Milestones Trust

Milestones Supported Living Service

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 31 October, 1 and 6 November 2018. The provider was given 48 hour notice as the location provides a community based service and we needed to be sure that a member of the management team would be available on the day. We spent time in the office and a day visiting people. We then returned to the main office on 6 November 2018 and provided feedback to the senior management team.

Milestones Supported Living Service provides personal care and support to people with a learning disability and/or mental health needs to live in their own homes either on their own or sharing with others in supported living services. A supported living service is one where people receive care and support to enable them to live independently. People have a tenancy agreement with a housing provider and receive their care and support from Milestones Supported Living Trust.

As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house. At the time of the inspection the service was supporting 244 people across 186 locations across Bristol and South Gloucestershire. Of the 244 people they were supporting, 43 people were receiving support with personal care, as defined in the Health and Social Care Act 2014 regulations. They also provided and supported people to access leisure and day care services. This part of the business does not fall within the scope of registration.

There were two teams that worked separately from each other in supporting people with either a learning disability or a mental health condition . The registered manager had the legal responsibility to support and manage both teams. 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.

The service was not always responsible for people's accommodation, however we found they had ensured people's homes were safe and comfortable, through effective liaison with the landlords and other relevant agencies. The Care Quality Commission's role in these settings was to focus on the regulated activity of personal care and we had no regulatory responsibility to inspect the accommodation for people living in these settings. Environmental risk assessments had been completed.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management and safe recruitment processes. There were policies in place for lone working for staff.

Staff were extremely caring and supportive and demonstrated a good understanding of their roles in supporting people. People were very much the centre of their care and involved in the recruitment of their

staff teams. Where people shared a service a compatibility assessment was completed to ensure living in shared accommodation was right for them. Staff were committed to providing a service that was tailored to each person they supported. Staff were enthusiastic and worked with people to enable them to achieve positive outcomes. They understood their roles in relation to encouraging people's independence whilst protecting and safeguarding people from harm.

Systems were in place to ensure open communication including team meetings and one to one meetings with their manager. Staff were trained and supported in their roles.

People were involved in the day to day running of the service. People were valued and supported to be as independent as possible. People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles. Staff strongly advocated for people to live the life they wanted whether that was on their own or in shared housing schemes. This was kept under review as people's needs or wishes changed.

The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought. Systems were in place to monitor the quality of the care and continually making improvements by listening to people.

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 continues to provide a safe service.

Is the service effective?

Good

The service continues to be effective.

Is the service caring?

Outstanding ☆

The service had improved and was outstandingly caring.

People received the care and support they needed and were treated with dignity and respect. People were supported to develop and maintain their independence. Small teams of staff supported people to ensure continuity and enable relationships to be built.

Every effort was made to make sure people were comfortable with the service they were receiving. The service sought people's views and people were involved in decisions regarding their care and support.

People were supported to develop and maintain relationships with family and friends.

Is the service responsive?

Outstanding ☆

The service had improved and was outstandingly responsive in meeting people's individual needs. People were listened too and their dreams and aspirations were acknowledged and acted upon.

The service strongly advocated for people to ensure they had the care and support they needed. There were responsive to people's changing needs and promoted choice on where and who they wanted to live with.

Is the service well-led?

Good

The service continues to be well led.

Milestones Supported Living Service

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, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector, who visited on 31 October, 1 and 6 November 2018. We last visited the service in August 2016 and found no breaches of regulations.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the service. This included notifications, which is information about important events which the service is required to send us by law.

We contacted the local community learning disability team and commissioners. We asked them for some feedback about the service. You can see what they told us in the main body of the report.

During the inspection we talked with five people using the service. We visited people at four different locations. In two services people lived on their own and, in the other two people shared with others. These were supported living services. This means they were people's own homes. The provider had asked people if they were willing to speak to us prior to our visit.

We talked with seven staff including three project managers, two project co-ordinators, three support staff, the head of service, an area manager and the registered manager.

We looked at the care records of five people, staff duty rotas and other records relating to the management of the service. After the inspection we spoke with two relatives to gain their views.

Good

Is the service safe?

Our findings

People told us they felt safe when supported by staff. Some people had been actively engaged in the recruitment of their staff team. One person told us they were planning to move into their own flat and they were hoping to take some of their existing staff to support them. It was evident they were being empowered to make decisions about their support team. People told us they were not only safe when being supported by staff but in the areas they lived. People told us they were supported well and they knew when and, the name of the staff that would be supporting them. Relatives confirmed they felt they loved ones were safe and well supported by their staff teams.

The provider had appropriately raised safeguarding concerns. This included sharing information with the local authority and the Care Quality Commission (CQC). The level of information shared with other agencies had been appropriate and sufficient to keep people safe. As a result of the safeguarding concerns and subsequent investigations, changes were made to people's care arrangements when required to keep them safe. One example was where CCTV was used because a person had concerns about some items going missing, which had not been substantiated but gave the person reassurance. This was clearly recorded in the person's care plan. The footage was not viewed by staff and it was clear that only the police would view in the event of an allegation being made. This was not only for the protection of the person but the staff that supported them.

Staff confirmed they knew what to do in the event of an allegation of abuse being made. All staff completed safeguarding training. Staff were aware of the reporting process for allegations of abuse. There were policies and procedures to guide the staff on what to do if an allegation of abuse was made and how staff could raise concerns using the whistle blowing policy.

Risk assessments were in place to keep people safe whilst they were in their home and the community. Copies were held in people's homes and the main office. Staff described how they kept people safe without restricting them and supported them to have control over their life. There was a lone working policy for staff and each person had clear risk assessments that described their support needs and staffing they required. Environmental risk assessments had been completed.

People's medicines were managed according to their needs. Individual arrangements were in place to make sure each person received their medicines appropriately and safely. Clear records were kept of all medicines received and administered to people. Records of administration were kept to ensure that all medicines were accounted for. Where discrepancies had occurred, these had been investigated. This included contacting the person's GP and re-checking staff competence.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually and had attended training. This was confirmed in the training records and speaking with staff.

People were cared for by suitable numbers of staff. Staffing was planned in conjunction with the local

placing authority and local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs. A commissioner is a person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Sometimes the commissioners are the people who pay for the service, but not always. This was evidently kept under review as people's needs changed. We were given examples where hours had been increased due to the person needing more support due to health reasons and where hours were decreased. This was where a person had increased their independence and confidence so their package of care was reduced.

Staff described the staffing arrangements that were in place. This was clearly described in the plan of care for each person and cross referenced with duty rotas we saw. The rotas showed there were sufficient staff working and supporting people. A new management role had been introduced to review staffing and offering business support to the team. This member of staff had successfully recruited to staff vacant posts and reduced the agency costs by 70%. This meant people were being supported by a consistent and familiar team. One person told us they had an occasional agency staff and whilst it was alright they preferred staff that were familiar.

The teams within Milestones Trust Supported Living service worked together to ensure people's needs and requirements were met. Each team was led by a project manager who was responsible for a number of services and overseeing the support people received. The project manager also managed a number of project co-ordinators who had day to day responsibility for managing the staff in that particular area or patch. From talking with staff and people it was evident people were receiving a service from a small consistent team. This ensured people were supported by staff that were familiar to them.

The provider had an electronic monitoring system to enable them to ensure all visits were completed. An alert would be raised if staff did not attend a visit or log out. This was used to monitor the times of the visits and to keep staff safe. Staff monitored the electronic system throughout the day and evening. Staff responsible for monitoring this told us visits were never missed. The service manager commended the staff team in covering all visits earlier in the year due to adverse weather conditions. There was a list of essential visits which in the event of adverse weather conditions these were prioritised to ensure people were safe and received the support they needed.

There was a lone working policy for staff and each person had clear risk assessments that described their support needs and staffing that should be in place.

Good

Is the service effective?

Our findings

People were provided with an effective service. This was because people's needs were consistently met by staff who had the right skills, knowledge, attitudes and behaviours. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively.

Everyone spoke positively about the staff that were supporting them. Comments included, "I am doing really well here and that is because the staff are really good, they listen and help me when I need it", "I like the staff that support me, we have fun". Other people clearly liked the staff that were supporting them. We saw people seeking staff out for reassurance and support during our visit. A relative told us the staff were really good and they could not fault the service. They told us their relative had 'come on leaps and bounds' and was now living in their own flat with minimal support. They said this was because of the support they had received from the staff enabling them to feel more confident.

People were supported by staff that had received suitable training. This included where relevant positive behaviour support training or specific training in respect of a medical condition such as epilepsy. Staff spoke positively about the training they received. Staff told us if a person's needs or health condition changed training was sourced promptly such as catheter care. This was because a person was returning home from hospital and staff needed the training to support the person effectively. This was given to staff within three days to enable a smooth discharge.

Newly appointed staff received an induction. This included working alongside more experienced staff in a supernumerary capacity, until they felt confident and were competent. Staff new to care completed the care certificate within their first six months of employment. If staff had previous experience in care then a self-assessment was completed based on the care certificate which would enable the project managers to determine if all, none or part of the care certificate was to be completed. The care certificate is an induction programme for care staff, which was introduced in April 2015 for all care providers. In addition, all staff completed a corporate induction and then an induction to their place of work.

There was a training programme in place, which was monitored by the registered manager, project managers, project co-ordinators and the training department. All staff had to complete refresher training at regular intervals. Examples included safeguarding, equality and diversity, health and safety, first aid, safe medicines administration, food hygiene and moving and handling, deprivation of liberty safeguards and mental capacity.

Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, any training needs and to acknowledge what was going well.

One member of staff told us they had not received formal supervision but they felt supported in their role.

We followed this up when we returned to the main office. We were told this was because they were bank and had not worked regular hours in a particular setting. They were also new to the role and they had regular meetings as part of their probation. Records were maintained of these probation meetings. In contrast another bank worker confirmed they regularly met up with a project co-ordinator and felt well supported in their role. There were systems in place to ensure bank staff received supervision and support. All staff when they first started had regular meetings to discuss their role as part of their probation. Clear records were maintained of these and the supervision meetings they had. Staff also had an annual appraisal of their performance.

Staff meetings were held monthly within each project chaired by a project co-ordinator. These provided the opportunity for staff to discuss a range of issues and to keep up to date with information about the people they were supporting and the wider picture of what was happening in the Trust. The project managers told us staff meetings were also an opportunity to provide additional training to staff and enable them to reflect on their practice. The project managers met up quarterly on a formal basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People were encouraged and supported on a daily basis to make decisions about their care. Information in people's care records showed the service had assessed people in relation to their mental capacity. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, they respected those decisions.

Staff confirmed they had received training on MCA and DoLS and knew how this impacted on their day to day roles of supporting people. Staff discussed these areas at team meetings, through supervisions and action learning sets with their peers. The registered manager and staff had a good understanding of the MCA.

Where people were being continually supervised and restricted in their freedom by staff, the registered manager had discussed this with the placing authority so that they could make the necessary application to the Court of Protection. This was closely monitored by the director of operations, the registered manager and area manager.

People confirmed they were registered with a GP and attended appointments with other health and social care professionals as required. Some people attended these independent of staff whilst others required support. Records were maintained of health appointments and any subsequent action that was required. Where people needed support, the service was arranged flexibly to accommodate the appointment times or, to provide support with making the telephone call to the GP practice.

People using the service had their nutritional needs assessed where appropriate. Information about people's preferred foods and drinks, food allergies, likes and dislikes was recorded. If any needs were

identified with eating or drinking people were referred to the appropriate health care professionals for advice and support.

People received assistance with preparing food and drinks. Information about this was recorded in people's support plans. The support plan reflected people's abilities and what they were able to do for themselves. This included, for example, help with shopping and checking the person had the right ingredients for what they wanted to prepare. People confirmed they chose what they wanted to eat and when.

People's health care needs were being met. People had access to a GP, dentist and opticians. Some people attended these independent of staff whilst others required support. Records were maintained of health appointments and any subsequent action that was required. People also had support from other professionals such as the mental crisis team and the learning disability team. Referrals were made in a timely manner.

Outstanding ☆

Is the service caring?

Our findings

People spoke very positively about their staff. One person told us, "My staff are ok, if they weren't I would not let them in, I tell them what I want and keep them in check". It was evident this person liked the staff that supported them. In the past they had refused some staff access to their home. Staff said it was really important to respect this person who may at times want space on their own. Staff told us that at times they would withdraw to the staff's sleeping in room. Staff said often it was important to blend into the background and other times they needed to participate in conversation or watch a certain programme with the person. From these conversations it was evident that the staff understood the person as there had been a significant reduction in refusals of care. This enabled the person to engage effectively with the staff and the staff with them.

Another person praised the staff telling us the care and support they received was excellent. They told us without the support of the staff, they would not be able to live independently. They spoke highly about the staff that supported them. They told us the staff listened and helped them when needed. This included helping them come to terms with a newly diagnosed medical condition.

Relatives spoke highly of the support that people were given. They told us they felt the staff were kind and friendly. One relative said, "This is the best team that my loved one has had, they just know him". It was evident that they were confident that their relative was being cared by staff that were consistent in their approach.

A relative had recently written to the Milestones Supported Living Service highly praising staff for the support shown to their relative.. They said, "It was so clear to me how deeply X (member of staff) cared and wanted the best outcomes possible for (name of person) that offered both dignity and the highest possible quality of life". They stated the staff member had gone above and beyond and was dedicated to making the person's end of life as comfortable, dignified and enjoyable as they could. They went on to compliment the staff supporting them who ensured they went to all their favourite places and helped them actively engage with the community that would otherwise have 'remained closed off to them'. They said their relative often struggled to accept support but the staff showed unwavering compassion and great company when needed. It was evident staff had supported the person right to the end of their life ensuring they were supported in a very person centred way.

A health care professional provided us with feedback about a how the staff had supported a person. They told us, "I have always found the staff to be warm, motivated and appropriate. I would rate the staff as one of the best teams I have worked with and would apply this to all the staff I have met not just a few, as is the case in some teams. They are clearly very well managed, and have good team communication".

People were involved and empowered as partners when planning their care and support. When planning the service, the registered manager, project managers and project coordinators took into account the characteristics of staff, people liked to be supported by. The views of people receiving the service were listened to and acted on. Some people liked upbeat staff whilst others liked staff that were quieter. Staff

recognised they were supporting people in their own homes and the importance of positive relationships, which enabled people to feel secure. New staff shadowed more experienced staff to enable them to get to know the person and the supported they needed.

To help staff to get to know people there was a one-page profile on what was important to the person, what people admire about them and how the person liked to be supported. This included their likes and dislikes and activities they liked to take part in. Support plans were very individualised and gave a real sense of who the person was and how they liked to be supported. Staff confirmed they found the support plans useful as part of getting to know the person.

Staff talked with kindness and compassion about people. They talked about people in a positive way focusing on their positive reputation rather than behaviours that may challenge. Staff had evidently built up positive relationships with people. Some people had moved from a residential service for people with complex needs where they required 24 hour support. They celebrated the success stories and the journey that these people had been on and their achievements. This was commendable because of the support that these people had in place they were now living the life they wanted with very individualised bespoke packages of care. Another person told us they were planning to move to their own flat and was very excited about the prospect of moving from their present shared housing arrangement. Staff again praised the person for the choices they were making and celebrated the milestone that had been achieved. The level of support for these people was commendable and showed staff had empathy and empowered people to lead the life they wanted. There was a culture where people were listened to including where people communicated using nonverbal communication.

People had information in their support plan on how they communicated. This enabled staff to understand what people were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people. One person had a DVD which was used as part of training for their team. This was because this person had a very unique way of communicating using facial expressions and hand movements. Staff working with this person evidently were clear that this person was to be involved in all decisions around their care. The DVD was very unique and comprehensive. The person had been fully involved in making the DVD and showed how this person should be included and involved. This was commendable.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. People had access to electronic systems to keep in touch via social media, telephone and others received and visited their relatives on a regular basis. One person told us they were organising a party and their friends and family were invited. It was evident they were fully involved in the planning and arranging of the gathering. Some people had been supported to reconnect with family they had not seen for many years. It was evident that staff saw the importance of supporting people with building networks with family and friends as means for wellbeing and to avoid social isolation.

Small group social events had been arranged for three younger people services. We were told this was put in place to assist in reducing the feelings of isolation for people when they lived on their own or in shared support. Social events were organised in the local area enabling them to build links with new people and places. This was over and above their funding arrangements but seen as a means to increase people's confidence, independence and enabling them to make new friends. We heard about a person who had recently moved to a service that was made up of individual flats and how they had built new relationships and was making friends. Previously they had lived on their own and this had not been possible. Staff again celebrated this person's achievements. This was just one of many where staff were committed to providing

people with a caring service and exploring how their wellbeing could be enhanced or improved.

Some people had been supported with personal relationships. Some of these people were young and moving through transition from college to adult life. External groups had been accessed for them to speak with professionals enabling them to make informed decisions on relationships and their own feelings on their sexuality. Where relevant relatives had been involved in these discussions whilst evidently giving the young person a voice. It was evident from discussions people's rights were respected and they were empowered to make informed decisions. This included information about ensuring their safety.

People had access to information about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

The senior management team and staff understood the important role an advocate can have. A person confirmed they had been supported by an advocate recently as they wanted to live on their own rather than in shared support.

Staff had received training in equality and diversity and policies and procedures provided additional support and guidance.

Outstanding ☆

Is the service responsive?

Our findings

People received care and support that was extremely responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. Services were very much tailored to the person.

Milestones Supported Living Service continued to provide a range of different services to suit the individual enabling the service to respond to their care and support needs flexibly. Some people were supported in their own home with tenancy agreements. Other people lived together in shared housing with 24 hour support and then each person was allocated one to one staff support depending on their needs. This formed part of the care plan agreement with the placing authority. Two new services had been set up since the last inspection. These were shared housing (flats) for younger people with learning disabilities and this was seen as a stepping stone to more independent living. The range of services showed they were able to respond to people needs and provide individualised packages of care to suit the person. Some people's services had been set up within 48 hours this showed a service that was very responsive to people's care and support needs.

People had very individualised packages of care based on their care and support needs. From talking with staff, it was evident each person was seen very much as an individual and was supported that way. People were assessed prior to be offered a service. Since the last inspection a new compatibility assessment was completed if a service was shared by a small group of people. This was to ensure that their personal preferences were taken into account and making sure people could live together comfortably. This was also being used in the existing services to ensure people continued to be happy living with others. An example was given where a person had recently identified that they no longer wanted to share with others but have their own flat. We met this person and it was evidently they were very excited about the prospect of moving. Staff had advocated strongly on behalf of this person liaising with their social worker to agree funding. Again, this was celebrated by the staff as this person had lived in the shared service for 18 years. It was evident that services were planned and reviewed to ensure the service was responding to people's ongoing and changing needs.

People's changing needs had been kept under review to ensure they were receiving the support they needed. We were given many examples of where the service had either been decreased because the person had gained more skills and confidence or increased where a person due to aging had needed more support. Examples included where the Trust had advocated for a person to remain in their own home with additional support because it was their home and the person they had shared with had sadly died. This person continued to live on their own with a small staff team supporting them. They advocated that although the cost of the service had increased it was in the person's best interest and it was their home.

Another example was given where a further person had previously lived in a residential service with 24 hour support and for the last four years was now living in their own flat supported by a small group of staff. They were proud of their achievements. They told us, because they had their own team they could now do what they liked when they liked. It was evident this person had a very packed social life supported by staff that

knew them well.

Staff evidently strongly advocated for people and celebrated their successes. Staff recognised when another person had outgrown their service and had been 'stuck in a rut' again advocating that they moved from living on their own, to their own flat in a complex with others. This person now was building relationships with others living in the scheme and not reliant on paid support. This person had been placed in a service previously to support people who may be viewed as challenging. However, because of the consistent approach of staff these episodes had greatly reduced. It was also recognised that the person was living the life they wanted in the environment they had chosen. The person had fostered relationships and as a small group they had gone out independently without staff. In response risk assessments had been reviewed because the person wanted more opportunities to go out with their peers. This showed the service supported people with their aspirations and independence. Their relative was very complimentary about the care and support that was in place.

Some of the examples shared with us would have been viewed small to some people however for the person was extremely significant. An example was given where a person had refused all personal care for a number of years but recently was now showering with staff support. This showed that staff were creative in their approach and the person in relation to personal care was more comfortable in their own surroundings and the staff that supported them. There were many examples shared with us in respect of the small changes that had made a real difference to people's lives. From meeting up with long lost family or to going out and about in the community. One shared service was looking at healthy eating and was now growing their own vegetables and cooking from scratch.

Health and social care professionals commented positively about the service. A professional stated they had worked with a person for over a year and had been impressed with the support provided. They described a service that was supportive, and 'enabled' rather than just cared for. They said the staff understood the need to provide gentle prompts but were intuitive to not push beyond their capabilities. They said, "All of the staff working with her have shown great compassion and empathy. It is a delicate balance which they manage very well. They have attended sessions with myself to learn behavioural management techniques and develop their understanding so that they can help X to achieve her maximum potential".

Another health care professional told us, "They have worked with this service user, who is a complex individual, in a person centred and empowering way. They communicate any concerns relating to the individual's wellbeing and will take action in contacting relevant professionals. I believe they promote the service user's best interests on a daily basis and commit to supporting her rehabilitation programme". This further evidenced that the service promoted a very individualised approach in supporting people with complex needs.

The service was was working alongside the University of West of England in using robotics (assistive technology) to support people. They were looking at how this could enhance people's lifes affording them more control and independence over their lifes. This was in conjunction with the local authority in relation to funding the pilot.

Some people had already embraced assistive technology in their care and support package. For example, one person told us how they had a pendant around their wrist, which would alert an on-call manager/staff if they needed support due to a health condition. Another person had a sensor mat that would trigger an alert to staff if they had fallen, another person had a reminder when they opened their front door to take their keys. Some people had electronic aids to remind them to take their medicines at regular intervals. This was viewed as positive to enable people more independence, control over their lifes and opportunities to not

always have staff with them because of the technology.

One person gave us permission to look at their care plan. The person described to us how they liked to be supported and this corresponded with their care plan. This person told us they had written parts of their care plan so staff could fully get to know them. They said they had also done some training with a behaviour specialist in telling students about positive behaviour support and the impact living with a health condition. They were proud of the achievement in sharing their experiences about their care journey from living in a service for people who challenge to living on their own with 24 hour support.

Care plans and risk assessments were of a good quality, they clearly identified any risks and described people's individual support needs. Regular reviews took place with the person, their relatives and other professionals where relevant. Daily records were maintained of the care provided. This showed people were receiving the support they needed.

We saw from care records and speaking with people and staff that each person had the opportunity to take part in social activities in their homes and in the community. People had access to activities that were important to them. For example, people were supported to go swimming, sing-alongs, music clubs, attend college, go for walks in the local area, cinema trips and attend local social groups. There was a strong emphasis on building community links such as using local shops and clubs enabling them to build relationships with people who lived locally. Some people told us how they used local shops, pubs and leisure centres and had built links with their immediate community.

Some people had support hours for social activities as part of their care package. Where people had limited hours due to their funding arrangements social groups had been set up to enable people to foster relationships through shared support hours. The provider had been creative in organising social events for people to reduce the feelings of isolation. The staff had organised social gatherings in cafes and pubs, which not only helped with them getting to know the local area but enabled them to meet with other people. A member of staff said they hoped the long-term plan would be that people would build their own social groups enabling them to do this independently.

People and relatives we spoke with said they knew how to complain. People spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints with clear timescales. People and their relatives were reminded about the complaints procedure during care reviews and other meetings. A copy of the complaint procedure was also available on the Milestones Trust web site.

Regular meetings were organised for people especially where they lived in shared accommodation. These were called tenant's meetings. This gave people an opportunity to discuss the shared support they received, tenancy agreements, staff changes and any improvements required to the accommodation. In response to feedback from a recent survey events had been organised for people and their families to explain advocacy, the mental capacity act and a means to build on social networks.

Good

Is the service well-led?

Our findings

The service continues to be well led. There was a registered manager who was supported by a team of project managers and project co-ordinators. There was a director of operations for supported living and an area manager. The registered manager had direct management of services provided to people with mental health and the area manager managed the learning disability services. The assistant director of operations had management oversight of the whole service.

There was strong leadership that worked together to ensure people received the service they needed. The management team were well informed about people using the service and the staff that supported them. Staff described the management team as being open, approachable and fair. There was a culture where people and staff were listened too. There was a very low turnover of staff and staff were passionate and proud to work for the service. A recent survey indicated that 75% of the staff would recommend the organisation as a place to work and 87% stated that the organisation agreed the Trust offers high quality care. Staff were very passionate about their role in supporting people to lead the life they wanted. It was evident the service was set up around the person with the emphasis on encouragement to enable the person to be independent including building links with their local community.

People's views were sought about the service through a variety of forums. This included care reviews, tenancy meetings, drop in sessions with the chief executive and annual surveys. 84% rated their service as good or excellent. There was a culture of you said, we did. Where the scores were lower than expected such as not many people knowing about advocacy more information had been shared with people in the form of leaflets and posters and discussions with staff. The Trust was also organising an event in the early part of 2019 to raise awareness on advocacy, making a complaint and speaking out.

The offices were open plan, which enabled staff to work alongside each other and encouraged informal discussions on a daily basis between team members. Project managers told us there was an open-door approach and they would have no hesitation in speaking with the registered manager, area manager or directly to the assistant director if there were any concerns or to seek advice.

Regular leadership meetings were held between the registered manager, assistant director of services and the area manager. The leadership team also attended meetings organised by the Trust enabling them to keep up to date about any changes within the Trust and share good practice. Monthly team briefs were also cascaded to all staff to keep them up to date with any changes within the organisation and wider picture of care provision. Project managers met up every quarter as a team and project co-ordinators organised monthly meetings in each scheme. There was an element of training at team meetings along with discussions about the care and support.

At the last inspection we were told about a new role with a person being employed to review all contracts to ensure staff were working to their full capacity and there was very little down time between visits. They were responsible for the recruitment of new staff. We were told this pilot had been so successful the staff had been promoted to a business management role and had actively recruited new staff and had reduced

agency costs by 70%. This was celebrated by the senior management team. Since the last inspection the member of staff now had the additional responsibility of supervising and supporting casual workers that were on the bank and not allocated to project coordinator. This showed that the service was creative in developing new roles and reducing risks such as lack of staffing and enabled project managers to focus on care.

We saw that the registered provider had a comprehensive quality assurance framework in place. This was linked to each domain of the CQC's regulations. Checks were completed on people's care plans and risk assessments, medicine support, staff files and training and ensuring suitable and appropriate safeguards were in place in each area. These linked with the way the CQC inspected services looking at whether the service was safe, effective, caring, responsive and well led. People were asked about the quality of the service and whether there were any concerns during these checks. In addition, staff's knowledge was checked in relation to key policies such as their understanding and role in safeguarding vulnerable adults.

At this inspection we saw the service had recruited another member of staff to review and monitor the electronic monitoring of visits to ensure that these had put inputted correctly and visits had not been missed. The assistant director of operations praised this member of staff because of their ability to monitor the system, which meant the funding authority had the right data and the Trust could be paid the correct amount for each visit. This member of staff worked closely with another administrator who then covered any gaps contacting the bank or agency as needed. It was evident there was a good working relationship between the administrative staff and the management team. Staff told us the management team were flexible and would support when needed in providing care. This included project co-ordinators, project managers and the senior management team. The assistant director told us that they helped to ensure all visits were covered during the earlier part of the year's adverse weather conditions to ensure a person received their care. It was evident that there was a team that worked together to meet the needs of the people they supported.

Milestones Trust as an organisation was accredited to a number of organisations including Mindful Employer, Well-being Work Place Charter, Disability Confident Employer and the National Association for Safety and Health in Care services and The Health Charter. The organisation was also members of Care and Support West (CSW). Some staff within the team had been nominated for awards this year and in the past. This year a member of staff had won an award for a project they had managed. The blog from the event stated 'X (name of manager) has demonstrated the very best of what care can do and the difference it can make to people's lives. Without her, a Service User would be living a very different kind of life: she has led her team in extremely difficult circumstances and can be very proud of her work'. Milestones Trust also offered their own 'Extra Mile' awards to staff of which a number of staff had successfully won because of the support they had put in place for people. Team meetings included opportunities to talk about their successes called the 'Time to Shine'.

There were working groups that looked at themes across the whole trust that the senior management team were part of. This included health and safety, safeguarding and clinical governance. These were used to make improvements across the trust and enabled learning to be shared from incidents and accidents and near misses. The registered manager and staff were part of a number of networks they told us were very useful in keeping themselves and staff up to date. This included a forum for registered managers, a positive behaviour management network and a care provider forum organised by the local Council. These were attended by different managers and learning shared from these groups with the individual services.

There were also groups that people that used the service could join such as the service user council. This was a trust wide initiative and looked at a variety of areas that affected the Trust as a whole. People who

were supported by Milestones Support Living Service and people who lived in the residential services were able to participate in discussions about staff changes in the organisation, the mission statement and key policies and procedures. They were also able to make suggestions such as organising social events. These were organised every two months with minutes circulated to people who used the services of the Trust. People views were also sought via surveys, care reviews and tenant meetings. The service had also organised a meeting for people and their families to discuss the Mental Capacity Act and advocacy services in respect to the recent friends and family survey.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.