Milestones Trust

46 Bath Road

Inspection report

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Date of inspection visit:
21 August 2018
28 August 2018

Date of publication:
19 September 2018

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

This was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector on the 21 and 29 August 2018.

The last inspection was completed in July 2017 where the service was rated as Requires Improvement. This was because people's medicines were not always being managed safely.
Staff were not taking part in a fire drill in line with Trust's policy. Hot water, food temperatures were not being checked at the appropriate intervals in accordance with the provider's policies and procedures. Whilst these areas were addressed shortly after the inspection with the registered manager taking appropriate action the provider's quality assurance checks had not identified these shortfalls. At this inspection, we found sufficient improvements had been made and the legal requirements had been met.

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.

There was a registered manager in post. They had worked in the home for five years. 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 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. This was the vision of the Trust, the registered manager and staff working at 46 Bath Road. People were very much part of their local community and care was tailored to the person.

46 Bath Road provides accommodation, personal care and support for up to six people. People who live at the home have a learning disability. There were six people living at 46 Bath Road, although one person was in hospital at the time of the inspection. The home is situated in Longwell Green close to shops, links with public transport and other amenities. There was a minibus available to enable people to go further afield.

Improvements had been made since the last inspection which included a review of documentation. This work was ongoing with care plans being updated with support from a representative from the Trust. New daily records had been introduced which captured what was happening for each person on a daily basis. Records were maintained of hot water and fridge temperatures and staff had taken part in regular fire drills. This ensured any risks were minimised and kept people safe. The service has improved to good.

People were safe. There were sufficient numbers of staff to meet people's needs. However, due to staff

vacancies there was a lot of bank and agency staff working in the home. This meant people could not always go out if staff were not familiar to the service and knew the people well. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

People received effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at 46 Bath Road.

Staff were knowledgeable about people and provided them with a service that was caring. People were being treated with dignity and respect and their privacy was maintained. People were supported to keep in contact with friends and family.

People's views were sought during care reviews, resident meetings and annual surveys. Where people lacked the capacity to make complex decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. People were involved in day to day decisions such as what to wear, eat and how they wanted to spend their time. Complaints were responded to and, learnt from to improve the service provided.

People were involved in a variety of planned activities in the home and the local community. These were organised taking into consideration people's interests and hobbies. Good links had been built with the local church where some people attended regular services and coffee mornings.

The service was well led. Staff were supported by a registered manager. Regular checks on the quality were completed by the registered manager and the provider's representative.

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 has improved to good. This is because people can be assured their medicines were managed safely.

There was sufficient numbers of staff working in the home but not always a suitable skill mix. This was because there was staff vacancies were being covered by bank and agency staff meaning people may not always be able to go out.

Is the service effective?

Good

The service continues to be effective.

Is the service caring?

Good

The service continues to be caring.

Is the service responsive?

Good

The service continues to be responsive.

Is the service well-led?

Good

Improvements had been made the service is now well led. The quality of the service was regularly reviewed by the provider/registered manager and staff. Systems were robust in identifying any shortfalls.

People's views were sought to improve the service. Staff were clear on their roles and aims and objectives of the service and supported people in an individualised way.

The staff and the registered manager worked together as a team. Staff were well supported by the management of the service and were clear about their strengths and areas for improvement.

46 Bath 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which was completed on 21 and 29 August 2018. The inspection was completed by one inspector.

The previous inspection was completed in July 2017. The service was rated as requires improvement. This was because people's medicines were not always being managed safely. Staff were not taking part in a fire drill. Hot water and food temperatures were not being checked at appropriate intervals in line with Trust's policy. The provider's quality assurance checks had not identified these shortfalls. At that time there were two breaches in regulation. The provider sent us an action plan shortly after the last inspection. These areas have now been addressed to ensure people's safety.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team and the GP practice. You can see what they told us in the main body of the report.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with four members of staff, the area manager and the chief executive who was visiting on the day of the inspection. On the second day of the inspection we spoke with the registered and deputy manager of the service. We spent time observing and speaking with everyone living at 46 Bath Road and spoke with two visiting relatives.

Good

Is the service safe?

Our findings

At the last inspection in July 2017, we rated this question as Requires Improvement. This was because medicines were not managed safely. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection sufficient improvements had been made to meet the legal requirements.

Since the last inspection, each person had their own file containing information needed to support people with their medicines. This included what support people needed, any known allergies, a description of each medicine and what it was prescribed for and any known side effects. There was an up to date photo and information about how a person may communicate they were in pain. There was information to guide staff on the use of 'as and when' required medicines and homely remedies. Homely remedies are over the counter medicines, which have been agreed with the person's GP as safe to use.

A new system of checking medicines had been introduced for a second member of staff to check all medicines had been given as part of the handover process. This included a daily stock check of all medicines held in the home. Staff were aware of medicines that were time specific such as medicines for Parkinson's. Medicine checks were completed to ensure they were within the expiry date. Liquid and tropical creams were dated when opened. This meant people could be assured their medicines were managed safely and they were receiving them at the appropriate times.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager. Medicines had been kept under review with the GP.

People told us they were happy living at 46 Bath Road. People were observed actively engaging with staff throughout the day. A relative told us they felt the service was safe, if it was not, their relative would tell them. They said they visited often and felt confident in the staff and management of the service. When we asked one person if they were safe they responded by saying, "It is better here, someone (in their last home) used to come and move their belongings". They said they did not feel they needed to lock their bedroom door anymore. This showed the person felt safe within their environment and with the people they were living with.

Staff told us there was always enough numbers of staff. However, there was a heavy dependency on bank and agency staff. This was because the service had three staff vacancies. Whilst efforts were taken to cover the shortfalls with agency and bank staff that were familiar to the home this was having an impact on morale of staff and supporting people with activities.
Staff said when unfamiliar staff were working in the home the work load increased and time was lost explaining and supporting the member of staff. They said that when unfamiliar staff were working, people often could not be supported with going out as they did not know people well enough. We saw that two people had 40 hours per month of additional one to one support for social activities. In the month of May 2018 one person had only received 11 hours, in June 22.5 hours and in July 13 hours. This was similar to the

other person. The area manager told us another reason was because there may not have been a car/van driver on shift. The registered manager told us they were reviewing the staff skill mix and was looking to recruit a member of staff to complete social activities with people. They were maintaining a record of the hours owed to each person to ensure they received these when the staffing levels were more stable.

The area manager and the chief executive told us about how they were supporting the home in relation to advertising the vacant posts and ensuring regular and familiar bank and agency were working in the home. They said this home was a priority and the HR team were supporting the service in the recruitment of staff. We were told an agency staff had been employed on a fixed term contract to help with the shortfalls in staffing. We were told this member of staff could drive the home's vehicles and enabled people to go out and about when they were on shift.

Staff told us there was usually three staff working in the morning from Monday to Friday. This enabled people to attend their planned activities. There were two staff in the afternoon/ evening and over the weekend.

Since the last inspection, staffing had been increased at night from October 2017 to include a sleep in member of staff and a waking night. This was because one person needed two members of staff to assist with moving and handling. One member of staff told us they had worked on their own one night at the beginning of August. They told us every effort had been taken to cover the shift when a bank member of staff failed to turn up. This included contacting alternate agencies and the on call manager. The member of staff told us instead of completing the planned sleep in shift they had worked the night on their own. Whilst no one had come to harm it was recognised that two staff should have been on duty. From talking with the staff member if was evident every effort had been made to cover the shift.

People had a personal emergency evacuation plan in their care record to detail their likely response and the support they would require to be safe in the event of a fire. Regular checks had been completed on the fire system including emergency lighting and firefighting equipment.

As noted the last inspection not all staff had taken part in a fire drill. The last drill had been organised in April 2018. One new member of staff told us they had not taken part in a fire drill but had received fire training. The registered manager told us the they had now identified a new fire lead who had completed training in this area. They were planning to link this member of staff with another fire lead from another service to share good practice and ideas. It was evident the registered manager was addressing this area.

Risks to people were identified and minimised such as risks with eating, mobility, accessing the community and other areas of daily living. These had been kept under review. Other professionals had been involved. The deputy manager told us a new chair had been ordered for a person who was at risk of falls. This would have arms and the person would not be able to tip out of it. This showed that staff considered the risks at took appropriate action to minimise

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. Staff described to us how they had raised a recent safeguarding concern due to an unexplained serious injury. They had informed the local safeguarding team and the Care Quality Commission. There was an ongoing internal investigation being completed. Staff told us if they suspected any abuse, then they had a duty
to report it to the registered manager or the deputy manager.

Staff told us they had no concerns and the team was were committed to providing safe care to people. A whistle blowing and safeguarding adult policy was in place to guide staff. Contact details of the local safeguarding team were clearly displayed in the office.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. We noted that a bathing chair had a worn strap we brought this to the attention of staff who ensured this was replaced. A replacement was insitu on the second day of the inspection.

Improvements had been made to ensure staff recorded hot water temperatures, fridge and food temperatures using a probe. Food probing is to ensure high risk food is at the correct temperature. These checks help to mitigate risks to people and keep them safe. Checks were completed on the environment including moving and handling equipment and routine checks on the electrical and gas appliances. Certificates and records were maintained for these checks.

The home was looked clean and free from odour. There was sufficient gloves and hand washing facilities for staff. Infection control audits were completed and records maintained of the cleaning completed.

The registered manager demonstrated at the last inspection they followed safe recruitment practices. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People continued to receive an effective service. People told us they liked the staff that supported them. A relative had commented in a recent survey, 'It is the happiest I have seen X (name of person), he has come out of his shell'.

People were assessed prior to moving to the home. At the last inspection, we were told people were offered opportunities to visit 46 Bath Road as part of the assessment process for tea visits and overnight stays. Information was sought from the person, their relatives and health and social care professionals. Three people had moved to the service since the last inspection. Two people had moved from a Milestone's service that had closed. To help with the transition a member of staff had also been redeployed work at 46 Bath Road. Both people evidently liked the member seeking them out when they came on duty. Another person had moved because 46 Bath Road was more suitable to their needs due to a decline in mobility. Relatives had commented positively how they had settled really well into life at 46 Bath Road through the annual survey.

People had access to other health and social care professionals. People were registered with a GP and attended dental and optician appointments. Each person had a health action plan that described the support they needed to stay healthy. Where people's needs had changed, referrals had been made to other health care professionals. This included the community learning disability team, which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists. A health professional told us when people were supported to appointments, staff were well prepared bringing with them the information needed to enable them to plan their treatment. Another health professional told us, "There is a genuine warmth and affection for the patients as well as a good deal of professionalism in their interactions and procedures", and "The staff know the patients very well. They confirmed that GP call outs were always for a genuine reason with useful details given to the receptionist.

Meal times were flexible and organised around people's activities. There was a weekly menu, which included all the food groups and offered people variety. Staff supported people every Sunday evening to plan the menu for the following week. The menu included the name of the person who had chosen the meal that day. Staff were observed asking people what they wanted for lunch and throughout the inspection were offering a choice of drinks.

Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals. It was evident the staff saw the importance of a good diet as a link to the person managing their own wellbeing. A member of staff told us the majority of meals were homemade using fresh ingredients.

The staff continued to work within the principles of the Mental Capacity Act (MCA). 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. Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

Applications in respect of Deprivation of Liberty Safeguards (DoLS) had been submitted for four people. Three had been authorised and one person was in the process of being assessed. DoLS provides a lawful way to deprive someone of their liberty in the least restrictive way, provided it is in their best interest or is necessary to keep them from harm. Each person had been assessed using a pre-checklist to determine whether an application should be made.

There was an overview record to enable the registered manager and staff to monitor these to ensure that when further authorisations were required these could be applied for promptly. Usually DoLS are authorised for a period no longer than 12 months. Since the last inspection we have received notifications in respect of DoLS authorisation.

At the inspection in July 2017, the registered manager demonstrated that staff training was regularly monitored to ensure new staff had a comprehensive induction and all staff received regular updates and the training reflected the needs of the people they supported. At this inspection the registered manager told us all training was up to date or dates had been arranged.

In addition, staff were planning a team building day for October 2018. This was an opportunity for the team to share ideas to improve the service exploring their practices focussing on delivering care that was tailored to the person. The area manager told us an external facilitator would be attending to support the staff with additional skills to enable them to communicate more effectively with colleagues. This was because concerns had been raised in respect of the culture at Bath Road and communication between staff. Training had already been completed in this area. Staff told us this had been very beneficial in recognising the skills within the team and that staff approach could be different. For example, not all staff were outgoing and it was alright to sit with people doing quiet activities.

The accommodation was wheelchair friendly with level access to the front of the property. There were raised flowerbeds in the garden and handrails leading up to the property. Most of the accommodation was on the ground floor of the dormer bungalow. There was an office on the first floor, which was used by staff. There was an open plan lounge/diner and bedrooms were situated of a short corridor either side of this area.

Everyone had their own bedroom, which they had been supported to personalise. Those people that were able were freely accessing their bedrooms. One person told us they liked to watch their television and another told us they liked to listen to the radio in their bedrooms.

Sufficient bathrooms were available to people with specialist equipment to assist with personal care including a specialist bath and a wet room. Due the changing needs of the people they were supporting a previous toilet that was used as storage had now been returned to its original use. Staff told us this was very beneficial. Attention had been taken to ensure the accommodation was homely and inviting.

The registered manager told us at the last inspection there were plans to replace the boiler, as this did not always meet the needs of the service in respect of hot water especially during the winter months. Staff confirmed this had been replaced earlier in the year and improvements had been noted in relation to hot water.

During the inspection, new carpet was being laid to the lounge/dining area and one of the corridors. Staff told us this would assist with cleaning and make the area homelier. There was a refurbishment plan in place. The area manager told us some external works was being completed on the windows over the next month. The registered manager told us a group of volunteers were planning to help with some decoration to a bedroom and a toilet. There were also going to help in the garden.

Good

Is the service caring?

Our findings

People continue to receive a service that was caring. A relative told us they were very happy with the service; the staff and that 46 Bath Road was homely. It was evident the family felt at ease in the home, chatting with the other people and staff. Another relative had stated in a recent survey that the home was cosy and relaxed and their loved one was treated very well. A health professional told us, "All staff there have always been very caring and showed genuine warmth for people".

People were relaxed and comfortable in the presence of staff. The relationships between people at the home and the staff were friendly and informal.

Staff sought to understand what people wanted and how they could help them. Staff were observed using a number of different methods to assist people to communicate. This included giving people visual choices when being offered something to drink and eat. Staff were knowledgeable about people's routines and how they liked to be supported. This included the three new people who had recently moved to the home. People evidently got on and were seen talking to each other and staff. One person pointed over to another and said they were friends.

The registered manager told us the dynamics had changed with the three new people moving to Bath Road. One person had benefitted greatly from the new people moving to the home because they were regularly seen having conversations about their day. We observed good interactions between the people living in the home who were seen chatting about the happenings at Bath Road such as activities, food, music and what was on television.

People had communication passports to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people. Staff had completed training to enable them to effectively communicate with people.

Staff were aware of people's preferences and daily routines. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice. Staff spoke with real warmth about people, their personalities and preferences. People could get up and go to bed when they liked. Staff told us about people's preferences and it was evident these were respected.

People's cultural and religious needs were respected. One person attended church on a Sunday. Some people attended the local lunch club at the church supported by staff. The registered manager told us the people continued to have good relationships with the church with two of the congregation regularly visiting. Bath Road also had a legacy group from when some of the people lived in a hospital setting called the 'league of friends' that visited on birthdays and at Christmas. Friends of the people that had died also continued to visit the service and had built relationships with other people living at Bath Road.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring

information in the person's care plan was current and up to date this included spending time with them individually. Staff were knowledgeable about the people they supported. This included knowing what the person liked, disliked, their personal histories and interests.

As noted at the last inspection care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly. However not everyone had the involvement of a relative. Social events were organised so that people could invite their friends and family to their home. It was evident the staff were committed to support people to visit their relatives. One person told us they visited another home regularly to meet with friends.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff took themselves to an area of the home where they could conduct this in private and be assured their maintained people's confidentiality. When staff were talking about people with us they ensured this was in the office with the door closed to protect people's privacy.

Care records were stored in a locked cupboard in the office. This ensured information of a confidential nature was held securely.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People had an individual care package based on their care and support needs. Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals.

People had a support plan which detailed the support they needed. These were informative and contained in-depth information to guide staff on how to support people. Staff told us they were being supported by a member of staff who worked for the Trust to review and improve the care documentation. For the three new people, this work was ongoing as they were getting to know the person. We noted that some documentation for one person related to their previous home such as the use of stairs (there were no stairs to this person's bedroom) and a relationship with a person who was not living at Bath Road. Assurances were given these were being addressed and by the second day these had been removed.

Keyworkers completed a monthly review of all aspect of care including health, activities, progress to individual goals and achievements. Since the last inspection a new format had been introduced for each person to record daily events. Each person had a bound book enabling them to record what support had been given, daily progress to any planned goals, what food had been consumed, any visitors, activities and general section on their wellbeing. Records were comprehensive enabling staff to evaluate the care delivery.

People told us about the activities they regularly took part in. This included coffee mornings, luncheon clubs and activities organised in the home. One person attended a day centre four days a week. Some people attended an afternoon of entertainment at another service, which they visited weekly. One person told us they regularly go out for breakfast which they particularly enjoyed. They were supported on the day of the inspection to go to the local café with a member of staff and their family. Some people had gone to the Zoo in August with staff. Photographs were displayed of the animal therapy session that happened weekly in the home. One person told us they had helped groom a guinea pig. It was evident these were valuable and memorial experiences for the person. An aromatherapist visited the home regularly to support people. They had a long-standing relationship with people. The registered manager told us this had been very beneficial for three people to aid relaxation and general wellbeing.

As discussed in the key question safe, some people had additional hours of support to enable them to go out on a one to one basis. There were shortfalls in the hours that people were receiving because there was not always a member of staff with the skills to support them. This was because they may not be able to drive or were unfamiliar to people as they were agency staff. Staff said they were keen to organise activities but had to balance people's safety to ensure there were suitable staff supporting people when out and for the people that remained at home. The registered manager was aware with a plan in place to address the shortfall.

Since the last inspection, and in response to one person moving to the service. The staff had laid markers on areas such as doorways or change of flooring as these were considered high risk in respect of falls. Staff told us this acted as a visual prompt for this person to raise their feet whilst moving around. They told us this had

assisted in reducing falls. In addition, the flooring in their bedroom had been replaced from lino to carpet to minimise injury should they fall. Staff told us they had chosen a specific carpet to prevent injury as it had a high pile.

A new handover recording system was being introduced, which enabled the staff to record in one central place. Such as cleaning schedules, fridge temperatures and checks done on the environment and any information that required handing over to staff. This was in response to concerns raised by staff at the number of places they had to record similar information. Throughout the communication book staff were reminding staff of the importance of completing records. This showed staff had responded our findings at the last inspection.

Recently a concern was raised about how two people talked to a member of staff. The service positively supported people to discuss and raise concerns. Other agencies had been involved to promote positive relationships, such as an organisation called Stand Against Racism and Inequality (SARI). They had been involved to act as mediators and to facilitate positive discussions between people living in the home. This showed the service had a zero tolerance to bullying or racism. We had been notified of the particular incident and the actions that were being taken to address these concerns showing the service had been responsive, open and transparent. The registered manager told us in the provider information return that the work with SARI was to educate and develop staff and people understanding of cultures, diversity and the law. No further incident had been reported. Staff continued to monitor and record discussions of this nature to ensure people characteristics were protected.

Staff knew how to respond to complaints if they arose. Each person had a complaint profile with information about how staff could monitor whether people were happy or not with the care and support that was in place.

People's end of life wishes were recorded in their plan of care in respect of funeral arrangements, any special songs and requests and who should be contacted. Where a person lacked the mental capacity their relatives had been involved. The registered manager told us at the last inspection, most of the staff had completed bereavement training and they were exploring training options on end of life care to build on the skills and knowledge of the team.

The service had experienced four deaths in the last 12 months. Staff talked about these and how much they missed the person's presence. Photographs were displayed of the four people in their memory. People had been supported to attend the funerals and celebrate their lifes. Staff told us it had been a very difficult time but felt the team had pulled together to support each other during this period. Staff had received support from the Trust. The quality manager had organised a session called, 'Time to Shine'. This enabled the staff to openly discuss the loss and to recognise what the team had done well.

Shortly before one person had died they had made a short film of their life living at 46 Bath Road. They had previously made a film of their life when they had lived in hospital and first moved to Bath Road, which was shown on television. They told us at the last inspection how much they were looking forward to making the sequel. The registered manager told us in the provider information return, 'The video was professionally photographed, the person, staff (both present and past) and friends from the persons' life were interviewed for this very personal and historically important piece of work showcasing their life'.

The area manager told us that the Trust reviewed all deaths across the Trust in respect of how homes and professionals supported the person at the end stages of life. This was to look at any themes and share learning Trust wide.

Good

Is the service well-led?

Our findings

At our last inspection in July 2017 we rated this question as Requires Improvement. This was because the checks that were being done on the quality and safety of the service were not always effective. We found there were shortfalls in some areas such as medicine management and health and safety. For example, staff had not taken part in regular fire drills, there were incomplete food safety fridge temperature checks, checks were not always completed on the hot water in line with the provider's policy and checks were not completed to make sure the first aid boxes were fully stocked and actions were not always taken to mitigate risks or to make improvements. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made, for example, in medicines management and completing the checks as described above. The legal requirements have been met.

Staff and the area manager told us it had been a difficult 12 months, with the death of four of the people living in the home and three new people moving to the service. The area manager told us, "The team here really do care for people and have bounced back". They went onto tell us that with the new people moving to the service it was 'new times'. This was because they recognised that the people were more independent and the teams approach had to change. We were told the staff were embracing this change. The area manager told us there was always a 'good vibe' when visiting the service.

Staff told us they enjoyed coming to work and the management were supportive and approachable. A bank member of staff told, "I won't work anywhere else on bank". Staff said the registered and the deputy manager worked alongside them providing care and support to people and were 'hands on'. Staff told us, as a team they all got along. A member of staff told us, "We had a team meeting where we were told to recognise each other's strengths and the individual qualities each member of staff brings to Bath Road". They said the team dynamics had improved. This was because a member of staff had raised concerns on their exit interview on how they had been failed to be supported by a member of staff citing 'bullying'. From talking with the area manager this was addressed at the time with each member of staff to seek their views on the service and the support that was in place. Staff did not raise any concerns with us and were complimentary about the working environment. The registered manager was planning a team away day in October 2018 to explore ways to improve and develop as a team recognising that there were new people living in the home and new staff.

People's views and those of their relatives were sought through an annual survey. Surveys were used to evaluate the service provided and make improvements where necessary. Comments from the survey in June 2018 were positive. Three relatives had stated the home was either excellent or good in all the questions answered. Surveys were available in easy read which included pictures to help people understand the questions.

The registered manager completed a monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This enabled the Trust to have an overview of the service and any risks

so these could be jointly managed. In addition, the registered manager received supervision from their line manager who visited monthly to discuss care delivery, staff and the general running of the home. They also met up with other registered managers monthly, which enabled them to keep up to date with any organisational changes and to share good practice. The Trust also sent out a monthly team brief, which was shared with all the staff. Copies of the minutes of these meetings and the team brief were made available to staff.

The registered manager carried out checks on the home to assess the quality of service people experienced. The home was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed. These were shared with the area manager who followed these up at subsequent visits. There was a business plan for the forthcoming year on areas for improvement which included the environment, care planning processes, medication management, training and recruitment to the three vacant posts.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.

The area manager told us there was a new electronic recording system which alerted the registered manager, the area manager and the health and safety manager of any accidents or incidents that had happened. This meant they could follow up promptly where required. The electronic system also enabled the registered manager to record any action and investigation. There was a section to record who else had been informed such as the Care Quality Commission, the local authority safeguarding team or the person's representative in line with their duty of candour. This enabled the Trust's senior management team to have an oversight of the actions taken.

The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed. These improvements were about enhancing the service and improving outcomes for people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.