

# Milestones Trust

# Elysian Villas

## Inspection report

21a King Street  
St George  
Bristol  
BS15 1DL

Tel: 01179619977  
Website: [www.milestonetrust.org.uk](http://www.milestonetrust.org.uk)

Date of inspection visit:  
08 August 2019

Date of publication:  
11 September 2019

### 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

### About the service

Elysian Villas is a residential care home providing personal care to up to 12 people. There were 11 people using the service at the time of our inspection. The accommodation is split in to three individual villas, each with a dedicated senior and staff team.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered for the support of up to 12 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by accommodation being arranged between three villas with their own regular staff teams.

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

People using the service were safe. Improvements had been made to the security of the premises since our last inspection. Progress had also been made in the recruitment of permanent staff. Staff were trained in safeguarding and told us they felt confident about raising concerns with the provider.

From our observations, it was clear that people were settled and content with staff. Staff were kind and caring and understood people's needs well. Independence was encouraged. People's dignity was protected, and they were treated with respect.

Staff received good training and support to carry out their roles effectively. Staff were positive about working in the home. Staff worked with other professionals to ensure people's healthcare needs were met.

The home was well led. The recent change from nursing to residential care had been well managed with no impact on the quality and safety of care that people received. Systems and checks were in place to ensure that the home was operating well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 16 August 2018). There was one breach of regulation. The provider completed an action plan after the last inspection to show what they would and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Elysian Villas

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two Inspectors.

#### Service and service type

Elysian Villas is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home previously provided nursing care but had updated their registration recently to reflect that people's needs were being met without nursing care.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all information available to us. This included notifications and any whistleblowing and complaints. Notifications are information about specific incidents or events the provider is required to notify us of.

During the inspection-

We spoke with seven members of staff. We observed care and spent time with people using the service. Due to their communication needs, people weren't able to give specific feedback about their experiences.

After the inspection –

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure the security of the buildings. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to the security of the villas. Security gates now closed securely.

Systems and processes to safeguard people from the risk of abuse

- Staff all had clear understanding in relation to the use of restraint. They told us restraint wasn't used, apart from for one person in a very specific situation. For this person there was a clear plan in place which had been agreed with other health and social care professionals.
- Staff were confident about raising issues or concerns. They understood the process for whistleblowing if they felt they needed to report concerns outside of the organisation.
- Since the last inspection, CQC received a number of whistleblowing concerns which were shared with the relevant authorities to ensure people were safe. The provider communicated with us during this time and we were assured that the concerns were being taken seriously and investigated.

Assessing risk, safety monitoring and management

- There were risk assessments in place for people. These gave clear instructions about the measure required to support people safely.
- People had individual evacuation plans in place to identify the support they would need to evacuate the building safely in the event of a fire.

Staffing and recruitment

- There were sufficient numbers of staff to ensure people were safe and their needs were met.
- There was a calm and settled atmosphere and there were enough staff to enable people to go out and enjoy time outside of the home.
- A senior member of staff told us that recruitment had improved since our last inspection and use of agency staff was now minimal.
- There were procedures in place to ensure recruitment was as safe as possible. This included undertaking

Disclosure and Barring Service checks. This would identify whether a person had any convictions that affected their suitability to work with vulnerable adults.

#### Using medicines safely

- There were clear plans in place in relation to how people wished to be supported with their medicines. These were person centred in nature and gave details for example about the specific ways people liked to take their medicines.
- It was clear that regular checks on stock levels took place and this gave opportunity to identify any errors.
- We noted that for one person, there was no recording to show that their cream had been applied as prescribed. The senior staff member assured us that the cream had been applied but that there had been an error in recording it. No other recording errors were found and Medicine Administration Records were completed accurately. The senior assured us that they would address the concern immediately.

#### Preventing and controlling infection

- The villas were generally clean well maintained. We did note some marks on the curtains in one of the villas; we fed this back and it was addressed immediately.
- Infection control was checked as part of the provider's monitoring of the service.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded on a computer system centrally and staff had training on how to use the system.
- It was evident that the service was proactive in responding to incidents of concern. For example, in relation to concerns about one person's behaviour.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff understood people's needs well and these were clearly described in support plans.
- Plans took account of specific legislation and guidance where required. For example, one person's care required restraint in a particular situation and the care plan was devised in line with the MCA.

Staff support: induction, training, skills and experience

- Staff were positive about the training and support they received. This covered the skills and knowledge they required to carry out their roles effectively.
- Training provided to staff included safeguarding, positive behaviour support, epilepsy awareness and first aid.
- Staff felt confident and able to discuss any concerns with senior staff.
- One member of agency staff commented to us on how much they enjoyed working at the home and how supported they had been during their shift.
- There was a positive behaviour support lead in the organisation who was able to support plans around behaviour.
- Staff new to the service completed a probation and induction period. This included opportunity to shadow established staff. Staff told us about the improvements to the induction period to aid retention.
- During our inspection we saw that there were new staff on induction and they were supernumerary, whilst they settled in to their roles.
- New staff completed the Care Certificate. This is a nationally recognised course that ensure staff have at least the basic level of skills and knowledge to work in the care sector.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a nutritious and balanced diet. Individual preferences and likes and dislikes were included in the person's support plans.
- If there were concerns about a person's weight, this was discussed with the person's GP and in some cases, nutritional supplements were prescribed.
- One person received nutrition through a percutaneous endoscopic gastrostomy (PEG). There were clear instructions on how this person should be supported. Staff were able to contact a relevant professional if there were any concerns in relation to the PEG.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other organisations and professionals to ensure people received effective care. One person had recently moved in from another service. Staff had worked closely with the previous care provider to ensure a smooth transition. We saw how this person appeared settled and content.
- Staff worked closely with the GP, speech and language therapist and dietician when there were concerns about a person's health.

Adapting service, design, decoration to meet people's needs

- The design of the buildings was suited to the needs of people living there. They were safe and with pleasant outside areas for people to enjoy.
- There was work due to be carried out at the time of the inspection to improve one of the outside areas further.
- Some areas of the accommodation needed attention and decoration, for example minor damage to the door outside one person's room.
- There were areas in each villa for people to socialise if they wished alongside their individual rooms.
- The villas were situated close to local amenities and shops.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager kept records of applications made in relation to DoLS. One person had a condition on their authorisation to get their own car, which staff were supporting them with.
- When decisions were made in a person's best interests there was a record of the capacity assessment that had taken place and the decision that had been made following this. Relevant people were asked for their views on the decision to be made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw that people received good care and support. Staff were kind and respectful in their interactions.
- Staff used appropriate tone of voice when talking with people and clearly understood people's individual communication needs.
- We saw that people were content and settled in the presence of staff and approached them to initiate communication. Staff responded and it was clear that people enjoyed these interactions.
- Relationships with family were supported. Some people went to stay with their family and this was supported by staff.

Supporting people to express their views and be involved in making decisions about their care

- Some people were able to communicate verbally and express their views. Others expressed their thoughts and feelings through their behaviour and vocalisations. Staff sought the views of people who were able to express them; for others they used their knowledge of the person to plan care in the way the person would like.
- Family members were involved when appropriate to help decide on the best ways to support people.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured that people's dignity was protected. Staff responded with sensitivity and kindness when people presented behaviours that might compromise their dignity.
- People were encouraged to be independent in the area of their lives as far as possible. We saw people helping with laundry. Staff also told us that one person made their own breakfast.
- There were plenty of areas for people to socialise if they wished to, however people were also able to have their private space if they wished. We saw that some people chose to have meals in their own room.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There were clear plans in place in relation to the support people required. These were person centred in nature and gave clear details about the specific ways people liked their care to be delivered.
- Plans were reviewed and evaluated regularly to ensure they were up to date and reflected people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Support plans were produced with pictures and visual prompts to make them more accessible to people.
- Menus were produced with photographs to help people make decisions about their meals.
- We saw one person used Makaton signs and staff used these also to communicate with the person. Staff understood what the person wanted when they approached staff with their electronic tablet and used single words to express themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- People were able to follow their own interests and go out regularly. One person was out working at a farm when we visited.
- An aromatherapist visited the homes whilst we were inspecting.
- Staff confirmed that people were able to go out as they wished and staffing numbers enabled them to do so.
- One person regularly went to a music activity and staff told us they very much enjoyed this.
- Some people had close links with family and this was supported by staff. Family were able to visit as and when they wished.

#### Improving care quality in response to complaints or concerns

- There was a copy of the complaints procedure available in a format suited to the needs of people using the service.
- No formal complaints had been raised directly with the service. However, since the last inspection, a number of concerns have been raised directly with CQC. We were satisfied that the provider had taken action to address these concerns. We saw that the area manager had been to the service to check on the wellbeing of people involved in these concerns.

#### End of life care and support

- There was no one at the time of our inspection receiving end of life care. We discussed end of life care with senior staff who told us they would try as far as possible to meet people's needs at this time. This would include people staying at home if their needs could be met.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was person centred in nature. Staff knew the needs of people they supported and were kind and caring in their approach.
- Staff felt confident and able to raise concerns and speak to managers if they needed to. Staff were given opportunity to raise concerns anonymously if they preferred. This was important given that CQC had received whistleblowing concerns in the period prior to the inspection.
- The home had recently deregistered to provide nursing care as people's needs could be managed by care staff. Most staff were very positive about this change and felt it had improved the confidence and skills of care staff.
- The process of deregistering nursing care was managed effectively and entailed close liaison with families and commissioners.

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

- In response to the whistleblowing concerns received by CQC, we saw that the provider took action in response and communicated with us about the actions they were taking.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems in place to manage the quality and safety of the service. Checks and audits took place to ensure the service was operating as it should. These checks were managed individually in each villa.
- At our last inspection, we found a breach of regulation in relation to the security of the building. At this inspection we saw that action had been taken to address the issue effectively.
- The registered manager was aware of the requirements of their registration. Notifications were received from the service and we also noted that the previous rating was on display.
- The registered manager was not present during the inspection due to being on leave, however there were senior staff leading on each villa. There was a member of staff with a level 5 qualification who was able to support us with the inspection and was taking the lead in the absence of the registered manager.
- The provider had an area manager who had also been in close contact and supporting the service through recent whistleblowing received by CQC.

- People's views were taken in to consideration in the running of the service. Questionnaires were used to gain feedback and support was given to complete these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had recently started producing a newsletter and we saw from this that one person had celebrated a religious festival that was important to them. Family and staff attended a party involving traditional music and food.
- People attended community based activities when they wished to. Two people for example were supported to take part in a trampolining activity.
- People were supported to shop for their own toiletries and personal items in the local area. This supported their independence and helped them feel part of the local community.