

Milestones Trust

Mayo House

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? | Good  |
| Is the service responsive? | Outstanding  |
| Is the service well-led? | Outstanding  |

Summary of findings

Overall summary

Mayo House provides care and accommodation for up to seven people with learning disabilities and complex needs. People live in their own self-contained flats within the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service Outstanding. At this inspection we found the evidence continued to support the rating of Outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Outstanding

There was a strong person centred culture at the service and people were empowered to achieve their goals. The service was very well led, by managers who valued the staff team and people being supported. There was a culture of learning from previous experiences.

The principles of the MCA were embedded in to practice and staff actively sought the least restrictive options in all aspects of people's care and support. Staff received good training and support to enable them to carry out their roles effectively.

The service was outstanding in its responsiveness to individual needs. We heard of examples of where staff went above the expectations of their role to ensure that people were well supported.

People were supported to be independent where possible and they were treated with dignity and respect. People were able to maintain contact with families.

People using the service were safe. Staff understood their responsibility to safeguard people from abuse. There was a culture of positive risk taking, so people were able to lead busy and fulfilling lives.

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? The service remained Good. | Good ● |
| Is the service effective? The service remained Good. | Good ● |
| Is the service caring? The service remained Good. | Good ● |
| Is the service responsive? The service remained Outstanding. | Outstanding ☆ |
| Is the service well-led? The service remained Outstanding. | Outstanding ☆ |

Mayo House

Detailed findings

Background to this inspection

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

This inspection took place on 20 December 2018 and was unannounced.

We gave the service 24 hours' notice of the inspection visit. Due to the time of year, we wanted to make sure people would be present in the home for the inspection.

The inspection was carried out by one Inspector. Prior to the inspection we read all information available to us. This included the Provider Information Return (PIR). This is a form completed by the provider, giving details about the service, what they are doing well and any plans in place to improve the service. We also looked at notifications. These are information about specific events the provider is required to notify us of, by law.

Is the service safe?

Our findings

The service was safe. There were sufficient numbers of staff to ensure people's needs were met. The manager was open and transparent about the high number of staff vacancies they currently had, but these were being managed. Regular agency and bank staff were being used to cover gaps in the rotas. The provider also had plans to place to recruit to the vacant positions. These have been reported on under the well led section of this report. Staff acknowledged that the number of staff vacancies had presented challenges but felt they had been managed and staff had worked hard to maintain the level of care people needed.

People received safe support with their medicines. These were stored securely and only accessible to staff. Prior to the inspection the service told us about a significant event involving the loss of a large quantity of medicines. The investigation had been inconclusive; however, steps had been taken to improve practice and prevent reoccurrence. This included increased number of stock checks. There was information in individual files about the support people needed with their medicines, including how they preferred them to be administered. There were systems in place to check medicines when they arrived at the service and to return unused medicines to the pharmacy. Medicine Administration Records (MAR) sheets were used to record when medicines were administered. We viewed a sample of these and found no omissions or errors. There were instructions in place for PRN (as required) medicines so that staff had clear information about when these should be used.

Staff told us there were some occasions when the use of physical interventions were necessary in order to ensure the safety of people using the service. However, this was only used as a last resort by staff who received regular training in the subject. When incidents of physical intervention took place, there was opportunity to review the incident and reflect on whether there were any less restrictive ways of managing behaviour that challenged. People had positive behaviour support plans in place which described the ways in which people's behaviour could be managed.

There were risk assessments in place for people, for various aspects of their support needs. These promoted positive risk taking and didn't place unnecessary restrictions on people's lives.

Staff were trained in and aware of their responsibility to safeguard vulnerable adults from abuse. Safeguarding was included in the mandatory programme of training for all staff. Through discussion with staff, it was clear they understood what safeguarding meant. All felt confident about recognising and reporting concerns.

There were checks and processes in place to maintain safety of the environment. This included checks of all fire safety equipment and regular fire drill. People had individual evacuation plans in place.

Is the service effective?

Our findings

Staff were positive about the training and support they received. One member of staff told us their training was "fantastic, couldn't fault it". We viewed the training records for the service and saw that topics relevant to the needs of people using the service were included. Positive behaviour support was a mandatory topic for staff to complete and was refreshed on a regular basis. Safeguarding was also included as well as training on the Mental Capacity Act and Deprivation of Liberty Safeguards. One member of staff who was still in their probationary period told us they had received good support in this time and had regular meetings with their supervisor. They also confirmed they had completed the Care Certificate. This is a nationally recognised qualification, providing staff with the basic skills and knowledge required for work in the care sector.

The staff team were well aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). When decisions needed to be made in a person's best interests, there were clear recordings in relation to this. These demonstrated that when possible family members had been involved as well as relevant professionals. It was also evident that consideration was given to always finding the least restrictive option whilst providing support. For example, due to their complex needs one person required supervision over night. This was recorded in their DoLS authorisation and it was a condition placed on the authorisation that less restrictive options were investigated. From speaking with the manager, it was clear that this was being considered. For example, sensor mats had been trialled but found to be ineffective. The service were continuing to look at other options.

The service worked effectively with health and social care professionals. One person had experienced a number of falls over a short period of time. Staff worked closely with the physiotherapist and individual concerned to give the person means of helping themselves to get up off the floor safely once they had fallen. This helped the person maintain some independence. The Occupational Therapist was also involved in looking at the environment of the person's room to ensure it continued to meet their needs as their mobility changed.

When people had particular health needs, these were well documented and with clear guidance. For example, one person's file had clear information in about how to manage their epilepsy. Staff told us they felt confident and able to manage people's health conditions. Staff also acted as advocates for the people in their care to ensure their health needs were met. In discussion with the Milestones Trust Clinical Nurse Advisor, staff felt that the most person centred way of giving some people the flu vaccination, would be to use the nasal spray option. This would reduce the need to use physical interventions to administer the vaccine. Through the best interest decision making and explaining the service's commitment to least restrictive practice, the GP agreed to this.

The registered manager also told us how they had worked with the district nurse in a person centred way in order to take a blood test from an individual. Staff had engaged the person in an activity to manage their anxiety levels and once the person was content and settled, the nurse had been able to take the test. This had taken a lot of forethought and planning to be able to take the blood test successfully.

People were supported nutritionally according to their own needs. Some people could prepare food with support whilst others had meals prepared for them. Some people had specific guidelines in place around their eating and drinking, provided by the speech and language therapist. These were included in people's care documentation. We saw that one person had a large quantity of one particular snack in their room. Staff told us they were encouraging the person towards more healthy options, whilst also recognising the person's right to choose.

Is the service caring?

Our findings

The service was caring. People weren't able, to or chose not to discuss their care and support with us verbally. However, it was clear from our observations that people felt comfortable and settled with staff and that strong positive relationships had been formed. One relative had provided feedback to the service as follows; 'Mayo house is an excellent service; all the staff are confident and really understanding' and 'thank you to everyone at Mayo for making our son's placement a really happy and enjoyable time'.

People were treated with dignity, kindness and respect. Our observations throughout the inspection showed that people were comfortable and at ease with staff. Staff spoke with people in a kind and respectful manner and in a pleasant tone. We visited one person in their room and whilst talking the person became distressed. Staff offered reassurance and comfort, which the person responded to. Whilst meeting another person in their room, we noted that a member of staff came to the room promptly when they heard the person shout.

People's independence was encouraged. It was clear from their support plans, which aspects of their personal care, they were able to manage for themselves. Staff were also aware of promoting people's dignity and respect. One member of staff told us for example that a person they supported required two to one support. They said that if the person was receiving personal care, one member of staff would give space but still be available close by if needed.

People were able to maintain contact with their families and friends. For one person, staff had supported them to visit family in another country. Given the person's anxieties and needs, this had been a significant achievement for them. The first attempt had taking the person had not been successful due to the person not feeling able to manage their anxiety. Staff then altered their approach, only telling the person they were going a short time before. This worked and the trip was a success.

Is the service responsive?

Our findings

The service was highly responsive to people's individual needs and the rating for this key question remained as Outstanding. In their feedback to the service, one family wrote 'They all have a very good knowledge of our son's needs which is very reassuring'.

We found many examples of staff's approach to providing support in a person centred way. The manager told us about an individual with very complex needs, including behaviour that challenged. This person developed an illness that required a stay in hospital. The paramedic team were unable to transport the person due to their level of distress and so staff transported them to hospital. The service was able to provide 24 hour support to the person during the initial days of their stay in hospital. When it became apparent that the person would need to stay in hospital for a prolonged period, the service worked with the ward manager to provide ongoing support to the individual. A member of staff from the service worked with and mentored a member of staff provided by the hospital to ensure that their needs were met and anxiety levels were reduced. On return from hospital, the person's support needs had significantly increased and so the service made adaptations to the person's accommodation. This include removing the bathroom and replacing it with a wet room and purchasing new equipment such as an adjustable bed. Due the personalised support this person received, they were able to enjoy a busy and fulfilled life. The manager told us how there was an agreement in place with the pubs the person accessed, to puree the food they ordered, in line with their dietary requirements.

Another person had expressed a wish over a number of years to open a bank account. Finances were a source of anxiety for this person and a trigger for signs of distress. Staff had worked with the person to successfully reduce their anxieties around finances. This had been achieved through the use of storyboards to explore issues around money and providing information about the different types of bank accounts available. Within the last six months, the person had successfully been able to open an account, achieving their long-term goal. The manager reported that this had reduced the person's finance related triggers for behaviour that challenged and provided them with important new life skills. In addition to this, with the support and guidance of staff the person had also learnt to order items online.

There was a strong sense at the service of empowering people to achieve their hopes and wishes. One person, for example, had been at the service for three years. In previous settings the risks had been felt to be too high to support the person to go abroad. The person worked closely with two staff they particularly trusted, to experience new opportunities. After each event staff discussed with them what they had found difficult and what had worked well; this was in order to support the person to develop their own strategies to manage their anxiety. This approach had proven very successful and the person had been able to achieve their dream of visiting Legoland, an experience which they had thoroughly enjoyed. Planning was under way to support the person to see their favourite football team, Manchester United, at Old Trafford.

People's individual rooms and accommodation were personalised according to their own preferences. For example, one person loved gardening and had their own garden attached to their flat. The manager explained how the garden had been designed with raised flower beds. These had been designed

purposefully to provide a natural barrier and means for staff to give the person space when they presented with behaviour that challenged. This person told us about the things they liked to grow in their garden such as rhubarb and carrots.

Support plans were clear and gave good information about people's support needs. These fully reflected the personalised service that we observed and heard about. Support needs were reviewed regularly to ensure they were current and fully reflected people's current needs.

There was a complaints procedure in place. When a complaint was made, these were investigated thoroughly and a response provided. In individual files, there was information about the behaviours that might indicate an individual wanted to complain.

Is the service well-led?

Our findings

At our last inspection, the rating for this key question was Outstanding. The evidence found at this inspection continued to support the Outstanding rating. One member of staff told us how they had appreciated the registered manager recognising their potential when they began working at the service and had encouraged them to work towards becoming a senior member of staff, which they had achieved. All staff confirmed they felt senior staff and managers were approachable and responsive.

There was a positive approach to addressing difficulties faced by the service and a commitment to learn from difficult experiences. One of the most significant difficulties faced by the service was recruitment of permanent staff. The manager told us that the provider was addressing this through planning a recruitment assessment centre locally, where potential candidates could come along to find out more about working in the sector and potentially even be interviewed that day.

We found evidence of learning for one particular person who had made an allegation against a member of staff. Steps had been taken to keep this person safe following the allegation and an investigation had taken place. It was felt that the allegation had resulted from communication issues and difficulties the person experienced as a result of work staff were doing on appropriate boundaries. The staff team made an immediate referral to the speech and language therapist for support in helping the person communicate their thoughts and needs. Work around this is continuing.

There was a registered manager in place at the service. However, at the time of our inspection they were seconded to another service within the trust. A registered manager from another home was providing management support to Mayo House. 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 person centred culture of the service was evident alongside a strong commitment to empowering people and advocating for them in their best interests. This evidently achieved positive outcomes for people. In addition to examples given in the Effective domain in relation to the service's commitment to least restrictive practice, the service was well aware of and put in to action nationally recognised initiatives such as STOMP. This is an initiative to stop the over medication of people with a learning disability. We heard about specific examples of when this had been put in to practice. One person, was supported to reduce their anti-psychotic medication. During this time, careful consideration was given to ensuring they had the right staff team in place to support the person through the reduction in their medication. Staff from Mayo House were involved in the provider's STOMP group. This involved promoting the STOMP agenda through staff training and working with community professionals. The manager told us Mayo House had been nominated for an award within Milestones for this work.

The service was committed to the wellbeing of both the people they supported, and staff. The manager told us there had been issues with some staff experiencing what could be construed as racial abuse from people

they supported. As a result of this, the service had worked with an organisation called SARI (Stand Against Racism and Equality), to address the issue. Following on from this work, two staff from Mayo House offer support to others in the Trust who may be experiencing racial abuse and discrimination. This was a positive example of the provider's commitment to promoting equality. The manager also told us they had recognised that the registered manager being seconded to another service for a period of time, could present a risk to staff morale. As a result of this, and of a staff survey, the manager had arranged an away day for staff as a means of team building.

There were systems in place to monitor the quality and safety of the service. There was a monthly self assessment completed by the manager. This was in line with the key questions asked by CQC. Surveys were also used to collect the views of family and friends.