

Milestones Trust

# Felix House

## 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

Felix House is a residential service which provides accommodation, personal and nursing care to a maximum of 11 adults with mental health needs. At the time of our inspection there were nine people living at Felix House. People can access areas on the ground and first floors of two adjoining Victorian properties and include communal, group and garden facilities.

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.

At this inspection we found the service remained Good.

Why the service is rated good:

Staff were respectful and caring and had a good understanding of how they could support people with a focus on their wellbeing and abilities. People had good relationships with staff. There were enough staff, and members of the team and the registered manager supported them in their roles.

People had personalised care plans. These supported staff to provide care that was responsive and effective. Care plans had information about people's needs and how they liked to be supported. Staff knew what they should do to safeguard people from abuse. Risk assessments supported people's safety in a range of areas while maintaining their independence as far as possible.

The provider had systems in place to ensure people were safe, including risk management, checks on the environment and safe recruitment processes.

Staff had received induction, and had effective training and supervision.

The provider had processes in place to ensure that medicines were stored safely and people received their medicines correctly.

People's views were sought through house meetings, surveys and care reviews. Changes were made and actions taken as a result. There were systems in place to continually monitor and improve the quality of the service. Relatives felt involved and included in the service.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. The policies and systems in the service support this practice.

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 remains Good.

# Felix House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 carried out on 12 April 2018. The inspection was unannounced, and was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications we received from the service and reviewed other information CQC had to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement about the service.

During the inspection we spoke with seven people living at the service and four members of staff. After the inspection we contacted five relatives or friends of people and seven professionals including case managers, psychiatrists, healthcare staff and safeguarding team members. We looked at three care records and five staff files. We also looked at a range of records and documents such as meeting minutes, policies, audits and environmental reports.

# Is the service safe?

## Our findings

People continued to receive a safe service. Everyone who completed the service user survey in September 2017 said that they felt safe. Safeguarding policies were clear and up to date, and correct practices communicated to staff. There had been no recent safeguarding alerts, but these had been made appropriately in the past.

People received their medicines safely. The service had a medicines policy which included checklists, storage and ordering guidance, self-administration of medication plans and information, forms and templates. Information was available online and staff knew how to make sure people received their medicines safely. People had regular medicines reviews with GPs, mental health teams or other specialists.

Medicines records were clear, however there were some gaps in documentation. We raised this with the registered manager. Medication audits were usually carried out, although these had not been fully completed for the past two months. The registered manager told us they planned to address this.

People had personalised risk assessments which were up to date. These helped staff to promote people's independence as well as identifying potential risks and giving guidance to staff about how to support people safely. For example, one risk assessment outlined risks when a person went swimming and the actions to be taken to keep them safe.

Staffing levels were safe and suitable to meet people's needs. We reviewed the last four weeks rotas and staffing levels were at the level deemed safe by the provider. Staff told us that they were happy with the number of staff on each shift. One staff member said, "It is a really positive difference having a full staff team as people don't like unfamiliar faces." We observed that staff were available and had time to support people in their activities. For example, one person was supported to attend a health appointment and another to go shopping.

The service followed appropriate recruitment processes before new staff began their employment. Staff files contained all necessary information to ensure people were protected. This included Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they can work with certain groups of people. The provider did not regularly review staffs' DBS checks, which we highlighted to the registered manager.

Staff carried out regular checks on the environment and equipment was serviced, monitored and repaired to ensure people were safe. Most of the people we spoke with told us that they particularly liked their rooms. Problems were reported where necessary. Health and safety information was displayed in the main hallway. This included fire and other emergency procedures. Individual fire risk assessments and emergency evacuation plans were in place. There were arrangements for keeping the premises clean and hygienic. This included regular cleaning of communal areas and supporting people with housekeeping tasks.

People at the service had experienced very few accidents or incidents over the last 12 months. These were

reported as needed, and improvements made where possible. For example, a person had fallen in their bathroom where the floor was damaged. The incident was appropriately reported, immediate action was taken to reduce risk, a maintenance request was made and ongoing monitoring was carried out pending repair.

## Is the service effective?

### Our findings

People continued to receive effective care. All aspects of peoples' needs were assessed and documented in care records. This included their physical, mental health and social needs. People were supported to make sure their health and wellbeing needs were met. This included staff going to appointments with people, providing written information and reassurance. We saw people going to GP and mental health appointments, and relatives told us about other appointments that staff supported such as out-patient and specialist clinics.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had met the responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS).

People had indicated consent by signing documentation such as care records. However, we found that where care records indicated a person may lack capacity in a particular area, for example in managing their finances, the capacity assessment and associated best interest decision were not available for review. In two cases professionals external to the organisation had conducted these assessments several years ago.

We recommended the service refers to guidance in the Mental Capacity Act (2005) Code of Practice about reviewing mental capacity assessments and recording best interest decisions.

Staff supported people to have a balanced diet, and the service was flexible in combining self-catering and providing meals depending on need. People had access to hot and cold drinks at any time. Staff had good awareness of nutritional needs and conditions such as diabetes and some staff had received additional training support people with complex physical and mental health conditions.

The provider promoted equality and diversity principles. There were clear policies and procedures, including easy read versions and service user guides, as well as posters and leaflets in the service. Staff received training about equality and diversity issues, which included modules within the staff induction programme.

Staff completed an induction programme before they started working at the service. This included a range of essential training and was aligned with the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply to their daily working life and is part of the induction training of new care workers. It helps to make sure that staff have the skills, knowledge and experience to deliver effective care and support

All the staff we spoke with said they had completed an induction and local orientation. This showed staff local systems and procedures, such as fire procedures and communication systems. Staff spoke positively about the induction programme. One staff member said, "The induction was spaced out, it informed me all about Milestones. The induction made it clear what was expected of me in my role."

Staff were supported by regular supervision which was reflective and personalised. Supervision is where staff meet one to one with their line manager. Areas such as training, staff well-being and reflections on practice were discussed. Action plans were written and checked at the next supervision session. One staff member said, "Supervision is a constructive process. It helps identify areas that I can improve in."

Staff had been trained, or were undertaking training, in a wide range of mandatory subjects. This was supported by the records we reviewed. Some staff had attended additional training, and all were encouraged to take on lead roles and develop areas of interest.

One staff member said, "The training is the best thing. We get lots of training. It is useful and very good." Where additional training was identified to support people's needs, for example particular health conditions, this had been arranged.



## Is the service caring?

### Our findings

People were supported by staff that were kind and caring. The care and support provided by the service helped people to maintain their quality of life. People talked positively about the support that staff give them, and one relative told us that staff focussed on things that were really important to their family member. One person said, "staff are nice" and another told us "I like it here". A relative said "the staff are thoughtful and mindful and caring", and another that "the staff are very pleasant".

We saw a staff member sit and talk with a person who was feeling anxious. The staff member listened to the person's concerns and reassured them. We observed staff being friendly and interested in people. For example by asking them how they were that day. Staff used different approaches with different people and respected when people wanted to be on their own.

People told us that they had choice about what they did. One person said that they had been to the local shop that day, some enjoyed going into the garden one person told us they could "do the things [they] want to do" Relatives told us that they felt staff worked hard to make sure people were included, listened to and informed. They also felt that they were actively involved in decisions and plans about their relative's care and treatment, with consent.

Staff knew the people that they were caring for well and understood people's preferences and needs. A relative told us that they feel staff have really got to know their family member well, and that staff support them in many different ways. Relatives also told us that they were made to feel welcome and able to visit the service at any time.

People gave examples in the provider's service user survey of how they were treated with respect and dignity. One person said "all staff knock on my bedroom door", another that "staff make sure they discuss anything confidential in private on a 1:1 basis", and "they respect our privacy when having medication". This meant that people's privacy and rights were respected.

People were supported to be as independent as possible, and staff were able to tailor their approach depending on the preferences and needs of the person.

## Is the service responsive?

### Our findings

People continued to receive a responsive service. People were encouraged to be involved in planning their care and treatment according to individual needs. One staff member said, "Having a person centred approach has had a good impact on people."

People's records contained essential information, including details about people's background and significant relationships. Care plans described how people wished to be supported and personal preferences. This included how people liked to spend their time, personal routines and support needs. One person said, "I go out on my own to the shop". One care plan described how the person liked doing their laundry independently and how they preferred to complete this.

People's health action plans were in a clear and accessible format. These explained how people wished to be supported in different areas of their healthcare, such as dental and psychological care. People who had a specific health condition had clear plans in place to guide staff. For example one person's plan described how diet choices affected their health and suggested strategies that staff could use to help make healthy choices and decisions.

Staff supported people to engage in personalised activities. Some people had an activity plan in place describing regular activities such as, badminton, shopping and a walk in the local area. For other people this was more flexible depending on what they wished to do on a daily basis. On the day of our visit, one person had arranged to go out with a staff member but then changed their mind and no longer wished to go. The staff member respected the person's choice and suggested alternatives to them.

People had an action plan in place for their well-being. This documented what people did that kept them feeling well. For example, taking their prescribed medicines or regularly exercising. Triggers and signs that may indicate a person was becoming unwell were noted. Actions people could take in these circumstances were described. For example, by spending time in their room or talking things through with staff. We highlighted to the registered manager that these plans had not been regularly reviewed. The registered manager said this would be addressed.

The service had not received any complaints in the previous 12 months. The complaints procedure was displayed in an accessible format at the service and was available to visitors. People's knowledge of how to raise concerns or make a complaint was checked each month in the house meeting. People said that they would do this by speaking to staff, filling in a form or putting a note in the suggestion box. People, staff and relatives said they would feel comfortable in raising concerns. One person said, "I can tell someone if there are any problems."

Information about house meetings was displayed on a communal noticeboard. These were held once a month, and there was good attendance on a regular basis. Staff told us that people who did not wish to attend or did not feel comfortable sharing their views in the group spoke individually with their keyworker. Topics such as complaints, smoking, housekeeping and future plans had been discussed in recent meetings.

Personalised advanced care directives and end of life plans were in place. Advanced care directives included information about people's preferences in the event of a mental health crisis or physical illness. People's end of life preferences and 'living wills' were detailed and specific.

# Is the service well-led?

## Our findings

The service continued to be well led. A registered manager was in post at the time of our 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.

People, staff and relatives gave positive feedback about the registered manager and how the service was run. One person said "[the registered manager] is really good". Two people told us that staff listened to them. One said, "I get on with the staff" and another "I can tell someone if there are any problems". A staff member said, "The registered manager is very considerate, professional and understanding." Another staff member said, "[The registered manager] is very good." Relatives told us "it's very well managed" and "[the registered manager] is always ready to listen. She always seeks our views".

The registered manager was the runner up finalist for a national leadership award and a Milestones Trust leadership award in 2017. One of the team leaders won an internal Milestones Trust leadership award in 2017. The whole team was also nominated for a Milestones Trust award in 2017 in the Team Creativity category. This was for their approach to person centred support.

The service had received compliments in the form of positive comments from visiting professionals and the Trust chief executive.

The service displayed its vision and values in the main entrance hallway. These showed clear aims and principles which were understood by the staff team. Staff were positive about the vision and promoting personalised care to support people on their journey towards recovery. One staff member said, "[The service] achieves its aims. Care is personalised."

Staff said they were valued and supported and morale was good. We observed a positive atmosphere in the service, and staff worked well together to meet people's needs. The registered manager told us that she had an 'open door policy'. We saw staff and service users seeking support and feedback during our visit.

A senior member of staff was always available at the service. This supported staff to provide a quality service. There was regular contact from the Trust area and regional managers. The Chief Executive regularly visited the service and gave people opportunities to discuss issues that they may have. Staff said that they would always feel able to highlight concerns or poor practice. The whistleblowing policy was clear and helpful.

Information was communicated effectively to staff. This included via staff meetings, emails and staff handovers. We observed a handover where staff communicated key information about people's medicines, routines and well-being. A diary was kept up to date and detailed peoples' appointments. All records and documents were stored safely and securely.

Regular quality checks were carried out. This included monthly self-assessments completed by the registered manager and reviewed with the area manager. These were based on the five domains inspected by Care Quality Commission.

The service had a business plan and objectives. A team day was due to take place in a few weeks. This aimed to develop the team and actively involve staff at all levels in improving the service.

The policies and procedures we saw were current and clear. Some referred to best practice and professional guidelines. Staff were able to access policies on the intranet, and updates were discussed in staff meetings. This meant that clear advice and guidance was available at any time.