Milestones Trust

Mortimer House

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

The inspection took place over two days on 7 and 14 February 2017 and was unannounced. The service was last inspected in December 2015 and was given a rating of 'requires improvement'. No breaches of legislation were found.

The service provided nursing care and accommodation for up to 28 people with a diagnosis of dementia and/or learning disability.

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.

We found that improvements to the service had been made since the last inspection. The process for administering medicines had improved. Pharmacist and GP support had been sought to review people's medicine regimes and this had reduced the need for crushing medicines.

We also found that improvement in supervision of staff had taken place so that staff were meeting regularly with a senior member of staff to discuss their performance and development needs. Staff reported feeling well supported and told us that managers were approachable so they felt able to raise issues and concerns.

People were safe. There were sufficient numbers of staff to ensure their needs were met. Staff spoke positively about how they had time to spend with people between care tasks and that staff worked together as a team to ensure people's care needs were met.

People were supported to ensure their health needs were met. Staff worked with healthcare professionals such as speech and language therapists, dieticians and district nurses.

People received good care and were treated with dignity and respect. . We observed that people experienced positive relationships with staff and other visitors to the home. People were able to maintain relationships with their families.

Staff understood people's individual needs and people were able to follow their own daily routines. We observed that people were able to get up and ready for the day at a time of their choosing. There was a programme of activities for people to take part in if they wished to. People had opportunity to go out in their local community.

The home was well led, with a registered manager in place supported by a deputy manager. There was an open and transparent culture in the home. Staff were well informed about the issues arising from the last inspection and there was also information on display in the home so visitors were aware of the

improvements required.

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 was safe.

People received safe support with their medicines.

Staff were trained in and confident about reporting signs of abuse.

There were risk assessments in place to support staff in providing safe care for people.

There were enough staff on duty to meet people's needs and keep them safe.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to support them in their roles.

People's rights were protected in line with the Mental Capacity Act 2005.

People were supported to receive good nutrition.

People's health needs were well met and staff worked well with other healthcare professionals.

Is the service caring?

Good

The service was caring.

People experienced warm and positive relationships with staff.

People were able to maintain relationships with family.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff understood people as individuals with individual needs.

There was a programme of activities for people to take part in if they wished to.

There was an effective process in place to manage and respond to complaints.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place.

There was a culture of openness and transparency within the home.

There were processes in place to monitor the quality of the service provided.

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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 a rating for the service under the Care Act 2014.

The inspection took place on 7 and 14 February 2017 and was unannounced.

The inspection was carried out by one inspector. Prior to the inspection, we gathered all information available to us from notifications. Notifications are information about specific events that the provider is required to send to us by law.

During our inspection, we reviewed the care records of three people in the home. We carried out a SOFI observation. This is a structured observation that helps us understand the experiences of people who aren't able to speak with us. We spoke with one relative, a visiting healthcare professional, four care staff, a registered nurse, the registered manager and deputy. We also looked at other records relating to the running of the home such as quality monitoring information and complaints.

Good

Is the service safe?

Our findings

We didn't speak with people directly about whether they felt safe living at the home. However we observed that people were settled and content in the presence of staff and accepted comfort and reassurance when they were anxious or upset.

When we inspected the service in December 2015 we found that improvements were required in the administration of medicines. This was because for some people, medicines were being crushed and administered with jam, without advice being sought from the pharmacist to ensure this process was safe. When we returned to the service in February 2017, we discussed the action taken to improve medicines administration with the registered manager and the deputy manager. We were told that work had been carried out between the GP and pharmacist to look at which medicines could be administered in liquid or dispersible form. A number of people's prescriptions had been changed to this format so that the need for crushing tablets had greatly reduced. However there were occasions when medicines required crushing and we saw that this had been agreed with the pharmacist and GP. During our inspection, we observed medicines being administered and saw that staff told people what they were giving them and asked how they wished to receive them. One person requested to have their medicine administered with tea.

At our last inspection we found that nurses weren't always monitoring the whole process when care staff were used to help with medicine administration. At this inspection we saw that a nurse was with the care staff at all times when giving people their medicines. However, on one occasion we saw that one nurse prepared the person's medicines and another nurse was with the care staff when the medicines were given. We discussed with the registered manager and deputy how the person signing the MAR chart needs to be accountable for the whole process.

There were protocols in place for PRN or 'as required' medicines. These described the maximum dose that could be given and the minimal time interval between doses. This ensured there was consistent guidance for staff to follow.

Medicines were stored appropriately in a locked room. Temperatures of both the storage fridge and the room were taken so that staff could monitor whether medicines were being stored at the correct temperature to maintain their effectiveness. We checked the stock levels of two medicines and found these to be correct according to the home's records.

There were risk assessments in place to support staff in providing safe care for people. For example, people's risk of developing pressure damage to the skin was assessed using a nationally recognised tool. Where this highlighted a risk, there were measures in place to support the person such as regular checks of their skin and the creams that should be applied if concerns were noted.. We also saw that people's risk of falls was monitored and there were measure in place to ensure people's safety. For example, two members of staff being on hand during transfers.

There were sufficient numbers of staff to ensure people were supported safely and that staff had enough

time to meet their needs without being rushed. Staff told that staffing levels worked well and they had time to spend with people between care tasks. Throughout our visit we observed that care was delivered in a calm manner and people's needs were met promptly. There was some use of agency staff to ensure staffing levels were maintained, however where possible regular agency staff were used to ensure continuity of care for people. One agency member of staff told us they had regular shifts at the home for the past five months. The home were also recruiting for a nurse at the time of our inspection. One member of staff commented "you can sit, listen and talk if people are upset" and "everybody works together".

There were procedures in place to ensure that staff were safe and suitable for their role. For example, Disclosure and Barring Service (DBS) checks were carried out. A DBS check identified those who may have barred from working with vulnerable adults and children. References were also sought from previous employers and photographic ID in place to ensure. For qualified nurses, we saw that copies of their professional registration numbers were kept. We were told that the current registration year had been checked but the records could not be found. However the deputy manager checked these again during our inspection and they showed that all nurses were appropriately registered.

People were protected from abuse because staff were trained in and aware of the procedures to follow if they had concerns of a safeguarding nature. Staff knew where to locate relevant policies if they needed to refer to them. Staff were also aware that they could contact other organisation if they were concerned about poor practice within the workplace. We saw examples of safeguarding alerts that had been made to the local authority when there had been concerns about an individual. This demonstrated staff were aware of the procedures to follow if concerns were raised.

Good

Is the service effective?

Our findings

People were supported to eat a diet suited to their health needs. People were able to choose what they wanted for their meal from two options, although alternatives could be prepared if neither of the options suited. There was information in people's care files about their nutritional needs and preferences. For example, it was identified where people were able to be independent with their meals and what size portion they preferred. There was also information about any health conditions that may impact a person's diet, such as diabetes. We spoke with the chef who told us they had good communication with care staff who kept them informed of any changes in a person's needs or whether there was any professional advice in place about the kind of diet a person required, for example a soft or pureed diet. For those people who required a soft or pureed diet, the chef told us that individual elements of the meal were pureed so that the meal remained presentable and the person could identify the different parts of the meal they were eating.

A number of people's food and fluid intake was being monitored through recording on charts. The majority of recordings we saw were complete with details being given about what the person had to eat and drink throughout the day. However there were occasional days where little had been recorded and no explanation why. We also noted that the form used didn't prompt staff to record the total fluid intake for the day. We discussed this with the registered manager and deputy who told us that staff would verbally report to nurses if they were concerned about a person's fluid intake so that appropriate steps could be taken to support the individual.

The chef was knowledgeable about the ways they could support a person for whom there were concerns nutritionally. They told us about the ways they could fortify foods to add extra calories with items such as cream and cheese.

People were supported to see healthcare professionals when they needed to. During our inspection we spoke with a visiting healthcare professional who gave positive feedback about the home. They told us that staff were able to provide the information they needed when visiting and were skilled and well trained in meeting their needs. The professional confirmed that staff followed their advice and recommendations and that there was a good working relationship in place. A district nurse attended the service regularly in order to attend to those people who required a catheter. However there was also information in people's care plans about basic catheter care, such as checking the tube was not twisted and emptying the catheter bag regularly. For one person, we saw that a dementia wellbeing nurse had visited and made a recommendation to check a person's blood sugar level. From later recordings we saw that this recommendation had been acted upon.

During our inspection we also saw other professionals visiting the service, such as the dietician and consultant psychiatrist. There were also letters and information in people's care files, demonstrating they'd been supported as needed to have their health needs met.

People's rights were protected in line with the Mental Capacity Act 2005. 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.
We saw records of best interests decisions where people had been assessed as lacking capacity to make a particular decision. In one case a decision was being made about whether a hospital admission was necessary. The decision involved input from the family, GP and manager. The decision was recorded and described the options that had been discussed.

Staff confirmed they had received training in the MCA and were able to tell us about the legislation in basic terms such as 'supporting people to make choices'.

Where necessary, we saw that Deprivation of Liberty Safeguards (DoLS) applications had been made for people in the home. DoLS is a framework that protects the rights of people who need to be deprived of their liberty in order to receive safe care and treatment. We saw copies of applications that had been made and we were told that 11people in the home had applications that had been authorised.

Staff received training and supervision to support them in their roles. Staff told us they met with their supervisor on a regular basis to discuss their performance and development needs. Staff also told us that the training programme had met their needs and given them the skills they required. One member of staff who had no previous experience of care work told us they had received a good induction. They had been given opportunity to shadow more experienced members of staff until they felt confident and able to work independently.

Good

Is the service caring?

Our findings

People experienced warm and positive relationships with staff. We didn't speak with people directly about their experiences; however we observed that people received support when they needed it and staff treated them with respect. We carried out a SOFI observation in order to help us understand people's experiences. During the observation we saw that people were able to rest if they wished to, whilst others experienced positive interaction with a volunteer in the home, and a massage therapist. People's needs were promptly met during the observation; for example one person requested a drink of water and a tissue and this was brought to them straight away.

People were treated with dignity and respect. On one occasion we saw that a person was becoming upset because they couldn't find an item of artwork they'd completed. Staff reassured the person and suggested they go and look for the item together.

At the midday meal, we saw that staff and people enjoyed jokes and laughter together. One person in particular clearly enjoyed joking with staff and demonstrated this by laughing loudly. When giving people their meals, we did observe that one member of staff gave a person their meal. The person said they didn't want it but the member of staff didn't spend any time finding out why or whether they would prefer an alternative. However a few minutes later, another member of staff came and sat with the person and offered the person some biscuits and engaged the person in conversation.

People were able to maintain relationships with family and friends. We saw a number of relatives visit during our inspection and were involved in meetings about the person's care and support. We spoke with one relative who gave positive feedback about the care provided. They told us that people were treated with dignity and respect. Comments included; "amazed at how patient they are", "lovely atmosphere" and "nothing is ever too much trouble". We also saw copies of thank you cards from family and a letter from a relative following the last inspection of the home expressing how happy they were with the care provided. Other comments from cards included 'thank you so much for looking after (x) so kindly and thoughtfully'.

Meetings were held once a month for family members. This was an opportunity for family to hear about important news and developments within the home.

People were able to be independent where possible. This was described in people's support plans. For example in one plan, we read that the person needed support to dress appropriately for the day but could manage part of the process by pulling their clothes in to place and push their arms through the sleeves. We observed people eating independently at the midday meal.

Good

Is the service responsive?

Our findings

Through our observations and discussion with staff, we found that staff had a good understanding of people and their individual needs. For example, one member of staff who was new to the service told us how established staff had helped them when supporting a person to have their meal. They explained that staff had told them that for one person, turning their head away meant that they wanted a break rather than they were refusing food. This ensured that the person's behaviours were not misinterpreted and they received their meal. We observed one person was supported to have their midday meal in the lounge by themself. Staff told us the person could become distracted and upset by the noise in the dining room and so preferred to be somewhere quieter. The person was eating their meal contentedly.

Staff also told us about some of the ways they could support people when they presented with anxiety, such as spending time with the person in their room and having tea together. There were support plans in place to describe how people should be supported and what their needs were; however in places some of the language used was generalised and didn't provide specific information relevant to the individual. For example in one plan, it was recorded that 'staff to offer reassurance and support'. There wasn't any further detail about the kind of support that worked best for that individual. We discussed this with the registered manager and deputy manager during our feedback.

There was a keyworker system in place at the home. A keyworker is a member of staff allocated to a person in the home and who has specific responsibility for the wellbeing of that person.

People were able to follow their own daily routines and get up for the day at a time of their choosing. We observed during our inspection that people were supported at varying times of the day to get up from bed and ready for the day.

People were able to take part in a range of activities if they wished to. We spoke with one of the staff responsible for activities; they told us that their approach was flexible in order to accommodate people's varying needs. We were told that there was a computer available for use by people in the home and this was used regularly. It contained various games and activities for people to choose from. We saw a person using the computer during our inspection. There was also various art and craft activities for people to take part in and we saw evidence of people's work throughout the home. When the weather allowed, there was space outside for people to access and take part in gardening activities. The activity staff kept records in relation to people's participation in activities so that they could monitor what had worked well and the things that people enjoyed.

People were supported to be part of their local community as far as they were able. Staff told us that people were supported to go a local salvation army centre. One member of staff told us how they had taken a person out to have a meal at a local shopping centre.

There was a process in place to manage and respond to complaints. This was on display on the noticeboards within the home and also available in an easy to read format to meet the needs of people in

the home. We saw examples of complaints that had been responded to appropriately. It was clear that people in the home were supported to have their concerns listened to and addressed. In one example we saw that a person had raised concerns in a meeting. These concerns had been recorded and the person supported to resolve them.

Good

Is the service well-led?

Our findings

The home was well led. There was a registered manager in place and a deputy manager. Staff told us that both managers were approachable and they felt confident about raising any issues or concerns with them. Staff also felt supported by the wider organisation; for example one staff member told us that the provider had organised for staff to see a counsellor if they wished to due to a number of bereavements experienced in the home recently.

There was an open and transparent culture within the home. It was clear that staff were aware of the issues found at the previous inspection. For example, one member of staff told us how they supported medicine administration with the nurse and how this had changed since the last inspection. We also saw that information about the last inspection report, including the rating and action plan was on display on a notice board so that visitors could see.

Staff told us that communication worked well between staff and that they worked well together as a team. For example, information given at shift handovers was detailed, and gave staff all the necessary information for the shift. During the inspection we observed staff communicating well with each to ensure people's needs were met. For example, one member of agency staff told us how staff had ensured they knew which service user's required their fluids to be thickened checked they knew how to do this. Another member of staff referred to the staff team as being 'like a family'.

Regular team meetings took place and this was an opportunity to raise any concerns staff may have. One member of staff told us there was opportunity to raise concerns at the meeting anonymously if they wished to.

There was a programme of quality and safety monitoring in place. This including gathering feedback from friends and family. We read a number of positive comments from family including 'the home offers everything we require' and 'everything excellent at Mortimer house'.

The registered manager carried out a regular 'self-assessment' of the performance of the home. This was aligned with the inspection format of the Care Quality Commission, looking at whether the home was safe, effective, caring, responsive and well led. The assessment led to action points being raised with notes about what would be done in response to the identified shortfalls. For example under the effective section, there was a section about whether all staff had PDR's in place. There was a note to say that not all staff had them but dates had been booked. There was also an infection control audit which had identified action such as ensuring the fridge temperatures were taken each and to ensure that staff did not wear jewellery. There was an infection control audit in place and the registered manager told us they were planning improvements on the monitoring systems by carrying out more detailed stock checks of medicines.