Milestones Trust

121 Watleys End Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12 April 2018 and was unannounced. The service was last inspected in March 2017. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of is the service effective, is it responsive? and is it well led?

At the last inspection there was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment. There was a breach of Regulation 17 of the Care Quality Commission (Registration) Regulations 2009. There was also a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around Person centred care. Specifically improvements were needed in relation to the Mental Capacity Act 2005 that Deprivation of Liberty Safeguards applications were promptly resubmitted for people when their authorisation had expired. Improvements were also needed, as the registered manager at the time had not submitted notifications of all incidents that affected the health, safety and welfare of people who use the service. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

121 Watleys End Road is a care home providing personal and nursing care to up to 14 people. There were 13 people living at the home at the time of our inspection. People in care homes receive accommodation and nursing or personal care as a 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 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. The registered manager had worked for the provider for a number of years in other services. They had worked at the home for one year.

Medicines were stored securely and administered by staff who had been trained and assessed as competent to do so. Medicines were reviewed regularly to ensure people with complex needs received them appropriately.

The service was responsive to people's needs and they were able to make choices about their day-to-day routines. People had access to a range of activities, which provided them with mental and social stimulation. People were able to go into the community safely.

People were supported to feel safe at the home and with the staff who supported them. There were systems and processes in place to reduce risks to people. These included a thorough recruitment process and ensuring staff knew how to recognise and report abuse. There were enough staff available to meet people's needs in a timely way.

Staff we spoke with understood the requirements of the Mental Capacity Act 2005 Staff completed training in a range of areas including safeguarding, moving and handling, basic life support, dementia awareness and health and safety

Staff were caring and kind towards the people they supported. The staff knew people well and understood their needs. However, at certain times during our visit, some staff communication was not fully person centred. Some staff spoke to each other and did not communicate with people when they assisted them. For example, when helping people who were in wheelchairs to move. We saw staff assist people with no communication about what they were doing or why they were doing it.

We have made a recommendation around staff communication with people.

Accidents and incidents were reported and monitored to identify any patterns or trends. Relatives were asked for their views about the service and actions taken where needed. Staff we spoke with felt supported by the management and leadership of the home.

The premises were homely and were suitable for people's needs. People's rooms showed they were involved in decisions about the decor. The environment and equipment was regularly checked and serviced.

There was a complaints procedure in place, should anyone wish to raise a complaint on behalf of people who lived at the home.

The provider's auditing systems had identified shortfalls in the service and action was being taken to address them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good

Is the service effective?

Good

The service has improved to good

The principles of The Mental Capacity Act were understood and promptly acted upon by the staff. This meant people's rights were respected.

People's needs were met by staff who were competent and properly supported to do their jobs effectively.

People were well supported with their range of individual nutritional and dietary needs and preferences.

Is the service caring?

Good

The service remains good

Is the service responsive?

Good

The service had improved to good

Care plans now set out how to provide care and support that was person centred and responsive to teach person's changing needs.

People were supported both in and out of the home in a way that was suited their needs and was flexible to them.

People were encouraged and supported to enjoy social and therapeutic activities both in the home and the community.

Is the service well-led?

Good

The service has improved to good

The registered manager was ensuring that Notifications about the service were sent to CQC promptly.

The registered manager was open and inclusive and the home was run in the best interests of people who lived there.

There were quality audit systems in place to check and monitor the quality of the care and the service that people received.

Staff and others were supported and encouraged to make their views known about how the home was run.

121 Watleys End Road

Detailed findings

Background to this inspection

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

Before the inspection, we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 12 April 2018 and was unannounced. The inspection was carried out by two inspectors. An inspection manager was present for part of the visit. This was to carry out a quality check on the lead Inspector.

We spoke to the deputy manager , an agency nurse, a registered nurse , a chef, five support workers and the administrator during our visit.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to two people who lived at the home about daily life there.

We reviewed a range of records about people's care and how the home was managed. We looked at three care plans, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Good

Is the service safe?

Our findings

Staff understood their responsibilities for keeping people safe from the risk of abuse. We saw there were safeguarding posters on display for staff to read. The deputy manager explained how they reported safeguarding issues, we saw the records and confirmed that we had also received the information. Staff we spoke with said they had their safeguarding training although one said theirs was due. They were able to give examples of signs and types of abuse and discussed the steps they would take to protect people, including how to report any concerns. One staff member said, "If I saw or heard something that I was concerned about, I would report it to the manager; I certainly would not turn a blind eye." Staff told us they had read the whistle-blowing policy and would follow it if any concerns they had were not resolved. One staff member said, "I would not let it go; I would take it to the manager, then if I had to take it further I would make phone calls to outside agencies."

People had assessments in place, which identified risks in relation to their health, independence and wellbeing. Where a risk had been identified, the assessment provided staff with advice on how to keep risk to a minimum. The care records showed that people had individualised risk assessment. For example, one person was assessed for their epilepsy whilst another for when they were out in the community.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. We saw detailed personal emergency evacuation plans stored in people's care records and recommended that copies were placed into the emergency folder kept by the main entrance for use by the emergency services.

Health and safety checks had been undertaken to ensure the home's environment was safe for people. Equipment was maintained and serviced. Certificates such as electrical and gas safety checks were up to date. However, we did find several personal electrical items in the small kitchen and two bedrooms, which had not been tested for electrical safety. There was evidence of legionella and water testing. There was a business continuity plan, which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Incidents and accidents were recorded by the service. Appropriate action had been taken and where needed necessary changes made. The registered manager and the team learnt from the events and sought specialist advice from external professionals if needed. For example, where someone developed a blister the district nurse was contacted for advice and another person got a new type of bed to reduce the risk of harming themselves.

People received their medicines as prescribed. People's medicines were securely stored in the locked clinical room and medicines were given by registered nurses. We observed medicines were given safely and that staff signed the medicines administration record (MAR) once taken by people. The clinical room was well organised and all medicines were stored correctly and at the correct temperature. Medicine audits were being carried out and the balance of some medicines were being checked daily. The MAR sheets included a

photograph of the person with a list of their known allergies and their preferred way of taking their medicines.

Records confirmed medicines were received, disposed of, and administered correctly. There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. Records had been completed with details of when the 'PRN' medicines should be given and if they were effective. Topical creams were signed as being applied following personal care and the containers were dated when opened.

People were protected by the prevention and control of infection. The home was in good repair, clean and without any unpleasant odours. Staff followed hand hygiene guidance and those we spoke with knew the principles to follow to protect people from cross contamination. The bathrooms were well equipped to help reduce cross infection. The bathrooms were well equipped, they contained wall posters advising on hand washing procedures, soap dispensers, lidded waste bins and paper towels. There were also antibacterial hand cleansing dispensers in communal areas for everyone to use.

Recruitment procedures were in place that helped ensure staff were recruited safely and all the required checks were completed before starting to work. Staff had to complete a probationary period during which there were regular review sessions with them. Staff were confirmed in their role permanently only when it was felt they were suitable to work at the home.

Good

Is the service effective?

Our findings

At our last inspection in March 2017, we had found in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards a prompt application had not been resubmitted for two people when their authorisation had expired.

This was a breach of there was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

At this inspection, we found that actions had been taken .Applications had been promptly resubmitted when they were needed. The principles of the Mental Capacity act were understood by the staff at the home as well as whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

People were being properly supported with their range of physical healthcare care needs. People saw the relevant health services with staff support when they needed. These were made to specific health professionals when it was felt they were needed. This was done swiftly by the staff .Where health professionals had given guidance and asked for certain plans of care these were followed by staff in the home. Care records also contained details of people's health needs and the support they needed to get equal access to external health professionals and services such as dentists, opticians and doctors. Care records and information related to people who used the service was stored securely in a metal cupboard within a storeroom and accessible to staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines. People had 'hospital passports' in place, these set out their care needs in a quick easy to understand format. This meant people's needs could be met on visits or admission to hospital. Strategies were included such as how to best communicate and safely support the person.

Staff recorded daily health checks and wrote in the care records the support provided to people. These also included their observations about general health of the people they were supporting. This assisted staff to identify any health needs or concerns they had. If staff ever felt concerned about a person's health they took swift action to make sure they received the support they needed. This included support from a range of relevant healthcare professionals such as the GP, dieticians, speech and language therapists, and physiotherapists. Records confirmed that where other specialist assistance was required, people had been referred to the appropriate Health care professional.

People were supported to eat and drink nutritious food and drink that they liked. Staff told us people who required special diets were well catered for. This was evidenced by the choices that were available. For example, we saw some people needed a softer textured diet and this was offered to them. We spoke with a

member of staff responsible for preparing food, they spoke passionately about their role and ensuring that people had food they liked and a range of choices were available. They were in the process of reviewing the menu so new choices would be available.

There was up to date guidance in care records that set out how to support people's food and drink intake. This helped ensure people ate a healthy and well balanced diet if they wanted to .Staff knew what type of food people liked. The staff ensured these choices were available to meet people's range of diverse needs.

Care records clearly explained how to support people with their nutritional needs. An assessment had been completed using a nationally recognised tool. This tool is used to identify those who could be at risk of malnutrition or obesity. Some of the staff team had attended training to further help them to be able support people effectively with their nutritional needs. Some people with specific nutritional needs were being supported by a healthcare specialist.

People's needs were met by a team of staff with a broad range of different skills. Staff had been on training to support their role. Those staff with a professional registration told us they had all the training needed to maintain their role within the home and to ensure they maintained up to date in their professional development. Some mandatory staff training, for example, infection control and health and safety had not been kept up to date for some of the team. The registered manager had identified these shortfalls and the staff were booked on refresher courses.

Staff also had the required support to understand their role, Staff were given both time with management and an external supervisor to ensure their on-going reflection on their work for people.

Staff told us there was a clear and comprehensive handover at the start of each shift. Staff checked an agency nurse was able to perform the complex nursing procedures required for some people. There was also a helpful 'at a glance' checklist, that briefed staff on each person's particular up to date requirements, and needs.

Good

Is the service caring?

Our findings

Staff were kind and caring towards people. However, at certain times, mostly at meal times, some staff were task led in their approaches towards people. Some staff failed to tell people what meal options they were offering them. People who were in wheelchairs were assisted by staff with no communication as to what the staff member was doing. People were moved from the dining room without any consultation. This was a task led way to support people and did not fully show people were involved.

Whilst observing how staff assisted people in the lounge with their breakfast we noted that most of the conversations were between the staff talking about their lives. This meant people were being excluded from most of the conversations. We could not see how the majority of staff talking amongst themselves could be a positive experience for people using the service. This practice also contradicted some of the changes staff wanted to make to people's mealtime experience which were written up on a poster outside the registered manager's office. Some of the 'ideas' on the poster included "involve in conversation" and "Peace and quiet; no TV."

We recommend that the service finds out more about training for staff, based on current best practice, in relation to communicating with people in a person centred respectful way.

People's equality and diversity was recognised and respected. The care records described how one person reacted if male staff were around and therefore only female staff provided personal care. The care records showed that the service had considered and assessed how it could meet and respect a person's sexual needs.

People were encouraged to maintain their independence and live the life they wanted. The records regularly described what people could do and how staff could encourage their independence. For example, one care record was about how to support a person's positive behaviour and allowing the person to express themselves in a way, which suited them.

During the morning, the fire alarm went off. The staff supported people to be evacuated from the building in a very caring and sensitive way. Staff stayed with each person and held their hands or hugged them if this was something that gave the person reassurance.

There were notes and cards from families complimenting and thanking staff for their care and support. The staff we met conveyed a good knowledge of each person's personal likes, dislikes, interests, past lives and family history.

The building and home environment helped to give people privacy. The home had a secure garden where people could sit safely. The building was a purpose built bungalow style property. There were quiet rooms and lounges. People were sat in the different communal areas in the home. People were supported by staff in quiet rooms when it was known that they liked to be away from groups of people. The staff made suggestions to people when they seemed distressed by the presence of other people. Staff supported those

people and spent time with them in areas away from where other people were. This showed people were able to have privacy and a place to feel calm when it was needed.

Bedrooms were for single occupancy, which also meant people had privacy. Each room was very personalised and showed clearly the tastes and interests of the person whose room it was. People had their own possessions, photographs, and artwork and personal items in their bedrooms. These items and decorations helped to ensure each room felt personal and was individual for the person concerned.

Good

Is the service responsive?

Our findings

At our last inspection in March 2017, we had found some care plans were not up to date and did not show how to meet people's needs in a fully person centred way.

This was a breach of Regulation 9 of the Care Quality Commission (Registration) Regulations 2009, Person Centred care..

At this inspection we found action had been taken and improvements had been made. Each person now had a care plan that was individualised to them and set out their needs and how staff were to support them. The care records showed how the person wished to be supported and what was important for staff to know about them. The records contained people's life histories, their likes and dislikes, what was a good day for them and what was a bad day. This level of detail meant that staff were able to provide individualised support to people. Care records contained clear guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances and medication. Care records were regularly reviewed and we saw changes had been made as the person's needs had changed.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's individual communication needs had been considered and taken into account when planning and delivering care. The care records contained detailed practical, advice to staff on how people communicated and showed that people communicated in ways, which were individual to them. The care records made staff aware that people used a wide range of methods to communicate for different situations. One staff said, "We may use a verbal approach, or use pictures or watch their facial expressions." We also saw that in one care record there was a 'relative's communication agreement', which let staff know when to contact the parents of the person living in the home.

Not everyone, as yet, had a detailed end of life care plan but we did see that care records contained decisions made on whether a person would need to be resuscitated in the event of a life threatening illness. These decisions in a person's best interest involved the staff, GP and their next of kin. One person had a very detailed end of life plan, which included who they wanted to attend their funeral and what music they wanted to be played. One member of staff told us how they had gone on end of life training at a local hospice and how they applied their training in caring for someone who had recently passed away in the home. We were also shown the medicines to be used for a person who had been assessed as potentially needing them in the last few days of their life to help control their pain.

People were properly supported to be engaged in a range of social and therapeutic activities in the home and the community. We saw staff support people to go out into the community during our visit. Staff took people out for one to one time to the shops and other places of interest that they liked to visit. Staff also supported certain people who went to regular day centres to attend classes and social events.

People were well supported to live a varied and fulfilling life both in and out of the home .There was a flexible timetable of social activities that took place in the home and the community each day. Activities were planned to be flexible and informal. This was due to people's complex needs. Activities that took place include trips to the cinema, drives to shops, pubs, clubs and other place of interest in the community, arts and crafts, music sessions and quizzes and games. Care plans showed that people's individual preferences for daily actives were clearly set out. Staff spent a lot of time with people on a one to one basis. Staff encouraged people to engage in different interesting activities that they enjoyed.

The provider actively sought people's feedback and used it to improve the service. Systems were in place to seek the views of people, families and relevant professionals about the home and quality of care and service. A senior manager undertook regular surveys and reviews of people's views of the home and service provided. Surveys had been sent out to families as part of a review of the service. The areas families were asked to feedback about included how they felt about the staff and the way they treated their relatives. They were also asked about any involvement in their relative's care, activities, and menus and how they felt the home was being run. The registered manager and a senior manager wrote an action plan based on this feedback.

Staff supported people and relatives to complain and raise concerns if they had any. There was a pictorial format easy to understand complaints procedure. This was to support people and those who represented their views if they felt unhappy in anyway about the home, the staff or any part of their care. There was a formal system in place to respond to complaints. Complaints had been investigated and a responsive given in each case. We also saw that where any errors or near misses occurred in relation to the care of people the registered manager was open and transparent. This information was reviewed on how this could be prevented and what learning there was for the future.

Good

Is the service well-led?

Our findings

At our last inspection in March 2017, the previous registered manager had not submitted notifications of all incidents that affected the health, safety and welfare of people who use the service. We identified three incidents that should have resulted in a statutory Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

There was a breach of Regulation 17 of the Care Quality Commission (Registration) Regulations 2009, around good governance.

At this inspection we found that the registered manager and deputy manager ensured they notified the Care Quality Commission (CQC) of any significant events, which occurred in line with legal obligations. Relevant agencies were informed of incidents and significant events as they occurred. This demonstrated openness and an understanding of the legal requirements of the registered manager's role.

One member of staff told us that staff appeared happier recently and that they could ask the registered manager questions any time as they always made themselves available. Another staff said they felt able to share their opinion and said, "The managers, I find them fine" another said, "I have a lot of supervision, it's a lovely place to work." Regarding the managers, staff said, "They are approachable; they mean well, they will listen." "They are nice people. We need strong leadership; sometimes they are not solid enough." Staff went on to tell us the registered manager conveyed openness and honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and how the home was run.

The registered manager was an experienced manager who had moved to the home just over twelve months ago. The deputy manager conveyed very clearly to us that they felt the registered manager provided effective management and leadership at the home. This was reflected in the views from the team as well. The registered manager had built up an in-depth knowledge and commitment to their role at the home, the people who lived there and the team. The deputy manager told us the registered manager led by example and was a really good role model. Staff also told us that they saw the registered manager through the day at work and they were always supportive and accessible.

The registered manager stayed up to date about current topics and issues to do with care for people with a learning disability. The registered manager said they went to meetings with other professionals who worked in the same field in adult social care. There was information and learning that was shared with the team at staff team meetings. There were also articles and journals about health and social care matters on display to be read by staff.

The staff demonstrated that they had a good awareness of the provider's visions and values for the service. The staff told us the values included always being person centred in their approach towards people and always treating everyone as a unique individual. The staff told us they made sure they always put these values into practice when they supported people. For example, staff said one way they did this was to try to

support people to make choices in their daily life and in relation to all aspects of how they were supported with their care.

The staff and registered manager told us team meetings were held frequently. The staff explained they were always able to make their views known to the registered manager about any part of how the home was being managed. Recent minutes of team meetings showed meetings were used as a time to keep staff updated about changes and about how the home was run. Staff were also given plenty of time to express their opinions. This helped to demonstrate there was an open management culture at the home. Staff records also showed that there was an open management culture. Team meetings, staff consultation and appraisals were held regularly. This was to support staff to develop in their roles, understand what is expected of them and to give feedback. This practice helped staff to learn their strengths and areas for development. It also helped to continually improve the service for people.

The provider ensured there were a number of quality checking and monitoring systems that were kept up to date in the home. The quality of service and overall experience of life at the home was regularly checked and monitored. Areas that were checked included the way the home was run, care planning processes, health and safety issues, management of medicines, staffing numbers, staff training and menu choices. The registered manager had put in place an action plan to address them. For example, we saw that training needs had been identified and actions taken to address them.