Milestones Trust

# Felix House

## Inspection report

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Date of inspection visit:
15 March 2016

Date of publication:
04 May 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 inspection took place over one day on 15 March 2016 and was unannounced. At our last inspection we found the provider met all standards that we inspected. Felix House is registered to provide accommodation, personal care and nursing for a maximum of 11 adults with mental health needs. On the day of inspection there were 11 people using the service.

There is a registered manager in post. 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 previous registered manager had left but the registered manager of a similar home run by the same provider had taken up the registration on a temporary basis. However, a new manager for Felix House had recently been appointed and was in the process of applying for registered manager status with the Care Quality Commission (CQC).

People told us that they felt safe within the home and well supported by staff. We saw positive and friendly interactions between staff and people.

Staff understood people's individual needs in relation to their care. People were treated with dignity and respect.

Procedures relating to safeguarding people from harm were in place. Staff understood what to do and who to report to if people were at risk of harm.

Staff had an understanding of the legal requirements and systems in place to protect people who could not make decisions for themselves. When people were not able to have input in to decisions affecting aspects of their lives, there were records of Mental Capacity Act assessments and best interests meetings.

Care plans were person centred and reflected individual's preferences. People were able to have regular meetings with designated staff to discuss their care. There were focused key working sessions that looked at specific aspects of an individual's care. People were involved in writing their care plans and risk assessments and were able to express their care needs.

People were supported to maintain a healthy lifestyle and had healthcare appointments that met their needs. Medicines were administered safely and on time.

People's views about how the service was run were listened to. There were regular residents meetings that allowed people to have their views and opinions heard.

Staff training was updated regularly and monitored by the manager. Staff had regular supervision and annual appraisals that helped identify training needs and improve the quality of care.

People were supported to have enough to eat and drink. People were encouraged and supported to cook and plan some of their meals.

There was a complaints procedure in place as well as an accident and incident reporting. Where the need for improvements was identified, the manager used this as an opportunity for learning and to improve practices where necessary.

There were regular health and safety audits and monthly medicines audits. These allowed the provider to ensure that issues were identified and addressed. There were systems in place to identify maintenance issues. Staff were aware of how to report and follow up maintenance issues.

There was an open atmosphere within the home. The management encouraged a culture of learning and staff development.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Staff were able to tell us how they would recognise abuse and they knew how to report it appropriately.

There were sufficient staff to ensure people's needs were met.

People were supported to have their medicines safely.

Risk assessments were in place which enabled people to take part in activities with minimum risk to themselves

### Is the service effective?

Good

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of the people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences and they were supported to enjoy a nutritious and healthy diet.

People had access to a GP and other health care professionals when needed and experienced positive outcomes regarding their health.

### Is the service caring?

Good

The service was caring.

People told us staff gave them the support they needed.

Staff were respectful of people's independence and their need for privacy.

Staff were given the information they needed to understand and support the people who used the service.

There were no restrictions on friends and relatives visiting their family.

## Is the service responsive?

Good

The service was responsive.

People were encouraged and supported to be actively involved in completion of their support plans and agreed their goals in conjunction with their keyworker.

There were regular reviews with external professionals.

Where complaints had been received, these had been handled appropriately and in a timely manner.

## Is the service well-led?

Good

The service was well-led.

People and staff told us the registered manager was approachable and listened to them.

The service worked constructively in partnership with the community mental health team to meet people's needs.

The registered manager carried out regular checks on the quality of care and support people received and had made improvements if necessary.

The service managed incidents in an appropriate and timely manner.

# Felix House

**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. It 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 inspection took place on 15 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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 plan to make. We also looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement about the service.

During the inspection we spoke with three people using the service. We spoke with the registered manager, newly appointed manager and two members of staff. Following the inspection we spoke with one relative, four mental health professionals and the local authority contracts and compliance officer to gain an insight into the commissioners' views.

We looked at records of complaints and safeguarding incidents. We reviewed four care records and four medicines administration records (MAR) charts. We viewed five records relating to staff including training, supervision, appraisals and duty rotas. We looked at monitoring reports on the quality of the service. We made general observations of the care and support people received at the service.

Good

# Is the service safe?

## Our findings

The service was safe.

People told us they felt safe. One person said, "I feel the safest". A relative told us, "I think [my relative] is fine there, safe." We spoke with four staff who explained how they would keep people safe and understood how to report it if they thought people were at risk of harm. Staff demonstrated they were aware of the signs of abuse and what their role and responsibility was in protecting people from abuse and avoidable harm. This included recording and reporting any concerns to the team leader or registered manager. One staff said, "We all know what action to take including who to contact if the manager isn't here. There are safeguarding incidents but they're managed effectively." Staff showed an understanding of how to deescalate situations where people were getting into conflict with each other. Staff also told us that they had access to the provider's safeguarding policy and procedure and had received safeguarding training.

Risk assessments were person centred and written in collaboration with the individual. Staff told us people had contributed to how their risks were managed and mitigated against. Risk assessments were detailed and gave guidance for staff on how to support people in the least restrictive way. There was a specific section around non-compliance with medicines. This explained what actions staff should take and which heath care professionals should be informed in case people refused their medicines. Where people were able, they had signed their risk assessments themselves. This meant people were involved in the risk assessment process. People told us that they felt involved with discussions about how any risks associated to their needs were managed. Where people lacked capacity around finances we saw records of best interests meetings and decisions. Staff told us they knew the process for reporting accidents and incidents and records confirmed this. For example, one person was a risk of malnutrition due to restricted food intake when ill. We found that appropriate advice had been sought from a specialist and that specific plans had been put into place and were used by staff and the person. This ensured that people were supported appropriately and in a way that promoted independence rather than restricting them.

There were sufficient staff to allow person centred care. We saw from the staff rota that there were two/three staff throughout the day with two staff working at night. The manager told us that if a higher level of support was needed for people, they increased staffing levels to meet people's needs.

The service followed safe recruitment practices. Staff files showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, their application form, a recent criminal records check and eligibility to work in the UK were in place. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People's medicines were administered by registered staff that had their competency assessed on an annual basis to make sure their practice was safe. The home had a clear medicine administration policy which staff had access to. People's medicines were recorded on medicines administration record (MAR) sheets and the home used the blister pack system provided by the local pharmacy. A blister pack provides people's

medication in a pre-packed plastic pod for each time medicine is required to reduce medicine errors by staff.

We saw that people's medicines were given on time and there were no gaps in recording of administration. We looked at MAR records for February and March 2016 and found there were no omissions in recording. We saw that each MAR record had the photo of the person on it, so that the correct medicines were given to the right person and details of the medicines they were on and side effects. There were records for 'as needed' (PRN) medicines. As needed medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious. We looked at two people's PRN medicine records. There were no gaps in recording and stock held by the home for each person matched the audit completed by staff on a daily basis. There was detailed guidance for staff for when to offer as needed medicines to people and staff were able to tell us in what circumstances they would offer PRN medicines. Staff also told us that there was a sheet in each record that had to be signed, when PRN medicines were given, after checking that the MAR records had been completed properly.

Some people had medicines that required the person to have regular blood tests. Records showed when people had their blood tests and when the next one was due. Staff told us they accompany people to their appointments if needed. One person had injections as part of their medicine regime, provided by a local clinic. We saw records that ensured the person had received their medicine and when their next one was due. Monthly audits of medicines were in place.

The home had up to date maintenance checks for gas, electricity, electrical installation and fire equipment. Fire alarms were tested and recorded weekly. A fire risk assessment was in place. The home had a dedicated 'handy man'. All staff were aware of how to report any maintenance issues. We looked at maintenance records and saw that issues were dealt with in a timely manner and signed to say that they had been completed. Staff told us that maintenance and its importance were covered in their induction. The home was clean and tidy on the day of our inspection. Staff and people told us that they cleaned daily. People were responsible for cleaning their bedrooms with support. This was included in people's individual care plans.

Good

# Is the service effective?

## Our findings

The service was effective.

People received effective care and support from staff that had the skills and knowledge to meet their needs.

People using the service said staff knew them well and knew what help they needed. One person said, "Staff are good, they help me and are nice and friendly. I need support to cook and they help me with this."

Staff told us they had completed an induction when they started work and were up to date with their provider's mandatory training, which included safeguarding adults, food hygiene and mental capacity. They told us they received regular supervision and an annual appraisal of their work performance and said this helped them in providing the care and support to people using the service. We saw evidence of these in the five staff files we looked at. They said they had been well trained by the organisation and they were aware of people's health and support needs. Staff were knowledgeable about the people they supported; therefore people were supported by staff who knew them well. They were aware of people's preferences and interests, as well as their health and support needs. One said, "The training I received on mental health awareness has helped me to understand people's needs. I feel I know what I need to do to support people." We looked at staff training records which showed all staff had completed other training relevant to the needs of people using the service, for example, lone working, substance misuse and mental health awareness. Staff were supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it. One member of staff told us, "I have completed a lot of training for example, safeguarding, fire safety, first aid, administering medicines, health and safety and the Mental Capacity Act 2005.I also completed my NVQ, which I didn't think I could do but was supported by the manager and provider to achieve it. I get regular supervision. All of this has helped me to understand the needs of the people using the service."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff understood that where a person might not have capacity to make decisions about certain things, the manager would make sure that capacity assessments were carried out.

We checked whether the service was working within the principles of the MCA. People's care records showed that where it was thought that people lacked the mental capacity to make specific decisions about their care, correct action had been taken. This included an assessment of their needs and decisions made in the person's best interest. The manager told us everyone using the service was able to make decisions about

their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals. We were told this was to ensure that appropriate capacity assessments were undertaken and encompassed all relevant information and people's views. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the MCA. The manager and staff we spoke with had a clear understanding of the MCA and DoLS and how this should be applied to support people using the service. They had completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff told us they encouraged people's independence by supporting them to buy their own food and cook simple meals for themselves. We saw people's care plans included information about their diet and nutritional needs and food preferences. People said, "I cook my own breakfast and lunch. I don't need any help from staff. I do it all myself", "I have diabetes and I try not to have sugar and staff help me to do this". Another person said "There is always plenty of fruit and fruit juice if you want it." Staff were able to tell us about every person's dietary needs and they knew what people liked to eat. One person had been referred to the dietician as they had recently lost a lot of weight when they became unwell. Staff were also monitoring them using the Malnutrition Universal Screening Tool (MUST). 'MUST' is a five-step screening tool to identify adults who are malnourished and at risk of malnutrition (under nutrition), or obese. It also included management guidelines which can be used to develop a care plan, which enabled staff to monitor this person's food and fluid intake and take action when needed to keep them well.

People had regular contact with Community Mental Health professionals and they had access to a range of other health care professionals such as dentists, opticians and chiropodists when required. We saw the care files four of people using the service included records of their appointments with healthcare professionals. Staff monitored people's mental and physical health and wellbeing on a daily basis. Where there were concerns, people had been referred to appropriate healthcare professionals. One staff said, "[name] has a care coordinator and a community psychiatric nurse (CPN), they see them when they need to. They can go and see the GP or dentist when they need to." We received positive feedback from health care professionals who visited the home. One told us, "I have found Felix House staff and management to be very proactive and excellent in their communication. I have worked closely with the team with a client and they have done a great job of managing the situation, ensuring the dignity and the rights of the client involved. They have challenged poor decisions made by health professionals and advocated for a sustainable and safe resolution to the issues." Another professional said, "I feel that Felix House offers a very supportive environment to their service user's and are very professional in their communication with other professionals involved with their care."

Good

# Is the service caring?

## Our findings

The service was caring.

People said they were supported by kind and caring staff.

People living at the home told us staff were always there to help them when they needed it. One person told us they liked living at the home. Another person told us "This is the best place I've ever lived in." Following our inspection the Commission received information from relatives of a person living at the home who told us how well their relative was doing and how caring and supportive staff were.

We observed interactions between people who lived at the home and staff to be comfortable and mutually respectful, we saw staff and people working together to complete tasks, such as cleaning rooms and working in the kitchen. Staff knew people well and were enthusiastic about their roles in supporting people to lead as independent a life as possible, for example, staff encouraged people to make their own lunches and do their own washing . People were encouraged to follow their preferred routines and staff spent time individually with people supporting them to make decisions about their lifestyles. They told us staff had supported them in managing their behaviour and knew what might make them upset. They said staff knew how to help them when they got upset about things.

We saw from records that staff spent time with people on a one to one basis to give them opportunities to discuss anything they wanted about their care and support. Staff showed a good understanding of how to protect people's privacy and dignity. One support worker told
us, "I treat people as I would expect to be treated in their position Staff had received training on equality and diversity including dignity. People told us staff respected their privacy and did not enter their rooms without asking or knocking. We observed staff to be courteous and respectful towards the people they supported. They were seen to respect people's personal space, knocked on people's doors and waited for a reply before entering. People's support plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. This included a record of whether the person had a preference for a male or female member of staff to support them with their personal care needs.

We saw people who lived at the home were involved in daily "Happy Hour" meetings that were held after people had finished their evening meal. The purpose of this meeting was to find out how people had been throughout the day and how people managed difficult situations. The manager explained that these meetings enabled people to share skills that could benefit other people should they find themselves in similar situations. There were also regular meetings that concerned matters to do with the service and provider. After the meetings a 'You said, we did' poster was developed to show what actions had been taken as a result of issues raised at the meeting.

People told us they knew about advocacy services and said they had used them in the past but would prefer to speak with staff or their relatives if they had any problems.

We saw people had started to be involved in developing advanced care plans so that their wishes for their care if they became ill were known.

Good

# Is the service responsive?

## Our findings

The service was responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

People's support plans were person-centred, focusing on key goals. They included areas such as the person's mental health needs, their interests, preferences and choices, living skills and healthcare needs. One person's support plan focused on their objectives to manage their finances as they were inclined to make unwise choices with regards to their personal finances. We saw from the information within them that they had been written in conjunction with the person as they reflected their preferences and choices. Each initial assessment also contained key diversity characteristics to help inform staff in relation to their input and conduct.

The support plans enabled staff to access the person's world from that individual's perspective and consider how they would achieve specific things. They showed how the person would undertake specific activities and what support the staff needed to offer to enable this to happen. We saw in one person's file where they had achieved a specific objective and a meeting had been held with them to discuss what they would like to consider next. Each individual had a weekly keyworker session where their support plans and activities for that week were discussed and planned in a private and quiet environment. The keyworker was responsible for ensuring the effective implementation and review of the support plan. Each support plan had been evaluated on a regular basis, ensuring that where a person had achieved their objective this was recorded and areas that needed further development were explored in more depth. Each person had specific tasks to complete, that were based around people's abilities, such as changing their bedding or doing their washing, with appropriate support. We saw where a person had chosen not to an activity or wished to do something else instead, this had been recorded showing what they had done as an alternative. This meant people were engaged in planning and undertaking activities according to their choice.

The service was able to produce care summaries for external health and social care professionals based on people's support plans which were used for example, for care programme approach (CPA) meetings, which is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs, and care reviews. We saw details of regular reviews with external professionals and the actions form these meetings had then been translated into support plans with agreed objectives and a method of evaluating the success.

We looked at the Complaints and Compliments file. One person in the service had made a number of complaints about another person using the service. The manager had responded to each letter by a private letter to the person which answered their concerns respectfully and offered reassurance. Investigations had occurred into each complaint and the findings shared with the person who made the complaint. Each complaint was tracked clearly with a receipt date, investigation findings, actions taken (where necessary) and replies. We saw in all cases that responses were appropriate and considered, all promoting the

wellbeing of the people in the service.

Good

# Is the service well-led?

## Our findings

The service was well-led.

People told us the new manager was approachable. They spoke highly of the management and the service. One person told us, "The manager listens if I have a problem". Another person said, "The manager checks on me regularly and asks if I am ok". Staff told us the manager was in day to day contact with people. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Staff told us there was a positive culture in the service which ensured they met people's needs. They said the manager was open to ideas and respected their opinions. Staff received support from the manager through daily communication. The manager discussed with staff the service's expectation of them when they provided support to people. Staff told us they discussed how to maintain good team work. Staff said they were able to discuss any difficulties in relation to the
delivery of people's care and support at team meetings. Regular staff meeting records showed they discussed how they treated people, carried out their work role and how to maintain good team work. Staff explained that they were happy working in the service because they felt supported and wanted to do the best for the people who lived there.

Healthcare professionals told us the manager effectively led the service and communication with the community mental health teams (CMHT) was engaging and constructive. They said the CMHT valued the service because of the quality of support people received.

There were effective quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. Regular audits on support plans showed they were accurate and up to date. We saw the manager and team leader checked medicines administration record (MAR) charts and ensured staff had fully completed them. Staff carried out health and safety checks on the maintenance of the building and equipment. Reports showed there was appropriate follow up if there were any issues which required improvement. This meant people were being cared for in a service that continually monitored itself to ensure it is safe and effective.

The manager told us the provider was involved, for support at the end of the telephone, visits if needed and auditing the service and provided all the support they required, as did the temporary registered manager from the sister service. The new manager told us, "I feel supported by senior management and can make contact with them as often as I want". The manager had a yearly action plan to improve and develop the service and this plan was regularly updated and reviewed by senior management. The senior management also audited the service in the Commission's five domains, and we saw actions plans that had come from these, for example internal decoration and new staffing structure, which were going to be worked through, throughout the coming year.

The manager monitored incidents that occurred at the service and ensured staff took appropriate action. For example, an incident report showed staff had sought timely guidance from health professionals and had arranged a follow up healthcare and medicines review for a person who had suddenly become unwell. The service took action to ensure people received the care and treatment to meet their needs.