Milestones Trust

# Court View

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| 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

Court view is registered to provide accommodation and personal care for up to five people. There were three people living at the service when we inspected. People who live at the home have a learning disability.

At the last inspection in November 2016, the service was rated 'Requires Improvement'. At this inspection we found that the service was 'Good'. At our last inspection, we asked the provider to take action to make improvements to the way medicines were managed and keeping better records. At this inspection we checked to see if the provider had made the necessary improvements. We found that improvements had been made.

The service had a registered manager. 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 using the service told us they felt safe living at Court View. People were kept safe from avoidable harm because the staff team understood their responsibilities. They knew what to look out for if they suspected that someone was at risk of harm and knew who to report their concerns too. The risks associated people's care and support had been assessed and reviewed.

The insufficient information from the provider meant we could not confirm that all the recruitment processes were in place to make sure only suitable people worked at the service. The appropriate numbers of staff were available to support the person living there but risk to people and staff needed further assessments when only one staff member was in the home.

Processes were in place to make sure that when people needed support with their medicines, this was carried out in a safe way.

The staff team were appropriately trained and were supported by the management team through supervisions, appraisals and staff meetings.

Not all safety checks such as water temperatures, keeping cupboards with hazard substances locked or monthly audits were being carried out as required.

Staff were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected. People using the service had access to relevant healthcare services and were supported to attend appointments when required.

People had been involved in developing menus to include their own likes and preferred choices. Their dietary requirements had been identified and they were supported to follow a healthy and balanced diet.

Independence was promoted and people using the service were supported to make choices about their care and support on a daily basis. They were supported by staff in a kind and caring way and their dignity was respected. A relative supported this view.

A plan of care had been developed with people and with staff who knew them well. The staff team knew the needs of the people they were supporting because the necessary information was included within their plan of care.

People using the service were regularly reminded of what to do if they had a concern of any kind. Staff members felt supported by the management team and told us there was always someone available to talk with should they need guidance or support.

The views of the person using the service were sought. This was through informal chats and meetings. Systems were in place to monitor the quality of the service being provided and a business continuity plan was available to be used in the event of an emergency or untoward event.

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?

**Requires Improvement**

The service was not consistently safe.

Staff had attended safeguarding training and, had an understanding of abuse and how to reduce risks to people's welfare.

People's medicines were managed safely

There were enough staff to meet and support people's needs. The risk assessment for when staff worked on their own in the home had not been done.

Not all pre-employment checks were satisfactorily provided to the registered manager to help ensure suitable staff were employed.

People did not always live in a safe environment because not all the basic safety checks were up to date.

### Is the service effective?

**Good**

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a record of staff training requirements and arranged a variety of courses to meet their needs. Training changed as people's needs changed.

Staff were provided with effective supervision and support.

Staff worked well with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink that met their needs and preferences.

### Is the service caring?

**Good**

The service was caring.

Staff were kind and caring and gave person-centred care.

Staff promoted people's privacy and dignity.

Staff encouraged people to maintain and develop their independence and make choices about their lives.

## Is the service responsive?

Good

The service was responsive.

Information about people was updated so that staff only provided care and support people needed.

People were asked what they thought of the care and were encouraged to raise any issues they were unhappy about.

People were encouraged to participate in activities which they choose to do.

People and their relatives were given information on how to raise concerns and complaints.

## Is the service well-led?

Good

The service was well-led.

There was a transparent and open culture within the staff team.

People benefited from a well organised home with clear lines of accountability and responsibility within the staff team.

Staff found the registered manager was approachable and that they were encouraged to discuss any issues or concerns.

The provider encouraged people and their relatives to express their views about the service and the provider was open to suggestions for improvement.

There were service audits in place to make sure areas for improvement were identified and addressed in a timely way.

# Court View

**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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 December 2017 and it was unannounced. The inspection team consisted of two inspectors and at the time of the inspection there were three people living at Court View.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with three people who were using the service and a relative. We spoke with three staff members; which included two support workers and the registered manager. We contacted health care professionals, commissioners and members of the local authority safeguarding team. We reviewed three people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service; which included medicine records and safety records.

Requires Improvement

# Is the service safe?

## Our findings

To gain entry we had to ring the doorbell and wait for staff to open the door for us. Throughout our inspection the front door remained locked. There was a calm, friendly atmosphere and people communicated freely with us and the staff. We asked two people if they felt safe living at Court View. One person confirmed they did. The second smiled and told us, "It's very nice".

Information and guidance on how to report concerns, together with the relevant contact numbers, were displayed in the home and accessible to staff. Staff completed safeguarding training as part of their induction and on-going training programme. Staff knew about the different types of abuse to look for and what action to take when abuse was suspected. They told us they would report any concerns they had about a person's safety or welfare to the registered manager or 'on call manager'. Staff knew about 'whistle blowing' to alert management to poor practice. Staff knew they could report directly to the local authority, the Care Quality Commission (CQC) or the Police.

Our records showed that we had been notified of the safeguarding referrals raised by the registered manager and staff in the 12 months since our last visit. The registered manager contacted the safeguarding team even if no action needed to be taken and the team confirmed they had received the referrals. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Financial procedures were in place and followed by staff to safeguard people's monies. These included regular checks to ensure balances were correct and reconciliation to ensure expenditure was accurately recorded and, that money had been spent appropriately and in accordance with the person's individual finance plan. Individual inventories had been completed to ensure people's possessions were kept safe.

There were comprehensive individual risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to keep people safe from harm when carrying out domestic activities such as cooking, for people to use community leisure facilities safely and when care and support was given. Risk assessments contained clear guidance for staff and detailed the staff training and skills required to safely support the person. Staff we spoke with had a good working knowledge of risk assessment and measures to be taken to keep people safe. Assessments and management plans were regularly reviewed with the involvement of relevant professionals.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. However not all the staff were up to date on their first aid training, the registered manager had identified this before our inspection and had arranged some interim training for these staff. To help protect people from discrimination the accident and incidents forms contained a box to confirm whether it was a racist incident.
Regular checks were carried out to help ensure that both the environment and the equipment used were well maintained to keep people safe. Risks relating to the safety of the environment and equipment were

identified and managed. Regular fire alarm tests and fire drills took place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical installation and fire safety certificates were up to date. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Plans were in place to keep people safe in the event of emergencies. These set out the level of support the person would need if the building needed to be evacuated. We saw that very detailed personal emergency evacuation plans had been prepared for each person.

Not all the equipment used by the service had been safety checked. The registered manager showed us an invoice where only some of the annual personal electrical tests had been done this year. The bath was regularly used by one person but the water temperature checks were not being carried out daily. The records showed that the generic health and safety checks for last month had not been done. The risk to the health and safety of people in this home could be reduced.

At our inspection in November 2016 we noted the driveway at the front of the property was potentially dangerous because of the uneven surface. We reported this could pose a trip hazard. The provider had taken the action they identified in their action plan. The driveway had been resurfaced and was now safe.

People were supported by sufficient numbers of staff to meet their needs. On each day a minimum of one member of staff was available to provide care and support to people, a second staff member provided care and support during the middle part of the day, with one staff member sleeping in at the home overnight. The registered manager and staff told us additional staff were made available for planned activities.

The service had a stable staff team and made use of bank staff to ensure staffing levels were maintained. We saw that people were able to receive care and support from staff when needed. Staff said there were enough staff to safely provide care and support to people. There was a 'lone working' policy for staff but there was little evidence that all the potential risks and the actions required to minimise the risk had been assessed. We spoke with the registered manager about the level of detail in the 'lone working' policy who said they would review the risk with involvement from a senior manager. Following our inspection we were informed that the policy had been reviewed.

We were unable to see the staff recruitment files because they were kept at the service's headquarters (HQ). The registered manager had a form from HQ listing the recruitment information that had been collected on a recently employed member of staff. However the form did not clarify whether gaps in employment had been discussed, confirmation that the rehabilitation of offenders section had been signed or proof of identity and a recent photograph of the employee. Following this inspection the registered manager informed us they had liaised with their Human Resources Department for the information which was not on the summary sheet and they will let us know as soon as it's been received.

At our November 2016 inspection we found people's medicines were not safely managed. During that inspection, we identified shortfalls regarding the recording of medicines administration.

At this inspection we found the provider had taken action as detailed in the action plan they had submitted. We found significant improvements had been made and people were kept safe from the risks involved in the management of medicines.

There were clear policies and procedures for the safe handling and administration of medicines. The Trust had implemented an update policy in March 2017. The home had developed and introduced its own

protocol which staff said had reduced the likelihood of errors or staff forgetting to sign for medicines. The medicine administration records had been completed thoroughly. Guidance was in place for staff, which described the action to be taken to keep people safe if an error in the administration of medicines occurred.

Medicines were securely stored and records of administration were kept. Staff had received training in administering medicines. Following this training the registered manager assessed the ability of staff and signed them off as competent to safely administer medicines. Guidance for staff on how and when to administer 'as required' medicines was clear.

The accommodation was safe, clean, well maintained, odour free and appropriate for people's needs. The shower room on the ground floor was well equipped with new flooring, grab rails, fitted to improve people's safety. Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. They had a good understanding of how to prevent infection and control its spread. Cleaning materials were not always stored securely to ensure people's safety. We found the cupboard in the shower room which stored hazardous substances, unlocked.

Good

# Is the service effective?

## Our findings

People's needs had been assessed and support plans were in place to guide staff on how to meet them. During our visit we saw staff were attentive and provided the care and support people required when they needed it. People using the service had a variety of individual needs which included; communication and mobility difficulties and the need for support to manage anxiety and distress. Staff were skilled at meeting these needs and ensured people received the care and support detailed in their support plans.

People were able to access their kitchen when they wanted and chose what they wanted to eat and drink. Menus were planned with the involvement of people. These were varied and included a range of choices throughout the week. We saw the home had been given a five star rating by the food standards agency.

People were encouraged to participate in the preparation of food and involved in shopping for food. Other professionals, including a dietician and a speech and language therapist, had been involved in supporting people with their dietary needs. People's food and fluid intake was monitored to make sure they had enough to eat and drink. One person had been identified as at risk of malnutrition when they moved into the home. A detailed plan to assist them to gain weight had been drawn up. This had proven to be very successful and they were close to achieving their target weight. Another person had been assessed as being at high risk of choking. A clear plan was in place to ensure they received sufficient food and fluids in a way that minimised this risk.

We reviewed the training matrix that showed staff were provided with and completed mandatory and specialist training. For example; first aid, moving and handling, fire safety, nutrition. Training provided helped to develop and maintain the staff's skills. To protect people from discrimination the accident and incidents forms contained a box to confirm whether a racist incident had occurred. However, the staff had not had been trained in equality and diversity as required by the provider's policy on equality and diversity. We also found that some staff had not completed training in moving and handling loads, the registered manager had identified this before our inspection and arranged some interim training for staff.

New staff complete a period of induction and we were shown one still being completed, which also included training to help meet the individual needs of people. For instance training included; management of epilepsy and positive behaviour support. Staff received regular supervision and had an annual appraisal, which assisted the registered manager and staff to discuss any performance issues or training needs.

Temporary staff, who worked when needed, or from an agency, were given detailed information to ensure they understood their role and gave the right support to people in the home. There was a folder for temporary staff to access which included people's photographs, a brief outline of people as individuals, some samples of basic signs for people who did not use verbal communication and what to do in the event of a range of emergencies.

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed

communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle and manage health conditions. These included plans for people to manage epilepsy and mental health difficulties.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

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 their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on MCA and DoLS. Care and support plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding. The level of detail in these assessments showed the registered manager and staff had a good understanding of the principles of the MCA.

The physical environment was of a high standard and met people's needs. The home had a maintenance contract and the registered manager described the future plans for decorating the home. We found there was level access to most areas. In response to one person's physical needs the bathroom refurbishment included more grab rails and more rails had been fitted in the corridor. People's bedrooms were personalised and decorated to people's individual taste.  One person showed us their room and was clearly proud of it. When necessary repairs were identified, these were acted upon. The service had outdoor space for people to sit and enjoy the garden. Some aids and adaptations were in place to alert one person with limited hearing to the fire alarm and when someone rang the bell to their room. One person had been supported to purchase and learn to operate a mobility scooter when using community social and leisure facilities.

Good

# Is the service caring?

## Our findings

Although people were not able to explain to us how caring the service was, throughout our visit we saw staff were friendly, kind and discreet when providing care and support. Staff clearly knew people well and treated them with respect. They were able to tell us about people's interests and individual preferences. People responded positively to staff which showed they felt comfortable with them.

We observed a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. Staff spoke about people in a positive manner. They stressed people's talents and demonstrated they valued them as individuals. Daily recordings were written using positive language which further demonstrated staff valued people as individuals.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. Staff said they felt it important to help people to keep in touch with their families and friends. People who did not have any direct involvement from family members were supported to access advocacy services. One relative told us, "The staff at Court View are also incredibly supportive in helping (Person's name) and I keep in contact and keep me up to date with what is happening in his life. It means that when I visit I have lots to chat to him about. I visited the other week and he was waiting to open the front door to me to proudly show me his new cardigan which he had chosen himself.  It really suited him and he had lots of positive complements from the staff".

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met.

People's independence was promoted. People's care plans documented the assistance they required but also reinforced the things they could do for themselves. People's preference in relation to support with personal care was clearly recorded. This included how they wished to be supported in bathing and showering. Individual morning and evening care routines were in place and staff were knowledgeable about these.

Throughout our inspection we noted the relaxed and homely atmosphere at the service. Communal areas were spacious and nicely decorated. People's own rooms were highly individual. One person who had moved to the home three months before our visit had brought with them some of their own furniture and possessions. It was clear that staff saw Court View as people's own home and supported them to live in an environment that promoted their dignity and respect and personal tastes and preferences.

Good

# Is the service responsive?

## Our findings

The service provided was person centred. It was flexible and responsive to people's individual needs and preferences and enabled people to live a full and active life.

Each person had detailed care and support plans in place that identified how their assessed needs were to be met. Plans included information on their background, hobbies and interests and likes and dislikes. These plans had been developed using a range of person centred planning. Person centred planning tools are methods that help people and staff think about how they want to plan their life, met their needs and identify and achieve their goals.

For example, a one page profile was in place for each person which gave a summary of how people needed and wanted to be supported. A communication profile had been developed that detailed people's individual communication requirements. Detailed routines that underpinned how people were to be supported had also been drawn. These had all been regularly reviewed and provided a good overview of people's needs. Detailed care and support plans were in place to ensure each person's specific needs were met. With one person there was a clear focus on regaining their independence following a recent health concern that led to their recent admission to the home. For people who were settled in the home, their plans focussed on maintaining their health and providing a continued high level of activities.

The person who moved to the home three months before our visit had seen their self-confidence increase, appetite improve resulting in gaining weight and, their mobility and communication skills improve. This person proudly showed us photographs and videos of their achievements on their touch screen computer. A relative of theirs said, "(Person's name) had always lived at home with his mother and hardly ever spoke and was not very sociable. He was not very confident at all. The transformation has been absolutely extraordinary. The staff have been very patient, unfailingly positive and extraordinarily kind. They are obviously very well trained and very experienced and really think about how best to support him. His level of independence has increased beyond all recognition. He now showers himself and is very involved in the day to day life of the bungalow". Staff told us they were very proud of this person's achievements. Another person needed a lot of activities both at home and outside of the house. Staff told us this was a key factor in the person being able to manage their anxiety and distress. The third person enjoyed their privacy and spending time alone. We saw this was carefully managed by staff to ensure they received the care and support they needed.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. There were written records of the handover so staff could keep up to date if they had been off for a few days.

Care had been taken to record any information relevant to people becoming unwell or in the event of their

death. People had 'pain profiles' in place. These detailed how people with limited verbal communication would communicate they were in place and, described the action staff should then take. We saw one person had in place a detailed plan of their wishes following their death. The registered manager told us they intended to support the two other people to develop a similar plan.
Staff we spoke with said they felt the care people received was good and, when asked, said they would be happy for a relative of theirs to use the service.

People participated in a range of individual activities based upon their hobbies and interests and, likes and dislikes. These were carefully planned and included activities both outside and within the home. Staff told us it was important for people to be active and have opportunities to engage in their hobbies and interests. Activities people had taken part in were recorded in people's care records. The service had a vehicle that people could use to engage in trips and activities. In addition to the planned activities people were also supported to go on holidays.

Staff told us people were well known within the local community. They said people regularly used the local cafes and shops and they recognised this helped avoid social isolation.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. The procedure was on display but provided unclear advice. We discussed this with the registered manager who following our inspection reviewed the description contained in the complaints procedure. Complaints received had been managed effectively and action taken as a result. Each person's care plan contained a profile on how they showed if they were unhappy.

There was a confidentiality policy in place for staff to follow. People's personal information was stored securely and computers were password protected in line with the Data Protection Act.

Good

# Is the service well-led?

## Our findings

We found the registered manager and management team were open and transparent. They worked well with us and with the local authority. We saw there was an open door policy in place and feedback about the service was welcomed by the team at any time. The registered manager knew the provider's vision and values and said they were used in the way the service was organised. Values were discussed in supervision and all staff had been issued with a key fob containing a value.

People benefited from receiving a service that was well organised and managed effectively. During our visit we saw there was a person centred culture and a commitment to providing high quality care and support.

People were comfortable with the registered manager and were able to talk to them, or spend time with them, when they wanted. Staff spoke positively about the registered manager and felt the service was well led. They said, "(Registered manager's name) is approachable and works on shift when needed".

The registered manager told us they received support from the provider. This included an area manager who directly supervised them and, specialist staff in human resources, finance, estates management and quality. They told us they were committed to achieving their level five diploma in the leadership and management of health and social care qualification.

People benefited from receiving a service that was continually seeking to improve. The PIR we requested had been completed and submitted on time by the registered manager. It contained relevant information and detail on the improvements the provider planned to introduce. This information helped us to carry out our inspection. The provider had in place an operational plan for next year which was part of the long term plan.

We found quality monitoring checks and audits were in place. These covered areas such as; people's care, medicine records and the environment. Information from the checks and audits undertaken were shared with the provider. We noted that accident and incidents within the service were not being audited. Audits helped the registered manager identify where the risks were within the service and how to keep the risk minimum. We saw the senior management team helped and supported the registered manager; they visited and assessed the service on a regular basis. We confirmed that notifications were submitted to the Care Quality Commission as required by law.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Copies of the most recent report from CQC was on display at the home and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily assess the most current assessments of the provider's performance.

At the end of our inspection feedback was given to the registered manager. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.