaken by two Inspectors, one of whom was on their induction training. Prior to the inspection we gathered all information available to us. This included reviewing the Provider Information Return (PIR). The PIR is a form completed by the provider to tell us about how the service is run, the things they do well and areas they want to improve. We also viewed notifications. Notifications contain information about specific events, the provider is required to tell us about by law.

As part of our inspection we spoke with the registered manager and six members of staff. We spent time with two people using the service on an individual basis, however most people were not able to give specific feedback about the service verbally. We observed care in each of the villas, although some people were on trips outside of the home. We reviewed care records relating to four people across the villas. We also looked at records relating to the running of the home such as audits and medicines records.

Is the service safe?

Our findings

The service wasn't safe in all aspects. Prior to the inspection we had received a notification from the service about incidents when a person using the service had left the premises unattended. This was due to the gates not closing properly. We spoke with the registered manager about this to find out what action had been taken to resolve this issue. It was evident that although attempts had been made to secure the gates and the issue discussed with the facilities department, a solution had not yet been found. Although the gate had a keypad attached to it, the mechanics of the gate meant that unless staff made sure to close it properly, it would sometimes remain open, meaning that people could leave without knowing the key code. On two separate occasions during the inspection we found the gates weren't secured.

Following the inspection, we were shown updated risk assessments for one person who had been involved in the previous incidents of leaving the premises. Since this time no further incidents had occurred. However, given that no permanent solution to the gate closure issue had been identified, there remained a risk to service users because the premises were not fully secured. Everyone using the service had been assessed as requiring DoLS authorisation meaning they needed a high level of supervision and support to keep them safe. The provider had not responded to this risk promptly enough to ensure people were safe.

This was a breach of regulation 12 2 (d) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

People weren't able to give us direct feedback about how safe they felt the service was, however we saw that people appeared settled and content in the presence of staff and responded positively to staff interactions.

At our last inspection we found that improvements were required in the management and recording of medicines. At this inspection we found that overall medicines were well managed. The registered manager told us they had changed from a monitored dosage system of medicine administration to receiving medicines in their original boxes. We were told that this was working well. There were suitable storage arrangements in place to keep people's medicines safe. The administration of medicines was recorded on Medicine Administration Record (MAR) charts and we found no omissions or errors in recording. There were systems in place to reorder medicines for people when stock was low. However on one occasion we saw that a person's cream had run out and there had been three days when it had not been administered before new stock arrived. We also discussed with the registered manager how PRN or 'as required' medicines weren't always being recorded when they were offered. This made it difficult to effectively monitor its usage.

The registered manager told us that they had experienced difficulties in recruitment and currently had a number of vacancies they needed to recruit for. There was a recruitment plan in place to manage and recruit to these vacancies. We received mixed feedback from staff about how the difficulties in recruitment and staffing had affected people. Some staff felt the way in which vacancies had been covered with consistent bank and agency staff had minimised the negative impact on people using the service. However, one member of staff felt there had been a negative impact on people due to their complex needs and the importance of continuity of care from familiar staff.

When new staff were recruited to the service, suitable checks took place to minimise the risks of unsafe staff being employed. This included gathering references from previous employers and carrying out a Disclosure and Barring Service (DBS) check. This check identified people who are barred from working with vulnerable adults and any convictions they might have.

Staff were trained in and understood their responsibilities to safeguard the people they supported from abuse. Staff told us they felt confident about reporting any issues or concerns. Staff told us they had no concerns about how people were treated at the service. One member of staff told us some time ago, there had been concerns raised about the conduct of a member of staff and this had been addressed by the provider.

There were risk assessments in place which provided consistent guidance for staff to follow when supporting people. For example, there was a risk assessment in place for one person to assess the risk of financial abuse. Measures in place included obtaining receipts and two members of staff verifying financial documents.

There was a member of staff designated the role of being in charge of fire safety. We saw records confirming regular checks were made and fire drill carried out. People had individualised plans in place for evacuation in an emergency. There were also checks in place to manage the risk of legionella and other required health and safety checks.

Is the service effective?

Our findings

The service was effective. Staff told us they were satisfied with their training and support and had opportunity to meet their line manager for 1:1 supervision on a regular basis. The registered manager kept a supervision matrix recording the dates of when staff had received supervision. This showed that supervision was happening regularly. Staff said they had recently undertaken moving and handling training updates and were supported by the service to undertake other training including, safeguarding and, food safety. A training matrix was in place, recording the dates that training had been completed and when it needed to be refreshed. This helped the registered manager the staff team's training and development needs. We saw that topics were covered relevant to the needs of people using the service, for example staff were trained in positive behaviour support (PBS).

One member of staff who had worked at the service for a number of years felt the training aspect of the job role had improved under the current registered manager. The registered manager told us how they encouraged career development and had promoted one long term member of staff in to a more senior role. They told us this had been a very successful appointment.

At our last inspection we found improvements were required in how the Mental Capacity Act (MCA) 2005 was being implemented. This was because there wasn't always accurate recording of the decisions made on behalf of people who didn't have the capacity to make decisions for themselves. At this inspection we found improvements had been made and there was clear recording about the decisions people were being supported to make. Records showed that family members had been consulted in the decision making process. Staff told us they respected people's choices; we read in people's care notes for example when they had declined to go to particular appointments.

Staff were able to communicate their understanding of the MCA including the assumption of capacity, that people should be able and are encouraged to make decisions even when care needs are complex.

When people needed to be deprived of their liberty in order to receive safe care, applications were made to the local authority for deprivation of liberty safeguards (DoLS) authorisation. The registered manager notified CQC when an authorisation was granted as is required by our legislation.

People received support from health care professionals. However it wasn't always clear from records that people were supported to see them at the intervals recommended by the professional concerned. For example, for one person it had been recommended that they see the dentist at six monthly intervals. The records showed that they had been to the dentist but not every six months as recommended. We discussed this with the registered manager. There was information in people's care files about the support they needed in making health appointments and attending them. One person for example, required staff to talk to healthcare professionals on their behalf.

Staff told us about the different ways they communicated with people in accordance with their particular needs. One member of staff for example who worked with a person closely on a one to one basis told us

they used Makaton to communicate and demonstrated some of the signs they used. Other people were able to discuss their needs and wishes verbally. In one villa we saw how a member of staff discussed lunch with a person they were supporting. Another person made a gesture, which we relayed to the registered manager who immediately understood what the gesture meant. We also noted how photos and pictures were used to support communication, for example by illustrating what was on the menu and what activities were taking place that day.

People received support with nutrition and hydration, including where they had particular associated needs. For example, one person had a Percutaneous Endoscopic Gastrostomy (PEG). This is a specialised way for people to receive nutrition through a tube. There were clear plans in place for staff to follow in supporting the person with their PEG. This included encouraging the person's independence by pushing the plunger down when they expressed a wish to.

For conditions such as epilepsy, there was guidance in place as to how this was being managed and when medical assistance would need to be sought.

Is the service caring?

Our findings

We saw that staff were kind and caring towards people they supported. Throughout the day we saw staff communicating with people in a positive way and treating them with respect. One person was encouraged and supported discretely to change their clothes when staff noticed their top had become damp from the drink they were carrying. This person's clothes were changed several times through the day ensuring that they were clean and comfortable. On one occasion we saw the registered manager link arms with a person to support them in a reassuring manner. Staff shared good natured humour with people and spent time talking with them on a one to one basis. We saw one member of staff sitting with a person looking through photos they had out. In another villa, a member of staff was interacting pleasantly with a person whilst they were preparing lunch.

One person was able to speak with us about their care and responded positively when we asked if they felt safe and well supported. Staff all told us they were confident that the care people received was good and they had no concerns about this.

People were encouraged to be independent where they were able to be. There were support plans in place describing the elements of their personal care they could carry out themselves and the areas where they required support from staff. Staff told us about the ways in which they encouraged people to carry out tasks for themselves. For example, one member of staff told us a person they supported was able to use the bathroom independently and they encouraged this but remained close by in case help was required.

People had their own rooms for privacy when they wished and staff were respectful of people's personal space, for example knocking on doors before entering. There were also lounges where people could socialise with each other and staff.

Is the service responsive?

Our findings

The service was responsive to people's needs. The service had faced some challenges in maintaining a consistent staff team, however it was clear that staff were knowledgeable about the people they supported and understood their individual needs and preferences. Staff for example told us about the activities people enjoyed and their individualised ways of communicating. In one case a member of staff commented how they used pictures of a happy and sad face for the person to point to and communicate how they were feeling that day.

People were engaged in a variety of activities which included experiences outside of the home. For example, some people went to day centres. Another person went to the farm on a regular basis. During our inspection we saw that people went out with staff to various places in the community. We did read how one person had enjoyed going to local shops to buy favourite items but unfortunately this had stopped at the request of the shopkeeper due to the person's behaviours. Staff now went to the shop on behalf of the person concerned. We discussed with the registered manager whether there was another solution that could be found which meant the person could still enjoy going to the shops. In one of the Villas, people using the service had been supported to grow their own vegetables, including tomatoes and parsley, the people using the service had cooked and eaten the vegetables. When we visited we observed a carer building a raised flower bed so that people using the service could plant flowers.

Care plans were person centred and reviewed regularly to ensure they were up to date and reflective of people's care and support needs. Staff told us how they had monthly planning to meetings to review the support people received. We noted how support plans used picture and photographs to make them easier to access for people. Care documentation included a 'personal profile' which gave a summary of the person concerned and their likes and interests. Support plans described the support required in detail. For example it was stated in one support plan a person preferred to take their medicines in the office.

The service responded to people's changing needs. One person had recently moved between villas as a result of their changing needs. A familiar member of staff had continued working with them over this time to support the person as they settled in to their new accommodation.

There were systems in place to manage complaints within the service. Prior to the inspection we received a complaint about the service. This was shared with the registered manager and it was clear from records viewed at our inspection that the concerns had been taken seriously. A theme in the complaint was around the culture of the staff team and we saw that this had been discussed with the HR department of the provider. The registered manager had followed up the concerns with HR to ensure they were being progressed and taken seriously. The registered manager was open and transparent about some issues they'd experienced with relationships and cultures within the staff team. We discussed how it was important to address these particularly in light of the difficulties they'd experienced recruiting and retaining staff.

Is the service well-led?

Our findings

The service was not well led in all aspects. Prior to the inspection we had been notified of two incidents of a person having left the building unattended due to the gates to the villas not being sufficiently secured. The first of these incidents had occurred nine months prior to our inspection and the second one, seven months prior to the inspection. At our inspection, despite the facilities department of the organisation knowing about the issue, a permanent solution had not been found. Gates to the villas were found unsecured during our visit. This meant that the risk remained for those people where it was not safe to leave unaccompanied.

There were systems in place to monitor the quality and safety of the service. This included gathering feedback from people using the service and their families. Questionnaires were used to gather the views of friends and family. We noted that where concerns were raised, these were discussed with the individual concerned to explore what could be done to address the issue.

Regular checks were carried out that aligned with the CQC inspection process of assessing whether a service is safe, effective, caring, responsive and well led. These checks were completed by the manager as a self assessment. There was also an annual quality report produced by the provider. Checks of the environment and infection control had both identified areas for improvement and action plans produced. Staff told us they carried out monthly planning meetings to monitor the support provided for each individual service user.

Staff were positive about the registered manager, telling us they were approachable and they were able to raise issues of concern with them. This promoted an open and transparent culture within the service.

We saw how the registered manager spent time with people using the service and spent time in each of the three villas throughout the inspection. It was clear they knew people well and people using the service felt at ease with them. The registered manager was supported by team leaders. Responsibilities had been delegated effectively to support the registered manager in their role. For example responsibility for fire safety had been given to a senior member of staff.

The registered manager was aware of the responsibilities of their role. Notifications were submitted to the Care Quality Commission when required by law. We also saw that the rating from the last CQC inspection was on display.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The premises were not kept secure at all times because the gates to the villas did not always fully close.</p> <p>Regulation 12 2 (d)</p>