

Milestones Trust

87 Church Road

## Inspection report

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## 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

87 Church Road is a residential care home for adults with learning disabilities. At the time of our inspection, there were five people living in the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received support from staff who were kind and caring. People were positive about the care they received and spoke in positive terms about the staff. Our observations showed that staff were kind and respectful. People's independence was encouraged.

People were able to take part in a range of activities according to their own needs and interest. This included support to meet religious or spiritual needs. People were able to make complaints when they had them and these were responded to. There was a complaints procedure produced in a format suited to people's communication needs.

People were safe. Staff understood their responsibility to protect people from the risk of abuse and had received training in this. People received safe support with their medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People's health needs were effectively met. People were supported to see healthcare professionals when they needed to.

The service was well led. There was a registered manager in place supported by an assistant team leader. There were systems in place to monitor the quality and safety of the service.

Further information is in the detailed findings below

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# 87 Church Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and was unannounced. The inspection took place on 20 March 2018.

The inspection was undertaken by one Inspector.

Prior to the inspection we reviewed all information available to us. This included the Provider Information Return (PIR). This is a form completed by the registered manager describing what the service does well and any improvements they plan to make. We also reviewed any notifications sent to us. Notifications are information about specific events that the provider is required to send to us by law.

We spoke with four people using the service and received feedback from three members of staff. We also received feedback from two healthcare professionals. We reviewed care records for three people and looked at other records relating to the service such as quality audits and complaints.

## Is the service safe?

### Our findings

The service remained Good. People received care that was safe. The registered manager told us in their PIR that there had been some issues with staffing. There had been a period of time when a number of staff had left in short succession. This had caused some difficulties in ensuring the rotas were filled, however new staff had been recruited and were in the process of completing all their pre employment checks. The provider had managed the staffing issues, through contracting with an agency to ensure regular staff and using bank staff. On the morning of our inspection, there were two members of staff on duty. One of these was an agency member of staff and the other was a bank member of staff. Both of these staff told us they worked regularly at the home and were familiar with the people there. It was clear from our observations that the staff on duty were familiar with the routines of the home and how best to meet people's needs.

When new staff were recruited, appropriate steps were followed to minimise the chance of unsafe or unsuitable staff being employed. This included a Disclosure and Barring Service (DBS) check. This check identified people who are barred from working with vulnerable adults, and identifies any convictions a person has. References were also sought from previous employers.

There were risk assessments in place to ensure people were supported in a safe way. These supported people to be independent and didn't impose unnecessary restrictions. For example there were risk assessments in place to support people to use the kitchen area. Measures in place included staff providing verbal prompts.

People received safe support with their medicines. The registered manager told us they used a Monitored Dosage System (MDS). This is a system of administering medicines that organises medicines in to the days and times that the person needs to take them. There was a visual guide available to help staff identify the individual medicines contained within the MDS. There were systems in place for checking stock levels of medicines; this provided opportunity for any errors to be identified. Some people had PRN or 'as required' medicines prescribed. There were protocols in place describing the circumstances in which these should be given along with details about the dosage required. There were charts in place to show staff where topical creams should be applied for those people prescribed them.

The premises were clean and processes were in place to manage the risk of cross infection. During the inspection we saw cleaning taking place. Staff told us cleaning was part of their duties and that they had time to complete cleaning tasks on shift.

Staff were aware of and understood their responsibility to safeguard vulnerable adults from abuse. One member of staff commented "I am confident that I would recognise signs of different types of abuse. I know that I must report any concerns I have and know how to contact the Duty desk. Milestones also have a 24 hour on call system where I can seek advice."

There was a system in place to record any accidents and incidents that occurred at the home. These recorded any follow up action that had been implemented to prevent reoccurrence and helped the

registered manager monitor for any trends in the kind of incidents that were occurring.

## Is the service effective?

### Our findings

The service was effective. People's rights were protected in line with the Mental Capacity Act 2005 (MCA). The 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 the best interests and as least restrictive as possible. There was information contained in people's support plans to describe the kind of support from staff they might require when making decisions. Some people for example were described as being able to make day to day decisions, for example about clothes to wear but may not have capacity to make more complex or significant decisions. One person in the home had capacity to make most decisions for himself but required support with their finances. We saw records to show that when there were concerns about a person's ability to make a particular decision, an assessment was carried out to assess their understanding. There was information included, for example about the questions used to assess the person. In one assessment we saw that coins were shown to a person to assess their financial understanding. A best interests decision was made on behalf of the person if it was found they didn't have capacity to make the decision independently.

Staff received good support to enable them to carry out their roles effectively. One member of staff commented; 'Training is excellent and also tailored to individual needs of staff and the service. For example in my personal development plan last year I requested IT training as this an area of weakness for me. I have now received this and have the skills I need to do my job.' Another member of staff told us 'I have found that every effort is made to give staff a wide range of skills from different sorts of training'. We saw that the provider's mandatory training programme

People received support to see healthcare professionals as necessary. One person for example was losing weight with no clear reason evident. Staff were supporting the person to have their weight loss investigated. Staff were due to support this person to see a specialist. Thought had been given as to how best to support this person's anxieties around the appointment. Staff had discussed with the clinic for example, how it would be best if the person could be seen straight away on arrival rather than having to wait and potentially becoming distressed. One professional who was familiar with the service told us "The service are very good at completing MCA's and recording appropriately and genuinely care about the well-being of the people that live there." Another professional commented "The individual I had worked with had been living in care home type environments for many years, however, the 1:1 support required and level of self-harm decreased upon moving to 87 Church Road indicating an effective approach on the part of the staff."

Where people had particular health needs, these were recorded in the person's support plan and clear instructions for staff on how to support the person. We read about one person who had been diagnosed with a mental health condition. The support plan was clear on what staff needed to do to help the person manage their symptoms.

People were supported to eat healthy and nutritious meals. People were involved in planning menus so that they had opportunity to give their views about what they wanted included.

People's communication needs were described in their support plans and we saw that signs and pictures were used around the home to support people to understand their surrounding and what was happening that day. For example we saw a board on display with photographs of the staff on duty. For those people that might not be able to communicate verbally, there was information about behaviours that might indicate they were unhappy, such as refusing to get out of bed or refusing food and drink.

## Is the service caring?

### Our findings

The service was caring. One person told us staff were "lovely people" and were "all fantastic". Staff were kind and respectful in their interactions with people. We heard staff discuss with one person what their plans for the day were and saw how other people were encouraged to carry out their own care routines. One person was having a bath and we saw that staff allowed them space and privacy but regularly checked on them to see that they were safe and ok.

Staff were committed in their roles. One member of staff told us how during recent bad weather, they had stayed at the service overnight to ensure they were available to provide support for people. There was a letter from the CEO of the organisation thanking staff for their dedication during this particularly challenging period.

People were able to maintain contact with family and loved ones. One person talked to us about seeing their parent and brother regularly. Another person told us about their sister and nieces who they saw regularly. Staff told us how they supported one person to see their siblings on a fortnightly basis.

People were given choices and opportunities to discuss the care and support they wanted to have. The registered manager told us, for example, that they allowed people to decide who they would prefer to have as their keyworker. They did this by showing pictures of all the staff and letting the person pick out who they wanted. A key worker is a member of staff with particular responsibility for the well being of the person they are allocated to support, so it is important that the person feels able to build a relationship with the member of staff. People were also involved with day to day decisions such as what would be on the menu.

## Is the service responsive?

### Our findings

The service was highly responsive to people's needs and worked hard to give people the opportunities to improve their skills and abilities. One person had arrived at the home having come from a service that closed due to concerns about the care provided. This person and staff had worked extremely well together and this had resulted in the person's confidence and life skills improving immensely; the person hoped that they would eventually be able to move on to a supported living placement. The person told us excitedly about the new skills and confidence they had gained since they moved to the home approximately 12 months ago. This person commented "staff support has been brilliant" and went on to tell us how they had been learning to cook meals. "Yesterday I did cottage pie – quite impressed with that". The person also told us about how they were learning about managing their money by writing and cashing cheques. It was evident when talking with us, how proud of their achievements this person was and how excited they were about the potential for moving on to a supported living placement. The person was also learning how to use public transport and staff had given the person the skills to use the bus independently. This meant the person was able to visit family in a town close by.

Staff had also worked in a highly personalised way with another service user who had presented with very complex and challenging needs. The person's previous placement had broken down due to the service not being able to meet the person's needs. Through discussion it was evident that staff had quickly been able to understand this person as an individual and take steps to improve their daily life. The registered manager told us for example that the person liked going out but found it challenging going out in groups of other people. The service had therefore supported the person to obtain a mobility car for their sole use. They had done this through discussion with the person's social worker and used their mobility allowance for their own car rather than contribute towards the house vehicles. Staff also told us how working with this person on activities they enjoyed, but in short timespans helped them keep their focus and manage their behaviours. The person enjoyed activities such as baking, food preparation and wrapping presents at Christmas. This person had recently experienced significant anxiety as a result of changes in their medication. Staff told us how they worked hard with other professionals to support the person and provide consistent routines. This had helped the person reduce their anxiety. Staff commented "following through with what you have told her you are going to do with her and giving her direction about the day all helps CT to feel relaxed about the day."

People were supported to take part in a range of activities according to their own personal interests. One person for example went to a social group associated with the church. Two people were also being supported to go fishing. Staff also took this person to a fellowship group at the church. A volunteer at the service was supporting these two people with this. During the day, people had activities available to keep them busy. One person for example showed us their magazines which they had enjoyed putting stickers. They also had a tin close by with knitting inside they could access as they wished. This person also enjoyed listening to a particular singer and had in the past been supported to go and see them. We saw photographs of this.

People were involved in decisions about the decoration of their room so that they were personalised

according to the person's tastes and preferences. We saw that people had their own photographs and other items on display.

Support plans were clear and person centred. There were clear goals identified for people to work toward. Where these goals had been met the plan was updated so that there was a clear record of the progress the person had made over time. Support plans covered a range of people's needs and the personal details that were important to them. For example, in one person's support plan that they may need reassurance that soap wouldn't go in their eyes. People's usual routines were described so that staff had information about how the person preferred to spend their day. There was also information about things that were important to the person such as planning activities and quiet time alone.

There was a complaints process in place and people were supported to have their complaints listened to. When concerns were raised, the person received a letter of response confirming what had been done in response to the issues raised. This may include for example that another service user had been spoken with. There was a complaints procedure produced in a format suited to the needs of people in the home.

## Is the service well-led?

### Our findings

The service was well led. There was a registered manager in place, supported by an assistant team leader (ATL). There was a positive attitude amongst the staff team, with staff telling us that the home was a good place to work and they enjoyed working there. One member of staff commented "I have worked here for eleven and a half years and really enjoy it. Not just the job but the people I work with." Another member of staff said "it's a lovely place" and "we all support each other".

The organisation values were on display in the home. We observed how staff worked with these values, for example by promoting people's independence. We saw people being encouraged to undertake their own care routines.

The registered manager was familiar with the expectations and requirements of their role. We saw for example that notifications were made when required and that the rating for the home from the last inspection was on display. These are both requirements of legislation.

Staff were positive about the leadership of the home. Comments included "I feel that we have a very good leadership at Church Road. Both the manager and ATL have an open door policy where we can go in at any time to air concerns or talk about any problems either work or home related." And "I always feel listened to - I feel a policy of openness and candour is important in this setting, so I appreciate this. The whole staff team are also supportive of each which makes for a good working atmosphere." During our inspection we saw how the registered manager was actively involved in the day to day running of the home, talking and interacting freely with people and staff.

There were processes in place to monitor the quality and safety of the service provided. This included gathering the views of people using the service, and their relatives. The registered manager carried out a self-assessment each month which aligned with the areas inspected by CQC. There were specific audits in place for health and safety and infection control. The results from the last service user survey were positive, reflecting that people felt staff communicated with them well and that they were treated with respect.