

Milestones Trust

63 Coronation Road

Inspection report

63 Coronation Road
Southville
Bristol
BS3 1AR
Tel: 0117 907 7217
Website: aspectsandmilestones.org.uk

Date of inspection visit: 17 July 2015
Date of publication: 15/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 17 July 2015 and was unannounced. At our last inspection in November 2013, we asked the provider to take action to improve the service. This was because the system used to assess and monitor the quality of the service was not kept up to date. This meant the quality of the service had not been monitored effectively.

After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. At this inspection, we checked that they had

followed their plan to confirm that they now met legal requirements. We found actions had been completed and the quality of the service was effectively checked and monitored.

63 Coronation Road is one of the services run by Milestones Trust. The home is registered to provide personal care for six people with mental health needs. At the time of our visit there were four people living there.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People had positive views about the staff and the support they were given for their particular mental health needs. Staff were kind and caring in their approach and people and staff interacted in a positive way. People told us they found the staff to be approachable and relaxed in manner and they could speak to them at any time.

People were well supported to eat and drink enough to be healthy. To build independence, people were encouraged to buy and prepare their own meals.

Care and support was planned with people, and their mental health needs were clearly identified in their care records. Staff knew how to support people in the ways that were explained in their care records. People were encouraged to make choices about how they were supported in their daily lives.

Systems were in place so that the requirements of the Mental Capacity Act 2005 were implemented when required. This legislation protects people who lack

capacity to make informed decisions in their lives. Deprivation of Liberty Safeguards (DoLS). DoLS applications are authorised to make sure that people in care homes, hospitals are looked after in a way that does not inappropriately restrict their freedom

Staff were properly supervised and supported in their work by the registered manager. The staff also took part in a variety of regular training in matters that were relevant to the needs of people at the home.

There was a system in place to ensure complaints were investigated and responded to properly. People knew how to make their views known and they had access to up to date information to help them to make a complaint.

People told us the registered manager was approachable and was always available if they needed to see them.

The provider had ensured that regular checks on the quality of care and service were undertaken. When needed, actions were carried out to improve the service. Checks had recently identified that certain policies needed to be reviewed with the staff. This action had been implemented by the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported by staff who knew how to protect them from abuse. Staff had been trained to ensure they were aware of the types of abuse that can occur and how to keep people safe.

People were given their medicines when they needed them. There was a safe system in place to manage medicines in the home.

There was a system in place aimed at ensuring staff were recruited safely and were competent to meet the needs of people who lived in the home.

People's needs were met by enough staff who provided a safe level of care and support.

Good



Is the service effective?

The service was effective.

People told us staff knew how to provide them with the care they required. People's complex mental health needs were met by staff who understood how to give them the care they required.

People were supported with their physical and mental health needs by specialist health care professionals when required.

People's rights were protected because the provider had a system to ensure that staff followed The Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards if this was required.

Good



Is the service caring?

The service was caring.

People told us the staff who supported them with their needs were caring and kind in their approach. The staff were observed treating people in a kind and friendly way.

People's independence was encouraged by the staff. Care plans showed how to support people to become more independent in their daily lives.

Staff demonstrated they respected the privacy of people who lived at the home.

People told us they were involved in making decisions about their care and support. Care plans reflected people's involvement in planning how they wanted to be assisted with their needs.

Good



Is the service responsive?

The service was responsive.

Care plans clearly showed what actions to follow to support people with their complex mental health needs.

People were helped by staff to plan what activities they wanted to do as part of a recovery programme from their mental health issues.

Good



Summary of findings

People's views of the service and the way it was being run were sought. Surveys were undertaken and the results and information gathered from them were used to improve the service.

Is the service well-led?

The service was well led

The staff and people at the home said they felt supported by the registered manager. They also said the home had an open and relaxed feel.

People knew the chief executive of the service and said they visited the home regularly. They felt able to tell the chief executive how they felt about the service and they said they had acted on their views.

The quality of care and service people received was properly checked and monitored to make sure it was safe and suitable. The checking system was up to date and was being used to improve the service where needed.

Good



63 Coronation 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.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Before our inspection, we reviewed the information we held about the home, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

This inspection took place on 17 July 2015 and was unannounced. The inspection was carried out by one inspector.

We spoke with four people who lived at the home. We also spoke with two members of staff and the registered manager. We looked at two people's care records.

We observed care and support in shared areas and also looked at records that related to how the home was managed.

Is the service safe?

Our findings

Everyone we spoke with said they always felt safe at the home. Examples of comments made included “Of course I feel safe, and “I definitely feel OK with the staff”.

There was a system in place to protect people from the risk of abuse. Staff were knowledgeable about the different types of abuse that could occur. The staff were also able to explain how to report concerns. They said they felt comfortable about approaching the registered manager or other senior staff.

There was a copy of the provider’s procedure for reporting abuse displayed on a notice board in a shared area in the home. The procedure was written in an easy to understand format to help to make it easy to follow. There was also other information from the local authority advising people how to safely report potential abuse.

The registered manager reported safeguarding concerns appropriately. Referrals had been made when required to the local safeguarding team and to the Care Quality Commission.

Staff told us they had attended training about safeguarding adults. Staff told us that safeguarding people was also discussed with them at staff supervision sessions. This included making sure that staff knew how to raise any concerns.

Staff understood what whistleblowing at work meant and how they would do this. Staff explained they were protected by law if they reported suspected wrongdoing at work and had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation’s people could safely contact.

The care people received was regularly reviewed and evaluated to ensure it was safe. Incidents and accidents were properly evaluated to improve safety. The records showed the registered manager and staff recorded incidents and occurrences that had happened at the home. Staff had documented what actions had been put in place after an incident or accident. Risk assessments had been updated after any incident where a risk was identified. For example, one risk assessment had been updated after one person’s mental health needs had recently changed making them feel anxious.

The people we spoke with told us they felt there was enough staff to support them. The staff also told us there was enough staff on duty to provide safe care. We were told that agency staff was used if necessary. The service tried to use the same staff each time to ensure continuity of care for people. We observed there was enough staff who attentively met each person’s needs. For example, staff sat with people and spent time listening to them when they needed to talk about how they were feeling.

The registered manager told us the numbers of staff needed to meet the needs of people at the home were increased whenever it was required. Staff numbers had been increased recently when a person had been particularly unwell and needed extra support. There was staffing information confirming that staff numbers were worked out based on people’s needs and how many people were living at the home.

Medicines were managed safely and people were given them when they needed them. Medicine charts were accurate and up to date. They clearly confirmed when people were given their medicines or the reasons why not. Medicine stock was stored securely and regular checks of the supplies were undertaken. Staff went on regular training to ensure they knew how to give people their medicines safely. Some people were learning how to manage their own medicines. There was a system of staff support in place to help them to do this properly.

Checks on the suitability of new staff were undertaken before they were able to commence work at the home. The records of newly recruited staff included references, employment history checks, Disclosure, and Barring Service checks. These had been completed on all staff to ensure only suitable employees were recruited.

The environment looked safely maintained in all areas that we viewed. Environmental health and safety risks had been identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example, the rear entrance had been identified as a suitable area for people to safely smoke.

Regular checks were undertaken and actions put in place when needed to make sure the premises were safe and suitable. There were also checks undertaken so that electrical equipment and heating systems were kept safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked.

Is the service effective?

Our findings

People were positive in their views of the way they were supported and assisted with their needs. One person said, "I should say the staff do a very good job". Other comments people said included, "The staff listen to you and advise you they are always there for you", and "My keyworker takes me out and supports me."

Staff were observed assisting people in ways that showed they knew how to support people with their needs. Staff used a calm manner and approach with people whose mental health needs made them feel anxious and gave people plenty of one to one time and support.

Staff demonstrated they understood how to provide people with effective support with their complex mental health needs. They told us how they worked with people to help them to feel calm when their mood changed and they felt upset. Their role included motivating people with activities of daily living. For example they supported people with shopping, laundry and clearing their rooms. Staff were observed supporting people in the ways they explained and which were also set out in people's care plans.

Staff demonstrated they understood the principles of the Mental Capacity Act 2005. This is a legal framework to protect the rights of people who lack capacity to make certain decisions. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless a person had been fully assessed otherwise.

The registered manager told us how they would ensure Deprivation of Liberty Safeguards (DoLS) were used appropriately. They told us that no one at the home required an application at the time of our visit. They knew that the purpose of DoLS was to ensure that safeguards were in place to protect the interests of people in the least restrictive way. There was also DoLS guidance information available to help staff make a suitable DoLS application if required.

People were effectively supported to meet their physical health care needs. Each person had a health action plan. People told us they were supported to see their doctor if they were concerned about their health. One person told us, "The staff help you see your GP". The action plans contained information that showed how people were to be

supported with their physical health and well-being. Care plans contained information relating to when people had used other healthcare professionals or services. For example, we saw one person had been supported by staff to attend a recent GP appointment. Another person had been received additional support from the community mental health team.

People were supported to prepare cook nutritious food and drink that they enjoyed. The people we spoke with said they liked to prepare and cook their own food. Examples of comments made about the food included, "I cook on set days each week and I always make what I enjoy", and "The staff help me with my meal, I like to cook plain food".

People made their drinks and snacks and we saw they were able to choose what they had. Staff told us people who required special diets were also catered for and this was confirmed by the choices that were available. For example one person needed a sugar free diet and this was provided for them.

Information in care records explained how to support people with their nutritional needs. An assessment had been undertaken using a nationally recognised tool. This tool is used to identify people at risk of malnutrition or obesity. The staff team had been on a training course to help them to be able support people effectively with their nutritional needs. One person with specific nutritional needs was being supported by a health care specialist. The records confirmed staff monitored people's health and well-being. Staff told us they were well supported by the register manager to be able to effectively support people with their needs. Staff received regular one to one supervision and they said these meetings were useful and helped them to understand people's needs. Supervision records confirmed staff were being regularly supervised in their work and overall performance.

Staff received training to enable them to support people effectively. Staff spoke positively about the training and learning opportunities they were able to attend. They said they had been on training in subjects relevant to people's mental health needs. The training records confirmed staff had attended training in a range of relevant subjects. These included a course about mental health issues, health and safety matters, food hygiene, first aid, and infection control and medicines management.

Is the service caring?

Our findings

People spoke positively about the staff and their approach. One person said “They are all very good”. Another person said, “The staff are all lovely”. The interactions we observed between staff and the people who lived at the home were positive and friendly.

The staff demonstrated in conversations with us that they had understood how to provide people with personalised care that met their needs. They told us they knew what time people liked to be supported to get up. The staff knew certain people preferred a female member of staff to help them and this was always respected.

Staff assisted people in a way that demonstrated they were suitable and competent to meet their needs. Staff were kind and considerate in their approach. They used a calm approach with people who were anxious and gentle humour and encouragement to motivate people to do household chores. People responded positively to staff when they used this approach.

The kitchen was open for people and visitors to use. People used the kitchen and made themselves drinks and snacks. This showed how the environment supported people to do things independently.

People told us they had regular meetings with their keyworker and spoke with them about their care and support. A key worker is a member of a staff who provides

extra support to people and to help people develop independence in their daily lives. Care plans reflected these discussions and showed people were involved in planning and deciding what sort of care and support they received.

There was a small garden where people could walk safely. There were quiet rooms and different lounge areas. People were sat in the different shared areas in the home. This showed people were able to have privacy when they wanted it.

Each bedroom was a single room and this gave people privacy. We saw rooms were personalised with people's own possessions, photographs, artwork and personal mementos. This helped to make each room personal and homely for the person concerned.

Staff understood what equality and diversity meant in their work with people. The staff told us that equality and diversity meant respecting that everyone is unique and supporting people to live life in the way they would prefer. The staff training records showed that the staff team had been on a training course to help them understand how to apply the principles of equality and diversity in their work. There was also a policy in place to guide staff to ensure they always respected equality and diversity at work.

Information about local advocacy service was prominently displayed in a shared area of the home should anyone need them. Advocacy services support people to ensure that their views and wishes properly heard and acted upon when decisions are being made about their lives.

Is the service responsive?

Our findings

People were supported to take part in social and therapeutic activities they enjoyed. Each person was encouraged to plan their own timetable of weekly activities they wanted to take part in. People said this was a helpful activity because it was part of their programme of recovery. These included social activities, going to the shops, going to see family and cooking.

Some people were carrying out daily tasks in the home and staff were observed supporting people to tidy their rooms. Staff and people they were assisting looked engaged in the tasks together. Care plans reflected how to support and encourage people with activities of daily living.

The care and support people received was personalised and responsive to their mental health needs. The care plans showed that people had been asked about their individual preferences and what goals they wished to reach. These were called personal recovery plans. People's care plans contained information about what actions were needed for staff to follow to deal with difficult situations that may happen. One person's care plan clearly explained what actions to take to support them and help them feel safe when they felt unwell due to their mental health needs. Staff supported people by following the actions set out in their care plans. This was to ensure people were safe at times when there was a risk that they may cause themselves harm due to their fluctuating mental health.

Care plans included personal histories about people. These included information about their family and friends and life before they moved to the home. This information had been used to ensure people were supported in the way they chose and preferred.

People's care plans showed they were encouraged to plan and decide what sort of care and support they wanted. The care plans set out what actions were required to assist each person with their mental health needs. For example, care records explained that some people needed motivation with their personal care.

People, their families and professionals involved in their care were sent a survey form at least once a year to find out their views of the service. The registered manager and a senior manager reviewed the answers people gave. People were asked for their views that included their views of the staff and their attitude and approach, did they feel involved in planning their care, what activities they were interested in, and the menus. When matters of concern were raised actions were identified to address them satisfactorily. Shared areas in the home had recently been redecorated after the last survey results.

All of the people we spoke with said if they were to have a complaint they could easily raise the matter with the staff and the registered manager. One person told us, "I would see the manager". Another person also told us "I talk to the manager".

A copy of the provider's guide about the home was prominently displayed in a shared area. This contained a copy of the complaints procedure about the service. This was set out in an easy to understand format. It clearly explained how people could make a complaint. Each person was given a copy of the home's guide. This contained key worker details, useful phone numbers, safeguarding adults contact information and a copy of the complaints procedure.

Is the service well-led?

Our findings

At our last inspection in November 2013 we had found that the provider's system they used to check and monitor the quality of their service was not fully effective because it was not being kept up to date. At this inspection, there was system in place for quality checking the service people received.

Health and safety audits and quality checks on the service and the care people received were undertaken regularly in the home. Actions were put in place where risks and improvements were needed. For example, some policies and procedures needed to be reviewed with staff to ensure they were aware of them. The registered manager had acted upon this requirement from a recent audit.

People told us that they were asked for their views about the service. One person told us, "We have house meetings every week". There were records of the meetings that showed that people were asked for their opinions and the action that had been taken in response to people's comments. For example, menus had been changed and people had planned day trips and where they wanted to go on holiday.

One person told us how they had been involved in interviewing for two new staff who had recently been recruited. The registered manager said that people who lived at the home were always represented on recruitment panels when new staff were employed. People were being actively involved in how the home was run.

The registered manager was open and accessible in their approach and actions. People who lived at the home and the staff said the registered manager was always available if they needed to see them. One person said that the registered manager was "Very friendly and nice". We saw people who used the service went to the office to see the

registered manager during our visit. Every time someone wanted to speak with them they made plenty of time to be available for them and were friendly and welcoming in approach.

The registered manager told us they kept up to date with current issues in mental health care by going to meetings with other professionals in the same field of mental health care. They told us they shared information and learning from these meetings with the staff team. They also told us they read journals about health and social care matters.

Staff meetings were held regularly. Staff said they were encouraged to make their views known when meetings were held. Where required, actions resulting from these were put in place. For example care plans had recently been updated to ensure they were current.

The provider's Chief Executive visited the home regularly. They met with people and staff and wrote a report after their visits. If needed they highlighted actions for the registered manager to follow up on after their visits. One person told us they had written directly to the Chief Executive because they needed a new sink in their room. They told us they had received a positive response to their request and a new sink was going to be fitted.

The staff were able to tell us what the provider's visions and values were. They explained the values included being person centred, promoting independence and being inclusive. The staff told us they made sure they followed these values when they supported people at the home.

Staff completed a staff survey which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.