

Milestones Private Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Milestones Private Limited is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service offers daytime and night-time care and support. The service is registered to provide support to children from 4 to 18 years old, older people, younger adults, people with mental health needs, a learning disability or autistic spectrum disorder, and a physical disability. At the time of our inspection the service was supporting 8 people with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

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. People were supported by staff who understood and were trained in recognising the signs of abuse. Risks associated with people's care were assessed but the management of risks was not always sufficiently recorded to demonstrate people had received the right support. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Arrangements were in place to ensure a consistent group of staff supported people. Families said staff usually arrived at the times agreed to provide the support needed to people. Staff knew people's preferred communication needs and relatives confirmed staff were able to communicate effectively with people.

Right Care:

People's needs were met through the delivery of care and support tailored to meet their needs and preferences although some areas of risk management needed improvement. People's needs were assessed prior to them using the service to ensure these could be met. Care plans been completed involving people and their family members where appropriate. Staff supported people's privacy, dignity, and cultures. Relatives told us staff were respectful to their family member. Staff told us they had completed regular training and had the skills and knowledge required to meet people's specific needs. Staff were aware of people's nutritional needs and supported people to eat and drink where this was required. People's preferred method of communication was established and respected by staff.

Right Culture: The registered manager promoted an open and inclusive culture which had created a welcoming, warm, and friendly approach. People's families spoke positively about the way the service was managed and the quality of service provided. Records across the service were not always clear to demonstrate effective systems were in place to capture people's feedback and demonstrate any issues for improvement had been acted upon. Staff recruitment checks had not been fully completed before they started to work for the service to confirm they were safe and suitable to work with people. Some reportable incidents had not been notified to CQC as required. Staff were positive in their views of the service and support they received and confirmed the registered manager was approachable and available when they needed them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 13 February 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milestones Private Limited on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Milestones Private Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 72 hours' notice of the inspection site visit. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection. The inspection activity started on 21 April 2023 when we requested records and spoke with people on the telephone. A visit to the provider's office was then announced and completed on 28 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

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 information gathered as part of a monitoring activity that took place on 25 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with the relatives of 3 people who received personal care about their experience of the care and support provided. We spoke with 5 staff, including the registered manager who is also the nominated individual, about their role and experiences of caring for people. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 2 people's care records, medicine records, staff training records, quality monitoring records, accident and incident records, and the providers policies and procedures.

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 Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Each person had a detailed care plan to help support staff in the safe delivery of care. However, risks were not always fully assessed to ensure people and staff were kept safe from harm. This included some risks associated with behaviours which had resulted in injuries to people.
- Guidance was not always in sufficient detail to support staff. For example, staff explained how one person's actions had placed them at risk of burns and this had happened on several occasions. There was no specific guidance for staff on managing this risk. Information for managing fire risks did not reflect what staff told us happened in practice.

Staffing and recruitment

- The provider's recruitment checks were not sufficient to ensure staff were safe and suitable to work with people. There were staff who had transferred into the service that did not have completed references and a Disclosure and Barring Service (DBS) check in place before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. The provider's risk assessments were not sufficiently robust to ensure potential risks were managed, although there had been no impact on people at the time of our visit.

Risk management was not sufficiently robust to prevent people being placed at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit, the provider told us they were exploring further fire training for staff to help support them in understanding fire risks and management of them.
- Staff knew people well and explained how they managed people's care to keep people and themselves safe. For example, 1 staff member told us how 1 person's anxiety could escalate into behaviours that could cause them harm. They said, "Sometimes [Name of person] reads books and sometimes they can trigger them (their anxiety). We just try to distract them." This demonstrated staff knew what to do to help calm them and manage this risk.
- Families told us staff usually arrived when they expected them but on occasions when they were running late, they did not always inform them. The registered manager told us a new system was currently being explored for implementation as soon as possible which would help monitor staff arrival and departure times.

- People received support from a consistent small staff team which ensured they received continuity of care.
- The registered manager ensured relatives and people were involved in decisions about the staff that supported people to help ensure people received support from staff they felt confident and comfortable with. One relative told us, "They are very caring, and they do look after [Name of person]. It is always a worry, but I know they will look after them. They do care about [Name of person]."

Learning lessons when things go wrong

- There had been some learning when things had gone wrong but monitoring systems had not been effective to ensure areas needing improvement were identified and acted upon where appropriate.
- During our last inspection it was identified that recruitment records were not sufficiently robust. This continued to be the case. Lessons had not been learnt.
- There had been some learning from accidents and incidents as changes in practice had occurred where people's safety had been compromised. For example, where 1 person had caused harm to themselves using items in their household, these items had been removed or secured to minimise the risk of them accessing them again.

Systems and processes to safeguard people from the risk of abuse

- There was a system to support the service in managing abuse to safeguard people but there was no central record of safeguarding concerns. This was important to support the registered manager in identifying any patterns and trends or potential abuse to help ensure these were safely managed.
- Safeguarding incidents were recorded in people's records. The registered manager recognised the need for a more centralised recording process to help these to be more easily identified and managed. They said this would be reviewed.
- Staff understood their responsibilities to report any concerns to their manager, one staff member said, "Report to my manager [Name]. She would escalate to the right authorities. Depending on the situation, the family would be put in the picture."

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. However, some staff were not clear in their knowledge of the MCA despite having completed training. This was important to help ensure the principles of the MCA were followed by staff when supporting people.
- Staff knew to obtain people's consent before providing care and support and described how people were supported with choices in relation to their care.
- During conversations with staff they understood the importance of maintaining people's independence and wishes whilst also considering their safety. One staff member said, "If [Name of person] is unhappy they will let you know. We don't force them to do anything. They will ask for things we cannot give them. We have to explain it to them and not get tired of explaining."

Using medicines safely

- Staff told us they had received medicines training to help support them to administer medicines safely. Where people frequently refused medicines, staff said they had contacted the GP (where appropriate) for advice.
- Families told us they were satisfied with how staff supported people with their medicines. Records showed health professionals had been contacted where refusals were repeated.
- The registered manager told us medicine reviews regularly took place where they supported people with their medicines. This was to help ensure medicines prescribed continued to be appropriate to meet people's needs.

Preventing and controlling infection

- Staff had received training to support them in maintaining good infection prevention and control practice.
- Staff wore personal protective equipment (PPE) such as aprons and gloves when supporting people with personal care.
- Where there had been concerns about Covid-19, additional PPE was used including masks, and staffing arrangements had been reviewed to help prevent the spread of infection.

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 Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems to monitor the quality and safety of the service did not ensure all aspects of the service were checked to drive improvement. Audits of care records and risk management plans did not fully reflect risks associated with people's care that staff shared with us. This placed people and staff at potential risk of harm.
- The registered manager contacted families on a regular basis to check they were happy with the service, but records were not maintained to show questions asked and responses to demonstrate ongoing satisfaction with the service.
- Recruitment checks had not identified the provider had not followed their own policies for safe staff recruitment. This was also identified at our previous inspection.
- Whilst people told us their care workers usually arrived when expected, the provider was unable to assure themselves that people had received the care they needed on time. Daily records staff completed did not reflect the times staff arrived or times when specific care was provided to people to demonstrate this was in accordance with expectations.

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 had not fully understood their legal responsibilities under the duty of candour. Statutory notifications had not been sent to us as required. This is information about important events such as police contact which the provider is required to send to us by law.

Systems and processes to monitor and improve the quality and safety of the service were not sufficiently robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a stable management team in place which included the registered manager (who was also the nominated individual) responsible for the day to day running of the service, plus a deputy manager.
- Following our inspection visit, the registered manager made arrangements to submit statutory notifications of reportable events retrospectively as required.
- Staff told us they understood their roles and what was expected of them. They told us they completed

training and had regular supervision meetings with the registered manager to support them in their roles. One staff member said, "Training is good at Milestones to make sure we are efficient at what we are doing."

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

- Families and staff spoke positively of the culture of the service. They felt involved in care decisions about their family member to support person centred care. For example, 1 person's care plan identified how the person could be supported to attend a temple and how to access a religious TV channel they liked to watch.
- Care plans contained information about people's likes, dislikes, and preferences, to support staff in providing care in accordance with people's needs and wishes.
- People's families knew the registered manager well. They felt confident any issues of concern would be effectively addressed. One relative said, "I do feel we are lucky to have them (support from the service). They have always accommodated our requests."
- Staff said the registered manager was approachable and were positive about the support they received. They said the registered manager was always available to them to gain support and advice. One staff member said, "[Registered Manager] is really nice and a good person and caring and understanding. She tries her best to help us and step in."

Continuous learning and improving care

- The registered manager was honest and transparent during the inspection process and recognised there were areas of improvement needed. They told us of their commitment to make the necessary changes to help improve the service.
- The registered manager completed reviews of people's care to identify their needs and ensure they were met which included reviews when people's care needs changed.

Working in partnership with others

- The registered manager worked in partnership with other healthcare professionals. This included GPs and speech and language therapists to support people's care needs.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks associated with people's care, were not always managed effectively to keep people safe.</p> <p>Regulation 12 (1) and 2 (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not fully established or operated effectively to assess, monitor, and improve the quality and safety of the service.</p> <p>Regulation 17 (1) (2) (a) (b) (f)</p>