

Milestones Trust

218 Kingsway

Inspection report

218 Kingsway
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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 

Overall summary

218 Kingsway provides long term accommodation for up to five people who require personal care. The service supports people with mental health needs.

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. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Systems were in place to help to keep people safe. Staff knew how to report abuse if they suspected it. They also understood how to whistleblow if they had concerns about the way the service was run.

People were assisted by enough qualified and experienced staff who effectively met their needs. The risks of unsafe and unsuitable staff being employed were minimised by suitable recruitment practices and procedures. Staff were supported by systems that were in place to ensure they were properly supervised and were able to do their job effectively.

Summary of findings

Staff were attentive in approach and caring in manner when they supported people. They demonstrated a good knowledge of peoples' needs and how to meet them. Care plans included the views of the people they were written about and they were fully involved in planning the care they needed.

People's rights were upheld and staff knew about the principles of the Mental Capacity Act 2005 and how they supported people to make decisions. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The registered manager and staff knew when an application should be made and how to do this.

People were included and consulted about the care and support they received at the home. There was friendly and warm communication between people who lived at the home and the staff. We met people who lived at the home who were planning with staff what food they planned to buy and prepare that day. This helped to show how people were well supported so that their nutritional needs were met.

People were really well supported to take part in a number of activities. People were proactively included and involved in the way the home was run. We met people who told us how they carried out a range of household tasks and they told us these tasks were their responsibility at the home.

People's physical health was monitored by staff and they were supported to attend health care appointments when needed.

Staff understood their roles and responsibilities, and they knew what the values and philosophy of the organisation they worked for were. The provider's key values were to promote independence and provide care in a way that was respectful and centred on the person.

The registered manager monitored the quality of the service and used. Feedback from people was used when required to improve and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who lived at the home were supported by staff who knew what to do to keep them safe. The staff understood what the signs of potential abuse were. They were aware of what the correct reporting procedures were if they suspected someone was at risk.

Staff followed detailed risk assessments that ensured people were looked after safely.

Incidents were used as opportunities to learn from and to improve the service. Where risks were identified, action was taken by staff to ensure people's rights and freedoms were upheld.

People were supported by enough staff who were trained to assist them and knew how to safely support them during their stay.

People medicines were managed safely and they were well supported to be able to look after their own medicines if this was what they wanted to do.

Good



Is the service effective?

The service was effective.

People's needs were met by staff who were trained to support them effectively. People felt they received care and support that was of an extremely high standard from the staff. They told us that staff were understanding and knew how to support them with their mental health needs.

Care planning systems identified any changes in people's needs. People who lived at the home received suitable social and medical support.

If people could not give consent actions were put in place so that decisions were made in their best interest in accordance with the Mental Capacity Act 2005.

People's nutritional needs were effectively met and they were offered a healthy and well balanced diet.

Good



Is the service caring?

The service was caring.

Staff were kind and caring in their approach towards the people they supported. People were treated with respect and in a way that maintained dignity.

Care was planned in a person centred way and people's views and wishes were at the centre of the support and care they received.

People were able to use the support of an advocate if they wanted to. Advocates represent the views and wishes of people who may not be able to directly make them known to others.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People took part in a variety of activities in the home and the community. Including people and involving them in the way the home was run, was a key theme of the activities people engaged in.

People were actively involved in planning their care. Care plans contained information about what actions were needed to provide people with the care and support they required.

People were consulted about the way the home was run. Peoples' feedback showed they had an extremely high opinion of the service. They had rated it as 'outstanding' in a number of areas to do with the way the home was run.

Is the service well-led?

The service was well-led.

Staff felt supported by the registered manager and senior staff There was an open management culture in the organisation. Staff felt able to express their views openly to the registered manager.

The quality of care and overall service people received was properly monitored and checked to ensure it was suitable.

Good



218 Kingsway

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.

The inspection took place on 18 January 2015 and was unannounced. The previous inspection was completed in July 2013 and there had been no breaches at that time.

The inspection team consisted of one inspector.

We reviewed the information we held about the service and the notifications we had been sent. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, and two support workers. We met the five people who lived at the home. We looked at two care records, menus, records about different aspects of the way the home was managed. We also looked at complaints information, staff training records, three staff supervision records, and staff duty rotas.

Is the service safe?

Our findings

The staff cared for people in a safe and suitable way and this was evidenced in a number of ways. We heard staff speak with people in a calm manner. They offered people extra support with their care where needed. When people seemed upset staff were calm and engaged with people in a way that they told us helped them to feel safe.

We saw how staff ensured they discretely observed people so they knew they were safe in the home and where they were if they were going out.

Staff had received training about safeguarding adults and were able to tell us how they would respond to an allegation of abuse. Staff knew how to follow the safeguarding adults policy and procedure. They knew how to respond to any issues of concern or allegations of abuse.

Staff were also able to tell us what whistleblowing at work meant. They told us that this meant to report malpractice or illegal activities if they suspected them. There were procedures for ensuring allegations of concern about people's safety were properly reported.

Risks were properly managed and there were suitable risk assessments in place for people who lived at the home. The staff told us they were updated regularly about this information from the registered manager. This was so they were aware of any risks people may experience in a safe way. For example, if people were upset and their mood changed staff told us they knew how to try and assist people to feel safe. We saw staff support someone who felt low in mood when we visited.

People's medicines were managed safely and they were supported to manage their own medicines independently if they wanted to. We saw there was suitable secure storage available for medicines including a fridge which was used for safe storage of certain medicines. The staff were checking the temperature of the fridge to ensure medicines were stored at the correct temperature and were safe to use. Medicines recording sheets were accurate and up to date. They demonstrated people were given the medicines they required at the right times. We met one person who told us they were learning, with staff support, to look after their own medicines as this was what they wanted to do.

Staff spent time with the person concerned and talked through with them what medicines they needed. There were records that showed people who were learning how to manage their own medicines. The people concerned also kept records of this. The records were up to date and were countersigned by staff and showed people were supported to take the medicines they required.

People who lived at the home were protected by safe recruitment processes although there had been no recent recruitment at the service. Staff had worked at the home for many years and had transferred their employment from a previous provider. This meant that references were historical and were not immediately available. However staff were required on an annual basis to declare if they had committed any criminal offence and Disclosure and Barring Service (DBS) checks were carried out on a periodic basis to confirm their continuing suitability to work at the home. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable adults.

The staff duty rotas showed how many staff were allocated to work on each shift. The registered manager said staff numbers were flexible and were calculated based on the number of people who lived at the home and what support they needed. Our observations and the rotas showed there were enough staff who were suitably qualified available at all times.

Incidents and accidents were reviewed by the registered manager to ensure people's continued safety. The incident and accident records showed the registered manager and the staff reviewed significant incidents and occurrences at the home. There was a record of the actions that had been taken after an incident or accident occurred. The care plans showed how this information was used to update them to reflect any changes to people's care. The registered manager told us they also shared this information with staff at team meetings so staff knew about any issues after incidents had taken place.

The environment was safely maintained and the temperature in the building was comfortable for people. Checks were carried out by external contractors on electrical and water systems. This was to make sure they were safe.

Is the service effective?

Our findings

People told us how the staff supported them and all of the feedback was positive. One person said “I do need a bit of pushing now and again and the staff are assertive with me when I need it”. Another comment was “the staff help you do your chores”.

Staff explained they were knowledgeable about people’s needs and the support they required. They knew people’s individual needs and how to support them. They said they always offered and promoted people’s rights to make choices in their daily life. For example, how they spent their day, whether they wanted to go out from the home and who they wanted to socialise with.

People’s nutritional needs were met. Staff understood people’s nutritional requirements and how to support them. They told us about how they worked closely with people to ensure they were provided with a suitable and varied diet. Two people told us staff helped them to buy, prepare and cook their own food. The other people we spoke with told us they cooked with staff help at least once a week.

Care plans clearly showed how staff should to support people at meal times. Dietary guidance was available and kept in the kitchen to assist staff to meet people’s needs. There were risk assessments in relation to people’s dietary and hydration needs. These helped to guide the staff to support people to eat and drink properly.

Staff understood about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there was no one who had been assessed as not having the capacity to give informed consent. Staff understood the principles of the MCA. They were aware it meant they should always assume people did have capacity unless assessed otherwise.

This provides a legal framework for acting on behalf of people who lack capacity to make certain decisions. Staff had attended training read the provider’s policies available to staff. Care plans explained where people could not give consent and what actions were needed so they received

care and support in a way that maintained their rights. For example, always clearly communicating with people to help them understand what care staff wanted to offer them.

The rights of people who lived at the home were protected because the registered manager understood how to meet the legal requirements of DoLS. These are a safeguard to protect people’s rights to ensure if there are restrictions on people’s freedoms they are done lawfully and with the least restriction to keep them safe. The registered manager was able to explain when an application should be made. When we visited there was no one at the service for whom a DoLS authorisation was required.

People were effectively supported with their physical health care needs. The registered manager told us while people lived at the service they were registered with a GP surgery nearby. We read information showing staff monitored people’s health and wellbeing and supported them to see their doctor if needed. One person had specific health requirements and there was clear guidance for staff about their needs.

There were enough staff with suitable training and experience to meet the needs of the people who used the service. Staff told us they had been on training courses relevant to the needs of the people they supported. Courses included understanding mental health needs, infection control, food hygiene, safe moving and handling and health and safety. Staff also told us they had been provided with a comprehensive induction when they began employment. This was to ensure they were properly supported to meet people’s needs. We saw confirmation in the training records that staff had been on a range of health and safety course they had also been on safeguarding training and course that related to mental health.

Staff received supervision and an annual appraisal of their work to support and monitor their work and performance. The frequency of one to one supervision meetings was at least once every month. The team met individually with the registered manager to discuss their work and share their views. Staff told us this helped them to improve and develop.

Is the service caring?

Our findings

People told us about the attitude of the staff and all of their comments were positive. One person told us; “I’ve got nothing bad to say about the staff, the staff lift you up and make you feel better.” Another comment was “these no one among the staff I don’t get on with like the staff, they sit down and talk with me with when I am really upset”.

The staff were able to explain to us what privacy and dignity meant when they assisted people with their care. They told us they made sure they communicated clearly with people. People who lived at the home also told us what dignity meant for them. One person said when talking about dignity and the staff “they are all brilliant I get on with them all”. We were also told, “the staff are not prejudiced in anyway”.

People who lived at the home were treated with kindness and an attentive approach by the staff. We observed staff supporting people in a way that was respectful and maintained their dignity. This was shown by staff using a polite and courteous voice when they spoke with people.

Every person we spoke with told us they planned and decide how they wanted to be supported by the staff. One

person told us they had wanted to look after their own medicines and staff helped them to do this. Staff were able to tell us how they respected people’s choices. For example, staff told us they offered people choices about how they wanted to spend their day, what they wanted to eat and drink and where they wanted to go out. People’s meal choices and wishes about their care and support were written in their care records.

Every person we met told us they were involved in their care through regular contact with the key workers and were could look at their care records at any time.

Three people kindly showed us their rooms. Each room was highly personalised by the person occupying them. People had personal items, art works and furniture in their rooms. People each had a single room and keys were available for rooms to be locked by the person. We saw staff knocked and waited for an answer before they went into rooms. This helped to maintain privacy and independence.

If needed people were able to use advocacy services to support them in making their views known. At the people who lived at the home were not using advocates.

Is the service responsive?

Our findings

People who lived at the home were supported to take part in a range of innovative activities they enjoyed.

People told us about the activities and interests they took part in. One person said; “the staff come with me to the cash point . My keyworker took me to Totworth Court before Christmas. I cook my own meals and the staff help me write my own menus”. Another person told us; “my keyworker is taking me on holiday this summer. I have my own day for cooking and the staff help me, my care plan is about how I am mentally ”. The person concerned told us about was an interest of theirs. They also told us about recent holidays they had been on with their keyworker.

People were supported to take part in everyday activities that they enjoyed and which promoted their involvement and independence. One person explained to us ; “ I do chores every day and I cut the grass”. They also said they go to the shops and plan and cook their own meals every day. We were also told about a local ‘cupcake’ business people at the home and staff had built up. While we were at the service an order came through by phone for a delivery of cupcakes to the providers head office. People told us that they enjoyed this activity and it helped them to be more independent.

Throughout our visit people were seen talking with staff about plans they had and tasks they said needed to be done. People were fully aware of what task they had been allocated to do. One person told us doing household tasks was “good” for their recovery. We saw people cleaning the home without any support or intervention from the staff. This showed people were able to live their daily life with independence from staff in the home. One person told us the liked to do chores around the home they said they understood it was important.

We looked at a copy of the service user guide. This is a guide that tells people what type of service is provided at the home and how this will be achieved. People who lived at the home had written this and taken the photos that were included. The guidance reflected how people who lived at 218 Kingsway felt about daily life and what it was like to live there.

The staff told us about the types of approaches they used to assist and support people with their care and support needs. For example, they told us how they assisted people

with their mental health needs, physical care needs and social support needs. They said they supported people who needed social support to build confidence in the community. For example helping people to manage their finances at the bank. The staff understood people’s complex mental health needs and how they affected their life. The staff also told us it was important for some people not to feel under pressures and they supported those people to feel calm. The care records contained detailed guidance to enable staff to support people to meet their needs.

People were actively involved in planning their care and support. One person showed us their new goals for their care plan that they had written. They told us one key aim they had was to get better at using the internet and uploading photos online. Another person showed us what they had written after a recent review meeting with their keyworker. They told us they had told their keyworker what their goals were for the coming year.

Changes to peoples’ care were implemented where needed. The records showed people were involved in deciding what care and support they wanted to be provided with at 218 Kingsway. Care records contained information that showed what actions to take to assist the people with their needs. They were written in an easy to understand format and had been reviewed and updated to make sure they were an accurate reflection of the care people needed. The content of peoples records were personalised. For example people had set their own goals, one person told us about travel plans they had that they aimed to undertake with their keyworker.

People’s complaints would be fully investigated and resolved, where possible, to their satisfaction. We checked the complaints records to see what response had been taken when people made a complaint. There had been no complaints. The complaints procedure included a timescale and a course of action the provider would take. It was also available in a picture format to make it easier for people to read it.

People who lived at the home told us about the regular house meetings that were held . One person told us they can “say whatever we feel like” at the meetings to the staff. Minutes showed how these meetings were used to consult peoples in about both the way the home was run and to plan events such as Christmas and holidays.

Is the service responsive?

Surveys were also sent out to people and their relatives on a regular basis. We saw how this information was used to improve the service for people. Feedback was uniformly extremely positive. People who lived at the home had rated their service as outstanding in a range of areas. Areas where improvements could be made if people had been

dissatisfied included how they were involved in the way the home was run, what they thought of the environment , and tier views of the staff. Although no improvements were identified there was a process that the provider had to put them in place if they were.

Is the service well-led?

Our findings

People who lived at the home spoke highly of the registered manager and their approach. Examples of comments made included “they are very caring” ; “brilliant” and “the staff are very good it all stems from the manager”.

People spoke highly of the Chief Executive who they all knew. They told us they visited them regularly and they were disappointed whenever they were not able to see them. This showed how the provider of the service made sure they were accessible to people at the home.

The staff said they felt the registered manager was supportive in their approach. The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management. We observed communications between the registered manager and staff were positive and respectful.

The staff were aware of the visions and values of the organisation. These included showing respect to people and the importance of teamwork and working in an inclusive way with colleagues and people who used the service. They were able to tell us how they took them into account in the way they supported people at the service. They told us an important value was ensuring people were treated with respect at all times. We observed staff talk to people and approach them in the ways described by them.

The registered manager told us they kept up to date with best practice by their attendance at regular meetings attended by other professionals who support people with mental health needs. They said they shared information and learning from these meetings with the staff at team meetings. They also kept up to date by reading articles about health and social care topics.

A senior manager visited the home regularly to meet people and staff and find out their views of the service. A report of their findings and any actions needed was then sent to the home after the visit. This ensured the quality of the service was properly monitored and improved where needed.

The registered manager demonstrated an in-depth understanding of the care and support needs of people who were who lived at the service. They worked alongside the staff with people who lived at the service.

Team meetings took place every month which staff told us were an opportunity to make their views known about the way the home was run. We saw topics discussed at the meeting included the needs of people who were who lived at the service, health and safety matters, and staffing. We saw where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up.

There were systems in place to ensure the quality of service was monitored and standards maintained. The registered manager and senior managers carried out regular reviews of the care and systems in place at the service. Audits were carried out on a monthly basis to check on the overall experiences of people who lived at the home. These included checks to ensure medicines were managed safely, health and safety checks and checks on the views and experiences of people living at the home. They also checked on the training, support and management of the staff team. Reports were written after each audit, if actions were needed to address any shortfalls these were clearly set out. For examples recent feedback had been given about the management of medicines and this had been acted upon.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.