

# Proctor Residential Home Limited

# Milton Residential Care Home

## Inspection report

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Date of inspection visit: 22 February 2015

Date of publication: 16/04/2015

## 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

This inspection took place on 22 February 2015 and was unannounced. The previous inspection was carried out on 18 August 2013 and there had been no breaches of legal requirements at that time.

Milton Residential Care Home is registered to provide accommodation and personal for up to three people with mental health support needs.

A registered manager was in post at the time of inspection. 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.

At the time of our inspection there were two people living in the home and they told us they were happy with the service they received. Comments included: "this is the happiest place I have ever been. The staff are great and treats us well".

Staff received training and understood their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. Within people's support plans we

# Summary of findings

found the service had acted in accordance with legal requirements when decisions had been made where people lacked capacity to make that decision themselves.

Staff had attended Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who lack mental capacity and need to have their freedom restricted to keep them safe. No one living in the home was subject any DoLS authorisation.

We found the provider had systems in place that safeguarded people. One person we spoke with told us “It is safe here they make sure we are”. Staff we spoke with had a good understanding of what safeguarding processes to follow.

Staffing levels were sufficient on the day of our inspection and people told us there were sufficient staff to support them.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Training was provided and staff we spoke with were knowledgeable about people’s needs. One member of staff told us how they were being supported to undertake further development training that would enhance their role.

People were supported to manage their own medicines where possible. Safe procedures and a policy was in place to guide staff to manage people’s medicines safely.

People received and were involved in reviews of their care needs to ensure that staff had up to date information about how to meet their needs. The care reviews also ensured the support plans continued to effectively meet people’s needs. Care and support plans were individual and promoted people’s independence.

People’s records demonstrated their involvement in their support planning and decision making processes. One person we spoke with told us how they were involved and felt consulted at each stage. This person said “Yes I talk with [name] and I plan what I do and want but I’m lucky I can do a lot for myself”.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. A member of staff that we spoke with confirmed this.

Quality and safety in the home was monitored to support the registered manager in identifying any issues of concern. The registered manager undertook regular audits.

There were systems in place to obtain the views of people who used the service and their relatives and satisfaction surveys were used 2014 – 2015. This was provided to people, their relatives, staff and external professionals.

# 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.

Safe recruitment processes were in place that safeguarded people living in the home. Robust checks we made before people started working in the home.

Staff were aware of how to identify and report suspected abuse in line with the provider's policy and told us they would have no hesitation to report concerns.

People's risk assessments were fully reflective of their needs and were reviewed regularly.

Safe medicines processes were in place that included a detailed policy to guide staff.

Good



### Is the service effective?

The service was effective.

Staff had Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS) and had a good understanding of the protection of people's human rights.

The service worked with external professionals to ensure the needs of the person could be met before they moved in.

Staff were supported to undertake further personal development training to enhance the care that was provided.

Good



### Is the service caring?

The service was caring.

Staff interactions with people were sensitive and caring. One person we spoke with also told us staff were caring.

People's independence and privacy was promoted and respected by staff.

We found people's opinions were sought to help improve the service they received.

Good



### Is the service responsive?

The service was responsive.

Support plans were representative of people's current needs and gave detailed guidance for staff to follow. People made choices about all aspects of their daily lives.

The provider had a complaints procedure and people told us they felt able to complain.

People were supported to maintain their independence and to take part in social activities and voluntary work in their local community.

Good



### Is the service well-led?

The service was well led.

Good



## Summary of findings

Staff felt supported by the management team and were able to approach the registered manager if they had any concerns about the quality of the service or their work.

The registered manager demonstrated an open and transparent culture in the home. People told they felt listened to and supported.

There were effective quality assurance systems in place. The registered manager undertook regular audits that were fed back to the provider as part of the monitoring arrangements.

# Milton Residential Care Home

## 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 inspection took place on 22 February 2015 and was unannounced. The inspection was undertaken by one inspector.

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.

On the day of our inspection two people lived at home and they were able to tell us their experience of the service.

We also spoke with two members of staff and the registered manager. No relatives were visiting at the time of our inspection.

We reviewed the support plans of two people who used the service, four staff's personal files and reviewed documents in relation to the quality and safety of the service, staff training and supervision.

# Is the service safe?

## Our findings

People told us they felt safe. One person said “It is safe here they make sure we are”. The provider had arrangements to respond to suspected abuse. Staff received training in safeguarding adults and a clear policy was in place for staff to follow. Staff had to read and sign to say they understood the policy details and how to use it. Staff we spoke with had a good understanding of constituted abuse and who to report concerns to.

Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way. This is a process for staff to raise concerns about potential malpractice in the workplace.

Risks to people’s safety were assessed before they came into the service. People’s risk assessments were clear and detailed to guide staff. They ensured the least restrictive option for people and enabled people to be as independent as possible. For example we saw risk assessments in relation to people managing their own medicines. The risk assessment was completed with the person who had signed to agree the medicines routine.

There was a ‘no restraint’ policy in the home. Staff confirmed police were called to support incidents that could not be defused by staff. This was to protect other people in the home. Evidence was viewed that demonstrated appropriate action was taken that safeguarded people living in the home.

Safe recruitment processes were in place. Appropriate checks were undertaken. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS ensured that people barred from working with certain

groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files that we viewed confirmed this.

The staffing levels were sufficient to support people safely. People we spoke with felt there were sufficient staff to support their daily needs. Staff told us; “We are a small staff team but supportive. We have sufficient staff to meet people’s needs. [name] will be in later and [name] will go out”. This activity took place during our inspection and rotas confirmed this.

Staff who administered medicines were given training and medicines were given to people safely. Staff had a good understanding of the medicines systems in place. A policy was in place to guide staff from the point of ordering, administering, storing and disposal of any unwanted medicines. Medicines were stored appropriate in a locked cabinet and all medicines records were completed appropriately.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. Emergency contingency plans were also in place and regular fire alarm testing took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place.

# Is the service effective?

## Our findings

People told us they were fully involved in planning their support plans and deciding what they wanted to achieve. One person told us; “yes I am involved. I can decide what I am doing and the staff support me”. People’s care records were maintained accurately and completely to ensure full information was available to guide staff and the person to meet their goals.

People’s needs were assessed jointly with external supporting professionals for example; social workers and community mental health nurses. They told us they had good working relationships with external professionals that supported people and referrals were actioned quickly.

Staff described how the service worked with other professionals to ensure the service could meet the person’s needs before they came into the service. They described how they took time to ensure newly referred people to the service would be compatible with other people currently living in the home. For example the registered manager told us how people would be invited to visit the home and meet with the people that lived in the home as many times as they wished and this would form part of the assessment process.

People received care from staff who had received training that enabled them to carry out their roles. Staff told us they received plenty of training and felt equipped to undertake their role effectively. One staff member told us “oh yes we get more than enough! I sometimes think “what more training”. Records that we viewed confirmed staff training included; safeguarding adults, manual handling, mental capacity act, person centred support and mental health. Records confirmed staff received regular training updates and were up to date.

The provider had a system in place to support staff and provide opportunities to develop their skills. One staff member told us how they had been supported to undertake their diploma in care. The registered manager confirmed that dedicated time would also be available for the member of staff to undertake some of the written work.

Staff we spoke with and records confirmed on going one to one supervision was provided to all staff to support their work and development. A supervision contract was signed by staff that demonstrated the agreement between the registered manager and person. Records included

discussions around; care delivery, team working, performance and targets. The records demonstrated detailed discussions and the opportunity for the member of staff to share ideas and identify any ongoing support that may be required.

Staff received yearly appraisals. This is a process whereby staff performance and personal development is reviewed to enhance the skills of the member of staff. Records viewed confirmed this.

People’s ongoing health needs were managed as people were supported to see a local GP or hospital, should they require it. People’s records detailed when and if they wished to be supported by staff on such appointments.

Advice and guidance was sought from external health professionals. We saw documentation to support referrals were made to people’s supporting agencies as required. For example, to the community mental health team and social workers. The manager told us they had good working relationships with these teams and would always contact them if they were concerned about any changes in people’s mental health needs.

Staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who may not be able to make certain decisions for themselves. Staff were able to tell us why this legislation was important. No one living in the home were subject to such an authorisation at this time.

Consent to care and treatment was recorded within people’s care records and documentation gave details of who was involved in their care and treatment planning. People had signed in agreement wherever possible. For example we saw documentation called ‘the service user guide’. This clearly set out what the person could expect to receive from the service and included the support that would be available. This agreement was signed by the person to demonstrate their agreement to live in Milton residential home.

Throughout our inspection staff were heard routinely asking people for consent in their daily routines. For example a member of staff knocking on a person’s door and asking for permission to enter.

People’s nutrition and hydration needs were met. People’s independence was promoted and they were involved in the shopping, preparation and planning of their meals. People

## Is the service effective?

had their own cupboards for their food and managed how and what they purchased. Staff supported people in this area to ensure they purchased and cooked a balanced diet. One person told us how staff helped them to write shopping lists and prepare meals of their choice.



# Is the service caring?

## Our findings

People living in the home felt positive about the care they received and the staff that supported them. One person we spoke with said “this is the best place I have ever been. The staff are great and treat us so well” and “staff are good”. People told us how they have choices in the daily lives. One person said “yes it’s nice here we get choices. Staff are nice and I am happy and safe”.

Staff promoted people’s independence. For example one person told us; “They do support me here although I can do a lot for myself. I got a job in a charity shop myself”. People’s support files demonstrated people were supported to maintain their independence which included accessing their local community for employment and activities.

We observed staff caring for people in a respectful and compassionate manner. People were given choices and asked what they wanted to do and when. For example the member of staff discussed with a person what they might like to do in the afternoon. The person agreed to go shopping and this activity took place.

People’s privacy and dignity was respected. Staff were heard to knock on people’s doors before entering during our inspection. The member of staff said “hi [name] can I come in with your medicines”. We also read a complaint from one person who said their door was open when they knew they locked it. The complaint was investigated and highlighted an ancillary member of staff had forgotten to re lock the door. The service apologised for this and this demonstrated staff respected people’s privacy and own personal space. A member of staff also gave an example of a person that liked to talk about things from their past, that was not appropriate to be discussed in the shared areas of the home. The member of staff demonstrated how they supported this person to realise this was not respecting other people by doing this. They described how they suggested they went to a private area of the home to discuss it.

Staff had a good knowledge of peoples’ likes and dislikes. Staff were able to tell us what each person would like to achieve and what was realistically able to be achieved. Documentation in people’s support plans confirmed this, as did the person we spoke with. People appeared relaxed in the company of the staff on duty during our inspection and were heard to ask the member of staff “come down [name] and see this on the telly”. The member of staff respectfully thanked them for the offer and explained they were supporting the inspector but would go down as soon as possible.

People were involved in decisions about their care and support. This was clearly demonstrated within people’s care records and support planning documents that were signed by people. Support plans were personalised and showed people’s preferences had been taken into account. For example people had signed an agreement to live in the home and signed to accept the conditions that supported this.

As part of the provider’s quality monitoring, people’s opinions were sought through surveys on a yearly basis and house meetings. Survey comments were positive and included; “I love it here”. “I am treated with complete respect” and “I like the way it is set up here; all good”. One person confirmed staff asked for their opinions regularly as part of the care planning process.

People were supported to maintain links with their families and friends. We were told people could have visitors throughout the day in the home with the agreement of the person. However no visitors were visiting at the time of our inspection for us to gain their views. Documentation showed that relatives were asked for their opinions as part of the yearly surveys and comments that the service received were positive. We were also told how a person was supported to visit their relatives twice a year, this was a great distance away but staff accompanied the person in order for them maintain their family contact.

# Is the service responsive?

## Our findings

People's support needs were assessed before they came into the service. Assessments were undertaken by people's social workers and wider professional teams such as a psychiatrist and other medical professionals. The service ensured pre assessment systems were robust to protect people that already lived in the home. For example part of the assessment was for the person to visit the home to meet other people and see if they liked it. Staff told us this was important as people living in the home had mental health support needs and the service needed to be sure they could meet people's needs fully. They told us this was to try and avoid the people not being happy in the home and causing upset to everyone involved.

Personalised care and choice was offered to all people that used the service. People's support needs were assessed and personalised care plans were put in place. These were person centred and written in the first person. Support documentation was called 'essential life plans' (ELPs). People had separate files that included; an essential life plan (ELP), life history, care plans, risk assessments, multi-disciplinary team information and end of life wishes. Support plans held detailed information about people to help staff to know and understand the person. Staff we spoke with demonstrated a good understanding of people's individual needs that were reflected in their care and support plans.

Personalised care was planned and delivered to both people that lived in the home. People's ELP was a comprehensive document that covered all aspects of the person's care and welfare. This highlighted what support the person required and what they wished to achieve. This document was developed in conjunction with the person that used the service. We were told this was formally reviewed yearly, but was updated throughout the year with any changes that may have occurred. For example staff told us how a person's mental health care plan was changed each week when they were experiencing a change in their needs. This ensured it was current and reflected their needs fully.

Clear guidance was available for staff to follow that ensured personalised care. For example clear and explicit action

plans were in place to support people's ELPs. This gave staff guidance to support the person's goals that they set. For example, one person's action plan for shopping stated 'staff to help [name] write a list the evening before they are going shopping. Support [name] to decide what they want based on what they already have in the cupboard'

Staff told us there were 'opportunity plans' in place. Opportunity plans were records that depicted when people attended activities in the community. We saw these plans recorded spontaneous and pre planned activities. For example, a trip to a local pub or to a voluntary work activity. Records viewed confirmed the nature of the activity and why any activity was declined. This enabled staff to monitor the effectiveness of the activity that had been undertaken.

People knew how to make a complaint and a clear policy and systems were in place to support this. No formal complaints had been received since our last inspection. We saw a complaints log and evidence that past complaints had been responded to. People's complaints were fully investigated and resolved, where possible to their satisfaction. People were also made aware of the complaints system and it was discussed at resident meetings. Each person's personal file had a form signed by the person, demonstrating the policy was explained to them. A person we spoke with confirmed they knew how to make a complaint should the need arise.

We were told that keyworker discussions were held on a daily basis which suited the independent lifestyle of people living in the home, as some people didn't like formal meetings. The member of staff said "we are a small team so we support people daily as a team although we do have named staff assigned to people to ensure we check all their needs are met and all documentation is kept up to date. This system works very well". We saw all daily information was recorded in people's personal diaries to ensure all information was captured.

People had opportunities to give their views on the service they received. House meetings took place monthly and conversations were recorded together with any actions required. For example a person asked for a sofa to be provided in the dining area. The action stated this would be passed to the registered manager for consideration.

# Is the service well-led?

## Our findings

One person told us “yeah [name] is great. They always listen and try to help me. I can’t say anything bad about them. Any of them to be honest”.

Staff we spoke with told us the service was well-led. The staff member told us they received support from the registered manager and felt they really had a good team in place. Comments included; “I can’t fault the manager here. Their main concern are the guys and the staff. They do a good job they are open and honest and I can always approach them for support”.

Staff were supported by the registered manager and were provided with regular one to one supervision. Records that we viewed contained evidence of what staff thought they did well and also detailed if they required any support from other members of the team or the registered manager. Records detailed any actions and when they were to be reviewed. The member of staff confirmed supervision took place and said “yes we have formal supervision but we also support each other as a team on a daily basis”.

The registered manager communicated with staff about the service. Team meetings took place on a regular basis. An agenda on the staff notice board encouraged staff to write anything they wished to be discussed. Staff told us this was a supportive forum where all support issues were discussed. Minutes were viewed that also detailed any actions and who would be responsible for undertaking the actions.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The registered manager discussed the systems currently in place to check and monitor the quality of service provided. The system currently used was being reviewed and the registered manager told us it was hoped the new system

would be aligned to the five questions now covered at each inspection. They told us this would make it a more reflective auditing system as opposed to the system currently in use that is broken down over the period of a year.

The registered manager also told us the provider undertook visits to the home and they could discuss any issues with them. However these meetings were not recorded. The registered manager agreed to discuss with the provider the value in recording such meetings, for auditing purposes of the discussions held and service improvement progress updates.

Yearly satisfaction surveys took place to help develop and improve the quality of the service. Surveys were sent to people that used the service, relatives, staff and external professionals. All the comments that we viewed were positive dated and were December 2014. Comments included: “I am happy here”, “staff respects [name] as an individual”, “I enjoy my job and always ready to take on new challenges” and “the support offered here is always of a high standard. [name] has personalised care in a warm nurturing environment”.

The registered manager audited incidents and accidents to look for any trends that may be identified. This ensured the registered manager was fully aware of any events that took place that may require actions or follow ups.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.