

Milestones Trust

25-27 Teewell Avenue

## Inspection report

Staple Hill  
Bristol  
BS16 5NF

Tel: 01179701573  
Website: [www.milestonetrust.org.uk](http://www.milestonetrust.org.uk)

Date of inspection visit:  
09 February 2023  
15 February 2023

Date of publication:  
08 March 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

25-27 Teewell Avenue provides accommodation and personal care for 7 people. The home was registered to support people who had mental health needs. At the time of the inspection there was 7 people living in the home.

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

People told us they were safe and liked living in Teewell Avenue. People were supported by staff who had been through a robust recruitment process, received training and were supported. There were sufficient staff to ensure people received the care and support they needed. People's medicines were managed safely.

Infection, prevention and control measures were in line with the latest best practice guidance.

Staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. People were encouraged to take positive risks.

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.

The provider and registered manager were visible within the service. People were involved in their care and care was delivered in person centred way. Systems to monitor the quality of the care and support were robust and effective at ensuring people received safe care which had positive outcomes. The registered manager and the staff worked with other agencies and kept up to date with best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 22 September 2017). The service continues to be rated good based on the findings of this inspection.

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding.

This report only covers our findings in relation to the key questions safe, and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 25-27 Teewell Avenue

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

25-27 Teewell Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 25-27 Teewell Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with five people who lived at the home, two relatives and emailed two visiting professionals. We spoke with four staff, the registered manager and the senior operations manager. We spent time observing people.

We reviewed a range of records. This included people's risk assessments, care records and medicines records. A variety of records relating to the management of the home were examined, including health and safety records, maintenance checks and quality audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and liked living in Teewell Avenue. People confirmed there were no restrictions placed on them. People were able to choose where and how they wanted to spend their time. Some people liked the quieter lounge whilst others enjoyed the company of the people they shared with. It was evident people had the freedom to choose where they wanted to spend their time.
- Staff knew what to do if they were concerned about a person's welfare or they were at risk of abuse. They liaised with other professionals involved in the care of people including the mental health crisis team and the local safeguarding team.
- Systems were in place to monitor any allegations of abuse to ensure these were reported appropriately and to monitor any subsequent actions, including minimising any further risks.

Assessing risk, safety monitoring and management

- Risks to people were assessed and kept under review to ensure people were safe. Mental health recovery plans were in place to help people if there was a lapse in their mental wellbeing.
- Appropriate measures were in place to assist staff in supporting people to manage risks in relation to people expressing distress. This included identifying triggers, which caused the distress and actions to take to help reduce these. A member of staff described to us how they would support people by listening to what was being said. It was evident they knew people well and recognised the early signs that someone was not happy or unwell, enabling them to take action and support the person.
- Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. For example, people were encouraged to be independent in going out and about in the local community and daily living tasks such as meal preparation and doing their own laundry.
- Routine checks were completed on the environment such as water temperatures, legionella checks, fire, gas and electrical appliances. These were completed by a designated member of staff and external contractors. Water temperatures were slightly above the recommended level to prevent scalding. The registered manager confirmed remedial action was being completed and the contractor was visiting the service to replace the thermostats.
- Fire risk assessments were in place along with individual evacuation plans for each person living in the home. Works had been completed to ensure all fire doors met fire regulations in response to the fire risk assessment.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- People were kept safe because recruitment checks were completed on all staff before they started working with people. The registered manager was supported by the human resources department to ensure documentation was in place. The senior operations manager said staff would not start working with people until all checks were in place.
- Sufficient staff were available to support people. People confirmed there were enough staff to support them when they needed it. One person told us they no longer liked to go out on their own. They told us that when they did want to go out there was always a member of staff available to help them.
- A senior manager said there had been work pressures in respect of recruitment. There were two vacant posts. Assurances were provided that regular and familiar bank or agency staff were covering the shortfall and ongoing recruitment was taking place.
- A bank member of staff confirmed they worked regularly in Teewell Avenue and knew people well. Agency and bank staff completed an induction when they first started working in the home.

#### Using medicines safely

- People received their medicines as prescribed. Where people were prescribed 'as and when required' medicines, there were clear written protocols in place to guide staff on administering these.
- Medication audits were completed monthly along with regular stock checks to ensure people received their medicines when needed. Only staff that had been assessed as competent were able to administer medicines to people. This was checked annually or when errors had occurred.
- The provider ensured least restrictive practice was followed in relation to medicines. For example, where people were prescribed medication for periods of distress, this was reviewed with a view to reducing their use where possible.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

The provider's approach to visiting was in line with government guidance and there were no restrictions to visiting at the time of inspection.

### Learning lessons when things go wrong

- An analysis of accidents and incidents was undertaken to identify any themes and trends, specific to an individual or general to the home. These were reviewed by the registered manager and the trust's health and safety team.
- Where incidents had occurred, these were investigated and lessons learnt. Learning was shared across the whole of the trust to aid improvement and to mitigate further risks.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture in the home, where people were empowered to lead the life they wanted. People were supported to be independent in their home and the community.
- People were involved in their care. Monthly meetings were held with their keyworker to plan goals and celebrate their successes. Relatives confirmed the staff were open and communicated with them. A relative told us, "Very satisfied, they really understand (person). We were fortunate to find the service and (person) is very happy there".
- During the inspection, staff celebrated the success of one person who since living in the home had an opportunity to prepare their own lunch. Staff said this had been done for them in their previous service provision. This person told us they could choose whatever they wanted to eat at lunchtime. They told us what they were having for lunch and they could add items on to the shopping list. Another person had been able to take a holiday with their family, without staff support. Staff said this had been a really positive achievement for the person.
- Relatives spoke positively about the service that promoted positive outcomes for people. A relative told us, "I wish we had found the service earlier". Another relative told us, "The staff do their best".

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

- The registered manager understood their responsibility to report significant events to the Care Quality Commission and Local Authority safeguarding team to protect people.
- The provider understood the Duty of Candour which aims to ensure they are open, honest and transparent with people, their relatives and others in relation to care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the quality of the service. These were completed by members of the staff team, the registered manager and the trust's quality assurance and health and safety team.
- Action plans had been implemented in response to shortfalls and acted upon. For example, the replacement of some fire doors that did not meet regulation and training for staff. It was noted that some skirting boards and fire doors needed painting and had been outstanding since August 2022. Work had started on these areas by day 2 of the inspection.
- The registered manager was responsible for another of the trust's homes and worked between the two

homes. They were supported by a team leader in both homes. Staff confirmed the registered manager was contactable in the event of an emergency and regularly visited the service. People confirmed the registered manager regularly visited.

- The registered manager and staff had a clear understanding of their roles. Staff told us they felt supported by the registered manager and worked together as a team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were consulted about their care and support via monthly keyworker meetings and through annual surveys. A relative said, "I have completed lots of surveys but rarely get to hear what has happened in response". They said overall they were happy with the care telling us, "I cannot complain".
- Staff meetings took place enabling them to speak out and share ideas for improvement. Staff confirmed they received regular supervision and an annual appraisal. Staff told us bank and agency staff were very much part of the team and were included in training and regular communication with the home. Daily handovers were completed to ensure staff were kept up to date, along with regular emails.

Continuous learning and improving care

- Training was continually reviewed to ensure all staff training was current. A member of staff told us they were completing a management course in care to enable them to take on more management responsibilities. This showed that staff could complete training to enable them to advance in their careers.
- The registered manager was passionate about providing a quality service that met the needs of people. They recognised for some people, Teewell Avenue would be a long-term home and for others it was a step to more independence, and this was being promoted and worked through with each person.
- An action plan was in place to improve the environment such as decorating. Some door frames and skirting boards were chipped. A relative told us "Teewell is homely but would benefit from some refurbishment".

Working in partnership with others

- The service worked in partnership with other health and social care organisations. These included the local GP practice, opticians, dentists and social care professionals. This joint working helped improve people's wellbeing.
- Staff spoke positively about how they had arranged a home visit from a dentist for one person who for many years had refused treatment. They said this was because the person trusted the staff team and was engaging with them more over the last few years. This showed partnership working and promoted a positive outcome for the person.