Milestones Trust

35 Cranbrook Road

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

35 Cranbrook Road is a residential care home for 5 people with mental health needs. At the last inspection the service was rated Good. At this inspection we found the service remained Good. There was a registered manager in place, however at the time of our inspection they were no longer directly managing the service, having taken up another post within the organisation. There was another manager in day to day charge of the home and the plan was for them to become registered. 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 were safe whilst living at Cranbrook Road. There were sufficient numbers of staff to ensure that people's needs were met. Staffing was flexible in order to meet people's needs. Some people were independent in taking their medicines and staff supported them in this. Other people required staff to administer medicines for them. This was managed safely. Risk assessments were in place to ensure that staff had guidance in the safest ways to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. There was information in people's care plans about their capacity to make decisions. Nobody in the home required a Deprivation of Liberty Safeguards (DoLS) authorisation and so people were free to leave the home as they wished. Staff received good training and support to help them carry out their roles. People had plans in place to support them manage their mental health needs.

Staff were caring and supported people to be independent. Issues relating to equality and diversity were considered in people's care planning. People were able to maintain relationships with their families.

The service was responsive. People's individual needs were met and well described in their care plans. People were able to make complaints and were encouraged to do so. People were independent in following their own interests and activities; however there were opportunities to take part in organised events if people wished to.

The home was well led. Staff were positive about working in the home and felt well supported in their work. There were systems in place to monitor the quality and safety of the home. This included gathering feedback from people in the home.

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

At our last inspection this domain was rated as 'requires improvement'. The service is now rated 'Good'.

People received safe support with their medicines.

There were sufficient staff to ensure people were safe.

Risk assessments were in place to guide staff in providing safe support for people.

Staff were trained in safeguarding vulnerable adults.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remained Good.

35 Cranbrook Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 an updated rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 6 June 2017 and was unannounced.

The inspection was carried out by one Adult Social Care inspector. Prior to the inspection we reviewed all information available to us, including notifications. Notifications are information about specific events the provider is required to send us by law.
As part of the inspection we spoke with three people using the service. Two other people declined to speak with us. We spoke in detail with two support staff and the manager. We reviewed support plans for two people. We reviewed other documents relating to the running of the home such as staff and training records, quality monitoring information and audits.

Good

Is the service safe?

Our findings

The service was safe. We didn't receive any comments from people relating to how safe they felt however it was evident from our observations that people were settled and content and were proactive in seeking staff when they wished to discuss anything.

At our last inspection, the service was rated as 'requires improvement' because the placement of some furniture presented a risk to people because it blocked fire escape routes. This had been addressed. Some areas of the home did have some clutter but this didn't present a risk as it was not blocking fire escape routes.

There were sufficient numbers of staff to ensure that people's needs were met. The needs of people in the home and their levels of independence meant that there were times during the day and overnight when one staff was present. Staff told us that this was manageable and safe and that they were always able to contact a senior member of staff on call if necessary. There was also another home within the organisation situated close by which gave further options for support if needed. Staff worked flexibly across both homes. During the day, staffing levels were flexible according to people's needs.

People received safe support with their medicines. Some people in the home had been assessed as being able to manage their own medicines. An assessment had been carried out with the person to ensure they understood all the implications of being responsible for their own medicines. For these people, staff supported them to put their medicines in to a monitored dosage system (MDS). The MDS alerted the person to when their medicine was due to be taken. The manager told us that spot checks were carried out to ensure people were taking their medicines as prescribed. The manager was aware that ideally medicines should be taken from their original packaging to reduce the risks of errors occurring or medicines being altered in any way. They told us that this had been identified by a recent pharmacy audit and they would be looking at ways of to move towards this in the future. The manager told us they would be looking at this in collaboration with the people they support so that medicines were provided in the best way for the people they supported.

People's medicines were stored in their own rooms and any additional stock was stored securely in the office. We checked the stock level of two medicines and these were correct according to the home's records. For those people whom staff supported by administering medicines, Medicine Administration Records (MAR) sheets were used. From the sample we viewed, these were completed without any errors or omissions. Some people took PRN or 'as required' medicines. There were protocols in place to guide staff on when these should be offered, the dosage required and minimum time between doses. The manager told us there had been some errors over the past few months in relation to medicine administration; however they were looking at ways to reduce this. Part of their strategy was to discuss medicine errors with the staff team and any 'near misses' to look at ways of preventing a reoccurrence.

Staff received training in safeguarding vulnerable adults and knew how to recognise and report any signs of abuse. Staff were aware of where to find policies and procedures if they needed to refer to them. Staff were

also aware of the procedures to follow if they were concerned about bad practice within the organisation. For example, staff identified agencies such as the police, social service and CQC who they could approach. The whistleblowing policy was on display in the home so anyone who required it had easy access to the information they required.

Risk assessments were in place to support staff in providing safe care. The measure required to keep people safe were clearly identified. For example, one person was taking a medicine that had an associated risk of a serious health condition. The risk assessment clearly identified the symptoms that staff should look for and what they should do if concerned. Another person had a risk assessment in place in relation to previously making threats of behaviour that would be harmful to others. Clear guidance was in place to describe the steps staff should take in the event of any threats being made.

Any incidents and accidents in the home were recorded and logged. This gave opportunity to identify any trends with the kinds of incidents happening. The form used to log information identified what action was required to prevent reoccurrence. For example, there was one incident relating to a person smoking in the house. The manager managed the incident by discussing the home's smoking policy and having somebody from the fire service attending the home to discuss fire safety. This demonstrated a proactive approach to addressing incidents and ensuring people were safe.

There were suitable checks in place when new staff were recruited to work in the home. This included undertaking a Disclosure and Barring Service (DBS) check. This is a check that highlights any person who is barred from working with vulnerable adults and whether they have any other convictions that affect their suitability for the role.

We found that the home was generally kept clean, although some areas of the home did require updating. For example in one of the bathrooms, lino needed replacing. The manager told us they had plans to improve the decoration of the home but this would need to be agreed and discussed with senior staff within the organisation.

Good

Is the service effective?

Our findings

The service was effective. People had a 'Wellness Recovery Action Plan' in place to support people to manage their mental health. This provided a framework to support people to stay well and to manage any distressing symptoms associated with their mental health.

There were clear plans in place to guide staff in managing any behaviours that might be harmful to others in the home. There was a specialist within the organisation who was able to support staff with this aspect of people's support. Where people had a behaviour support plan in place, it was clear that the person concerned had been involved in developing it. The plan described what circumstances might trigger the person's behaviour and how it could be prevented.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
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 were being met.

There wasn't anybody in the home who had a Deprivation of Liberty Safeguards (DoLS) authorisation in place. However, we saw that people's ability to consent to their care arrangements was considered in their care planning. There was a statement contained in people's files about their ability to make decisions and what support they might require. For example, one person could present with anxiety and become distressed in which case, decision making should be deferred. Consideration had also been given to what information about their care and treatment, people were happy to be shared with their families.

People were able to prepare some of their meals independently; however the evening meal was prepared by staff. People confirmed they were involved in menu planning and in ordering the weekly food online. Some people had identified needs around their diet. It was described in their support plan that one person wished to have support to manage their diet by reducing their sugar intake.

Professionals involved in people's care were listed in their support files. Information was also given about the ways in which people wished to be supported when attending health appointments. For example, one person was able to attend GP appointments by themself but requested staff support when attending appointments at the hospital with their consultant.

Staff received good training and support to help them carry out their roles effectively. Staff were positive

about the training opportunities and told us important information was updated regularly. One member of staff told us how they appreciated how their particular skills had been recognised and developed. During their initial induction to the service staff had chance to shadow other members of staff before working independently. Staff also told us they had opportunity to discuss individual's needs with the person's keyworker so that they were aware of important information about them.

Staff told us they had regular supervision. This is an opportunity to meet with a senior member of staff in order to discuss any issues and to look at any support required with professional development.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. We observed throughout the inspection that staff were respectful in their interactions. People actively sought staff to discuss issues and chat generally. One person commented, "It's a wonderful place".

It was evident that people were involved in planning their own care. People signed a form to say they agreed to take part in developing a 'personal programme' whilst they were living at the home to describe how they wanted to be supported and the goals they were working towards. It was clear from people's support plans that in depth conversations had taken place about their needs and wishes and how they wanted to be supported.

People's independence was promoted and encouraged. For example, during our inspection we saw one person prepare a midday meal for themself and for another person. Staff supported this by helping the person gather all the items they needed. We saw people access the kitchen independently throughout the day to prepare drinks and snacks. In one person's plan it described how they wanted to live independently in their own flat in the future. As part of their plan to achieve this, staff were supporting the individual to keep their room clean and tidy.

Issues relating to equality and diversity were considered in people's care planning. One person had expressed a wish to attend LGBT groups and it was acknowledged in the person's care plan that they wished to have staff support with this. Some people also had particular religious beliefs or backgrounds and this was recognised in their support plans. When we spoke with staff, they were knowledgeable about this area of people's lives and told us about how they supported people. For example, one person had a family history associated with a particular faith. Staff were aware that the person wasn't actively attending a place of worship but had supported the person to cook meals and recipes associated with their faith.

People were able to maintain relationships with important people in their lives. For those that had family locally, relatives visited regularly. For others whose families were further away, trips to visit them were arranged. People were also supported to maintain phone contact.

The home was supported by volunteers and this helped people interact with the local community. During our inspection a volunteer attended the home to support a person to go out. We heard discussions about where the individual wanted to go and what they would do. It was clear that the individual concerned was happy to be going out with the volunteer. Staff told us that people really benefitted from having volunteers come to the home. Throughout the inspection we saw people come and go from the home as they pleased, so that they could use the local shops and facilities as they wished.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Staff were knowledgeable about people and their needs. Care plans were person centred and reflected people's life histories and their preferences for how they wished to be supported. Information about people's lives prior to coming to the home were described and this helped staff understand people as individuals with their own unique needs. One person had expressed a wish to visit locations associated with their youth and it was identified that staff would support them with this. Staff were also supporting the person to cook meals associated with their faith.

Care files contained a personal profile about the person that summarised the support they would like. For example, for one person they had expressed they wanted staff to respect their wish for solitude if they were feeling low. There was also information about what a 'good day' and a 'bad day' might look like for a person and this made reference to symptoms associated with people's mental health conditions. Overall this information gave staff a clear picture about the people they supported.

There was a keyworker system in place. A keyworker is a member of staff with particular responsibility for the person they are allocated to support. This included ensuring support plans were up to date and having regular contact with the person to check on their wellbeing.

People in the home were independent in many areas of their lives and so able to follow their own interests. However there were opportunities to take part in organised activities. On one day a week there was a walking group taking place. This gave people opportunity to socialise if they wished with people from another home nearby. One person had a keen interest in art and spoke to us about their work they had on display in their room. It was clear they were able to follow this interest freely as there were numerous art related items in their room and the person received art magazines at the home. Staff told us this person was supported to visit art galleries and had taken part in art festivals in the past.

There was a complaints process in place and people were actively encouraged to make their concerns known. Staff spoke positively about the number of concerns raised by one individual as it demonstrated that they were able and willing to report any issues. One person had a plan in place around making complaints as they had raised a number of concerns about the conduct of staff. The plan made clear that any serious allegations would always be investigated in order to safeguard people in the home. This demonstrated an open and transparent approach to managing complaints. Staff also told us they'd made people aware of advocacy. Advocacy services provide and independent person to listen people's view and help ensure they are heard.

We saw examples of complaints that had been recorded and responded to. It was clear from the records that any concerns were responded to appropriately. For example, one person had raised a concern about the light in their room. This had been responded to and the light fixed promptly. There was information about making a complaint and about advocacy services available on display in the home for people to view to support them in raising concerns.

Good

Is the service well-led?

Our findings

The service was well led. There was a registered manager in place, however at the time of our inspection they were no longer directly managing the service, having taken up another post within the organisation. There was another manager in day to day charge of the home and the plan was for them to become registered. The manager was responsible for two homes within the organisation and was supported in their role by two assistant team leaders.

The manager told us they'd received good support within the organisation when taking on the role of manager. They'd been given a mentor to support them and also attended monthly manager's meetings. This enabled manager's within the organisation to share information and best practice. The manager also had monthly meetings with the assistant team leaders to discuss operational issues.

Staff were positive about working in the home and felt they worked well together as a team. Staff told us they felt their skills were acknowledged and developed. The manager told us about how they were supporting staff to develop. For example by giving them responsibilities such as supervising volunteers with a view to developing their managerial skills. Staff told us communication was good amongst the team and they had regular meetings and handovers to share information. One member of staff commented that "everyone works well together".

There were systems in place to monitor the quality and safety of the home. This included gathering feedback from people who used the service. People were able to attend meetings as a means of voicing their views and opinions. Staff told us that for those people who chose not to attend, they would speak with them individually about what was discussed at the meeting. People were also given opportunity to give their views and opinions through taking part in a survey. In addition to this, the manager completed a self assessment of the home's performance. This was aligned with the five domains that are inspected by the Care Quality Commission. The manager also told us that a pharmacy audit had recently been carried out and this had identified an issue around how medicines were dispensed for people administering their own medicines. The manager had a plan in place to address this issue.

The manager had further ideas for improving and developing the service. This included creating a shared document that all staff could access detailing people's training. The manager hoped that this would encourage staff to take greater responsibility for their own learning and development; they told us that so far this had worked well. There was an open and transparent culture in the home. People were actively encouraged to make complaints if they needed to and to raise concerns and they could be assured these concerns would be listened to. The manager also told us that there had been a number of medication errors recently. As part of the plan to address this, the manager operated a 'no blame' culture so that staff could be confident about discussing any errors without fear of recrimination. Any errors or near misses were discussed amongst the staff team to identify strategies to reduce the risk of recurrence.