

Milestones Trust

45 Mayfield Park North

Inspection report

Fishponds
Bristol
BS16 3NH

Tel: 01179583869

Website: www.milestonetrust.org.uk

Date of inspection visit:
09 August 2017

Date of publication:
07 September 2017

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

The inspection took place on 9 August 2017 and was unannounced. The home provides accommodation and support for people with mental health needs. There were four people living at the home at the time of our inspection.

There was a registered manager in place. 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.

At our last inspection in March 2015 the service was rated Good. At this inspection, the service remained Good.

There were some difficulties at the time of our inspection with relationships and dynamics between people living at the home. This had led to people reporting they didn't always feel safe. However the registered manager was aware of this and working with other professionals to manage the situation and ensure that people were safe.

People received safe support with their medicines. Those people who were managing their own medicines had undergone an assessment to ensure they were safe to do so.

At the time of our visit there were two permanent members of staff in post; a number of staff had recently left their posts for various reasons. Recruitment was under way and the registered manager was using consistent bank staff and agency staff to cover the necessary shifts. Staff who were lone working were able to contact senior staff on call if they needed to.

Staff told us they were well supported with training and supervision to enable them to carry out their roles effectively. Training included safeguarding, medicines and equality and diversity.

There was nobody in the home with a DoLS authorisation in place; we observed how people went out as they pleased. Staff were aware of the principles of the Mental Capacity Act and gave examples of how they put it in to practice.

There were clear plans in place to support people's mental health needs and these were reviewed regularly to ensure they were reflective of people's current needs.

People were supported by staff who were kind and caring and treated people respectfully. People's independence was encouraged and supported. People were able to be involved in planning their own care and running of the service.

People were able to complain and make their views known if they needed to. There was a process in place and we viewed examples of complaints that had been investigated and responded to.

Staff were positive about the support they received from the registered manager and felt able to raise their concerns when necessary.

There were effective systems in place to manage the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

At our last inspection, the service was requires improvement. At this inspection we found the service was Good.

Support plans were in place and updated regularly.

People could make a complaint if they wanted to.

Is the service well-led?

Good ●

The service remained Good.

45 Mayfield Park North

Detailed findings

Background to this inspection

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

Prior to our inspection we looked at all information available to us, including notifications. Notifications are information about specific events, the service are legally obliged to inform us of.

The inspection was carried out by one Inspector of Adult Social Care. As part of our inspection, we spoke with three people living at the home. We spoke with the registered manager and three other members of staff (two of which were bank or agency staff). We reviewed support files for two people and the records for the two permanent members of staff working at the home. We looked at other records relating to the running of the home such as quality monitoring information, audits and complaints.

Is the service safe?

Our findings

People told us they didn't always feel safe living at the home. However, people said this was due to the dynamics and relationships between people living there. The registered manager was aware of a current difficult situation regarding behaviour that unsettled people, and was working with other professionals to ensure the wellbeing of all concerned. Where required, people had a plan in place to manage challenging behaviour; this was clear and gave specific guidance about how to support the person. It had been produced with input from specialist staff within the organisation. The registered manager was aware that if the situation didn't improve and people continued to feel concerned, then further action might be necessary.

People raised no concerns about how safe they felt with staff and were positive in their comments about how staff supported them.

People received safe support with their medicines. Two people had been assessed as being safe to manage their own medicines. A comprehensive assessment was in place to ensure that these two people understood the risks associated with their medicines and why they were taking them. All medicines were stored securely and those people managing their own medicines, collected their medicines on a weekly basis. They signed to say they'd received their blister pack prepared by the pharmacy. For those people who were supported to manage their medicines, these were recorded on Medicine Administration Record (MAR) charts. The charts we viewed were accurately completed. Regular stock checks were undertaken to help identify any errors that had occurred. We checked the stock levels of three medicines and these were correct according to the home's own records.

Staff were confident and knowledgeable about safeguarding vulnerable adults from abuse. Staff received training and knew how to report their concerns. Staff gave example of when they had reported issues of concern and told us these had been suitably responded to by the registered manager. Staff were able to give examples of agencies they could contact outside of the organisation if they needed to, such as the Care Quality Commission.

There were risk assessments in place to guide staff in providing safe support for people. These supported people to live their lives as they wished without placing unnecessary restrictions on them. For example, for one person there was a risk assessment in place regarding their alcohol consumption. This supported the person to continue drinking alcohol in as healthy a way as possible. We also noted there was guidance in place to support people to evacuate the building in an emergency.

Any incidents and accidents that took place in the home were recorded and reviewed by the registered manager. It was evident that following incidents, appropriate follow up action was taken. In one example, we saw that a health related incident was followed up with referrals to relevant health professionals.

Due to the size of the home, staff were often lone working on shift. Staff told us that this was manageable and that they had support in place if it was required. There a senior member of staff on call 24 hours a day to

support with any urgent issues arising. Staff were also aware they could call on support from other services within the organisation if necessary.

The registered manager told us that at the time of the visit a number of permanent staff had left in quick succession, for varying reasons. This had led to some difficulties with staffing and there had been a reliance on bank and agency staff to cover shifts. Staff reported no significant problems resulting from this, however did tell us that the people in the home benefitted from a consistent staff team. The registered manager told us they were using regular staff from agencies to manage the situation as well as possible. Recruitment to vacant posts was in progress.

There had been no new staff recruited since our previous inspection, however the organisation had a policy in place to ensure that a Disclosure and Barring Service (DBS) check would be carried out and references sought. A DBS check identifies those people who are barred from working with vulnerable adults and highlights whether they have any convictions that would mean they were unsuitable for the role.

Checks on the premises took place to ensure people's safety, for example checks of fire equipment were carried out regularly.

Is the service effective?

Our findings

The service was effective. How people should be supported with their mental health needs was well described in their support files. People had a Wellness Recovery Action Plan in place (WRAP). This was a tool to support people in managing their own mental health through identifying what they needed to do on a daily basis to maintain their health. The plan included a description of the signs that a person's mental health might be deteriorating and any particular situations that might be difficult for the person to cope with. It also described the action that should be taken if the person experienced a mental health crisis and who the person wanted to be involved in their support at any such time. People also used the 'Recovery Star' model of support planning to identify the goals they wanted to achieve in their lives and how they would do this.

At the time of our visit, there was nobody receiving support who required a Deprivation of Liberty Safeguards authorisation (DoLS). DoLS provides a framework to protect the rights of people who need to be deprived of their liberty in order to receive safe care and treatment. Staff were aware of the Mental Capacity Act 2005 (MCA) and how this might impact on their work. 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 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. Staff told us for example, it was important to give people choices in their daily lives. Staff also told us that people were free to go out if they wished and often did do. Some people preferred to have support from staff when they went out and this was accommodated. We saw one person went out during our visit and staff went with them to support them to resolve a financial issue they were experiencing.

If people had particular physical health needs, there was guidance in place to describe how these should be met. One person had a particular medical device in place with a support plan to describe how it should be used and cared for.

People were supported with their nutrition to maintain their physical health. If there were concerns about a person's weight, or nutritional intake, this was discussed and addressed with the person's GP. One person had experienced weight loss and it was clear this had been discussed with relevant professionals and a plan was in place to support them. This included nutritional supplements. Staff were aware of how they should support this person by encouraging healthy meals and snacks; this was outlined in the person's support plan. A regular risk assessment was undertaken to monitor the person's nutritional status and identify when further action might be required.

Staff were positive about the training and supervision they received. Staff said the training programme gave them the skills they needed to carry out their roles. Where required, training was provided specific to the needs of people living in the home. For example staff had recently undertaken Positive Behaviour Support (PBS) training to support them in managing the needs of people currently in the home. Staff also told us they received regular supervision. Supervision is a one to one meeting between a member of staff and their

line manager to discuss their performance and development needs. It was evident from staff files that they had opportunity to meet with the registered manager on a regular basis. Staff also had a Performance and Development Review in place to discuss their performance over the year and any development needs they had for the following year.

Due to the current staffing situation there was a reliance on agency staff to cover some shifts, and occasionally this would involve agency staff lone working. Through our discussions with staff and the registered manager, some questions arose about the quality and depth of training that agency staff had undertaken with their organisation. We did not observe any concerns in relation to the practice of staff, during our inspection. However, we discussed the issues that had arisen about training with the director of HR at milestones who told us about the checks and audits they undertake to assure themselves that staff from the agency are suitably trained, so that any potential areas of concern could be explored.

People received the support they required to see healthcare professionals when they needed to. Some people told us they were able to independently arrange appointments for themselves, whilst others needed some support.

Is the service caring?

Our findings

The service was caring. We observed that staff were kind and caring in their interactions and treated people with respect. People were encouraged to be independent; we observed how one person independently undertook cleaning tasks around the house. We saw other people completing their own laundry. For one person, there was a particular support plan in place in relation to their independence, following a stay in hospital when they had lost confidence in completing tasks they had previously managed. We observed how the home environment had been adapted for this person so that they could physically manage to get around. A stair lift was in place, which we saw the person was able to use successfully and independently.

People's privacy was respected. We saw that information sharing was discussed with people and they were asked about whether they would be happy for their personal information to be shared with relevant other organisations and professionals. People signed a form to indicate their wishes in this respect. We did however note that some records and personal information was stored in places that was not secured. We discussed this with the registered manager who had begun addressing this by the end of our inspection.

There had been a number of changes in staff in the period just before our inspection, which had impacted on the continuity of care and support for people. People commented on how staff 'came and went' but didn't raise any particular concerns about how this had affected their care. People reported that staff treated them well.

It was evident that people were involved in planning their own care and were asked for their views about the running of the home. In people's support files, there was a review document that recorded people's answers to various questions about the support they received and whether they were satisfied with it. We also noted how at a recent resident's meeting, people had been asked for their opinions about potential staff attending for interview.

Is the service responsive?

Our findings

The service was responsive. People were supported by staff who understood their individual needs. People had clear support plans in place to describe their needs and how they should be supported. This included information about their history and previous life, prior to coming to the home. This helped staff understand people as unique individuals. Bank and agency staff confirmed they looked at people's support files and the information held about them. Through discussion with staff, it was evident they knew people well and the best ways to support them. For example, staff described how one person was best supported with a 'low arousal' approach to avoid triggering behaviours that were challenging. This approach was described in the person's support plan. We observed how staff interacted with this person in a calm and 'low key' manner.

There was a keyworker system in place. A keyworker is a member of staff with particular responsibility for the wellbeing of the person they are allocated to support. Keyworkers wrote regular reports for the people they support; however these were not all up to date due to the changes in staff team and the need to recruit permanent staff. The registered manager was aware of this and hoped to establish the keyworker system and report writing once the staff team was stable again.

People were independent in their lives and so able to follow their own interests and hobbies as they wished. One person enjoyed going to the pub and this was supported, alongside advice from the person's GP to help ensure the person could do this in a healthy way. Another person valued time alone in their room and referred to it as "my property".

One person showed us their room and told us they were happy with their own personal space. We saw that the person had been able to bring their own furniture and belongings to ensure their room was set out as they wished.

People were able to raise concerns if they wished to. There was a complaints procedure in place which gave contact details of the area manager who could be contacted if people didn't want to speak with staff in the home. We viewed records of complaints and it was clear that people had been supported to raise concerns if they had them. These had been investigated and responded to as necessary. One told us staff looked after them well and they could speak with staff if needed.

Is the service well-led?

Our findings

The home was well led. Staff were very positive about the support they received from the registered manager and felt confident about raising any concerns they might have. We observed through the visit that the registered manager was actively involved in the home, spending time out of the office talking with staff and people.

The registered manager was aware of the legal requirements associated with their role, for example to send a notification whenever particular events (set out in regulations) took place. These are required for example, if there are any safeguarding concerns at the service, or when an incident requiring police attendance has taken place. We also noted that the current CQC rating for the home was on display as required.

The registered manager told us they attended manager's meetings with other manager's within the service to share ideas and good practice. They also told us they kept up to date with developments in mental health through reading information online when they were able.

People were actively encouraged to voice their concerns and any issues they had. The registered manager told us that this was something they were particularly proud of achieving in the time they had been at the home, that people now "had a voice". The registered manager told us how people frequently approached her to discuss issues they had; one example of this was evident in the complaints folder where it had been recorded that a person had raised concerns about another person in the home. People were also able to attend service user meetings if they wished to. One member of staff reflected on how this had changed over time, so that now people were much more willing and able to voice their opinions and concerns.

There were systems in place to monitor the quality and safety of the service. This included a monthly self assessment by the registered manager. This helped identify action that was required to improve the service and ensure it was safe. For example, in the latest assessment, it had been noted that testing of electrical equipment was due and this had been logged with the facilities department. There was also an annual quality report carried out by the organisation alongside specific audits for infection control.