

# Kensington Care Limited Milton Lodge Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

Milton Lodge is registered to accommodate and provide personal care for up to 18 people. The home aims to meet the needs of older people, including those living with dementia. At the time of this inspection there were 16 people living at the home.

This was an unannounced comprehensive inspection carried out over two days by two inspectors on 10 and 11 December 2015. We last inspected the home in January 2015 when we found the service was not meeting four regulations. These related to the care and treatment

provided to people, the safety and suitability of the premises, staff recruitment and record keeping. This inspection was brought forward because of concerns we received.

Care plans and risk assessments were not up to date and could lead to staff not knowing how to care and support people consistently. This was a continuing breach of the regulations.

The home was not fully meeting the requirements of the Mental Capacity Act 2005. Applications had been made to

# Summary of findings

the local authority for people at risk of being deprived of their liberty; however, one person Deprivation of Liberties Safeguarding authorisation had expired and the home had not taken steps to make another referral. There could also be improvement in recording when ‘best interest’ decisions were made on behalf of people. We required improvement in this area.

Staff were not supported through one to one supervision and annual appraisals. We required improvement in this area.

There were some systems in place to monitor the quality of service provided to people but these were not being consistently applied.

There was poor leadership and oversight of the home, contributing to poor record keeping, a decline in standards of care leading up to the inspection and a lowering of staff morale.

People’s consent was gained for how they were cared for and supported where this was appropriate.

Medicines were managed safely in the home.

People were supported by a caring staff team and the standards of care provided in the home were improving following a period of decline in the months leading to the inspection. People’s privacy and dignity were respected.

People were provided with a good standard of food and their nutritional needs met.

Staff provided a programme of activities to keep people meaningfully occupied. Accidents and incidents were monitored and audited to see if there were any trends that could make systems and care delivery safer.

Staffing levels had recently increased at key times of the day to make sure there were sufficient staff to meet people’s needs.

Robust recruitment procedures were followed, meeting a requirement of the last inspection in January 2015, to make sure competent and suitable staff were employed to work at the home. The provider told us that new members of staff were being recruited at the time of inspection.

The staff team were well-trained and there were systems in place to make sure staff received update training when required. Staff had been trained in safeguarding adults and were knowledgeable about how to refer any concerns of abuse

The home had a well-publicised complaints policy and when a complaint was made, they were logged and responded to.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People were not fully protected from risks to their safety because risk assessments concerning people's care were not kept up to date.

Staff were trained in safeguarding adults, and knew what action to take if they suspected that anyone was at risk of harm.

There were sufficient staff employed at the home to meet people's needs, although we asked the provider to keep these under review.

Staff were recruited safely.

Medicines were managed safely.

**Requires improvement**

### Is the service effective?

Improvements were required to ensure that an effective service was provided.

Staff did not receive regular supervision to enable them to receive support and ensure they are competent to undertake their role.

Improvements were needed to meet the requirements of the Mental Capacity Act 2005.

People were provided with enough to eat and drink.

**Requires improvement**

### Is the service caring?

There was a core of long term staff who knew people's needs and who treated them with warmth and compassion.

Staff respected people's privacy and dignity.

There had been poor end of life care planning for one person, although the staff had met the person's needs.

**Requires improvement**

### Is the service responsive?

The service was not responsive to people's changing needs as care planning and records were not kept up to date.

With support provided by the local safeguarding adults team and other health professionals, standards of care were improving.

A range of activities were provided to keep people occupied.

People's concerns and complaints were responded to and taken seriously.

**Requires improvement**

### Is the service well-led?

At the last inspection we identified that there needed to be improvement in leadership and management of the home.

**Requires improvement**

# Summary of findings

There was still lack of leadership and support for the staff although there was an open and transparent culture at the home.

No surveys involving people, their relatives and health professionals had been carried out this year as part of systems to monitor and improve the quality of service to people.

# Milton Lodge Residential Care Home

## Detailed findings

### Background to this inspection

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

The provider was not asked to complete a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not request this information because the inspection was brought forward in response to concerns we received.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback from district nurses about the service provided to people at Milton Lodge.

This inspection took place on 10 and 11 December 2015 and was unannounced. Two inspectors carried out the inspection over both days. We met and spoke with everyone living at the home, however; as the majority of people were living with dementia, they were not able to tell us about their experience of life in the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The registered manager was absent on both days of the inspection. On the first day of the inspection a senior care worker assisted us with the inspection and on the second day we were assisted by the deputy manager and also by the owner/director of the company. We also spoke, five members of the care staff, the chef and district nurses who were attending the home on one of the inspection days.

We looked at records relating to the management of the service including; staffing rotas, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records. We also looked in detail at the care plans and assessments relating to three people and a sample of other documents relating to the care of people at Milton Lodge.

# Is the service safe?

## Our findings

People were living with dementia and not able to tell us about their experience of the home. We observed that people were relaxed with the staff and there were positive relationships between staff and people living at the home.

Before the inspection, we received concerns from the visiting health professionals that they had on one day of visiting had to ask the registered manager to increase the heating as the home was cold and hot water was not available in everyone's bedroom. On the two days of the inspection, both fairly mild days, the home was maintained at a suitable temperature, although the temperature in the conservatory area did fall slightly in the afternoon. We recommend that the temperature is monitored throughout the winter to make sure the home is adequately heated. On both days of the inspection hot water was available in each person's bedroom and throughout the home.

We identified one carpet in a person's bedroom that was worn and starting to ruck and could lead to a trip hazard. The cushioned seat of another person's commode in another bedroom was split and needing replacement as it constituted an infection control risk. These were brought to the attention of the provider who agreed to replacement of these items. At the inspection we also drew attention to two freestanding wardrobes that were not attached to the wall and could be toppled. The provider took action and this was addressed before completion of the inspection.

There were systems to make sure that fire safety, heating and electrical equipment in the home was serviced and maintained. We saw certificates for the testing of the fire safety system, the water systems to check it was free from risk from Legionnaires Disease, servicing of the home's boilers and moving and handling equipment and testing for safety of portable electric equipment.

Risk assessments had been undertaken for the safety of the premises, including a fire risk assessment.

Risk assessments had been developed regarding the care people received but these were not up to date. Some moving and handling assessments and bedrail assessments had not been updated since August 2015. This was a repeated breach of Regulation 17 (2) (c) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection in January 2015 there was a breach of regulations as people did not have personal evacuation plans for the event of a fire in place, staff recruitment procedures were not being followed robustly and the conservatory area of the home was not being kept at an adequate temperature. At this inspection, the conservatory was maintained at an adequate temperature and the provider agreed to continue monitoring the temperature of this area.

At this inspection we found personal evacuation plans as well as contingency plans for emergencies had been developed and were now in place.

Robust recruitment procedures were now being followed. We looked at recruitment files for three staff who had been employed since the last inspection. All the required records and checks required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place as required. Prospective members of staff completed an application form, were subject to interview and references taken up. Checks had also been made against the register of people barred from working in positions of care. The provider told us that new members of staff were being recruited so that the home was less reliant upon the use of agency staff.

At the last inspection in January 2015 there were enough staff to meet people's needs. Concerns were raised before this inspection that staffing levels were not always adequate to meet people's needs. Staff and the provider told us that in response, the provider had agreed to increase staffing levels, particularly at critical times of the day such as the lunchtime period. This had been achieved by altering shift patterns for some staff so that they were deployed at times of most need. The provider confirmed that staffing levels would be kept under review, to make sure that there were enough staff on duty at all times to meet people's needs.

People were protected from abuse and avoidable harm as staff had been trained in safeguarding adults. Records were in place to show that all staff had received this training and that they received update training each year. The staff we spoke with confirmed they had been trained in safeguarding adults and were aware of how to report any concerns. Staff had also been trained in how to whistle blow, should they have concerns about practice in the home.

## Is the service safe?

There was a system for minimising potential risk of harm through the reviewing of accidents and incidents that occurred in the home each month looking for any trends where action could be taken to reduce further such occurrences. Examples of where action had been taken in response included the moving of one person who had experienced a number of falls to a ground floor room.

There were systems in place for managing medicines safely in the home to ensure people had the medicines prescribed by their GP. Suitable storage facilities for storing medicines were in place with two medicine trolleys (one for each floor of the home), a small fridge for storing medicines requiring refrigeration, and a lockable cupboard. Medicines were stored safely and correctly and there were regularly audits to check in medicines to make sure that unused medicines were returned to the pharmacist and storage areas not overstocked. Records were maintained of the temperature of the small fridge ensuring that medicines were stored at the correct temperature. Medicines with a shelf life had the date of opening recorded to make sure that they were not used by beyond their shelf life.

Medication administration records were completed by staff and there were no gaps in the records. People who suffered from allergies had these recorded at the front of their medication administration records together with a recent photograph. Some people's photographs were not at the front of their records and we were told this was because consent was being gained for a photo to be taken. Where hand entries had been made to medication administration records, a second member of staff had signed the record to verify its accuracy and where a variable dose of a medicine had been prescribed, the number of tablets given had been recorded to make sure people were given a safe dose.

Staff that the system for recording non-medicated creams was changing and a chart for the administration of these creams would be kept in the person's room with other key records for ease of access for care staff when assisting people with their personal care.

# Is the service effective?

## Our findings

People were living with dementia and were not able to tell us about their care and whether this was effectively planned and carried out. We observed staff supporting people appropriate throughout the inspection.

At the last inspection in January 2015, staff told us they had one to one meetings with the registered manager but that these were not always at the frequency of every eight weeks as detailed in the home's supervision policy. They said they felt supported by the registered manager, as the registered manager also often worked 'on the floor' and gave on the spot supervision of staff performance. However, at this inspection, the staff told us that they no longer felt supported in carrying out their role. They told us that they did not receive regular supervision and had not received an annual appraisal. They also said that frequent absence of the registered manager meant that staff were often left unsupported. Records we looked at showed that supervision of staff took place infrequently. This was a breach of Regulation 18 (2) (a) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

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

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.

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

The registered manager had made appropriate referrals to the local authority under DoLS; however, we found one person who had been subject to a DoLS but their authorisation had expired and the home had not contacted the Local Authority about applying for another order when the person's condition still warranted a further

application. We also found that although mental capacity assessments had been carried out about people's ability to make specific decisions, when 'best interest' decisions had been made, there were poor records maintained about the people consulted in making the 'best interest' decision. Overall, these omissions constituted a breach of Regulation 11 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff told us training was coordinated by the registered manager and that they were satisfied that the training provided equipped them with the skills and knowledge necessary for them to fulfill their role, with core and update training in place. We looked at a sample of staff records and a training analysis, which showed overall there was effective monitoring of people's training needs. Core training included safeguarding adults, infection control, health and safety, moving and handling, and medication administration for those staff who administered medicines. Staff were also required to have competency assessments for medication administration.

There were systems in place to meet people's nutritional needs. A nutritional assessment had been completed with each person and people's care plans detailed any assistance a person required. Everyone's weight was monitored each month and action was taken if people lost weight, such as the fortifying of meals and drinks or a referral to their GP. Some people had difficulty in swallowing with a risk of choking and had been referred to the speech and language therapists. We saw that where people had been prescribed a drink thickener, these people were only served drinks of the required consistency.

We received feedback from visiting healthcare professionals who had observed a mealtime before our inspection. They told us that the mealtime they had observed was not well-managed as one person had eaten very little and there was not much encouragement from staff in encouraging that person to have a full meal. The health care professionals also felt there were not enough staff to assist all the people who required assistance or encouragement. We observed the lunchtime period at this inspection. Generally, this was well-managed with staff assisting those people who needed help with eating. Overall, it was a positive experience with staff making sure

## Is the service effective?

people had had enough to eat. Additional staff had been deployed over the lunchtime period since the time when the healthcare professionals had made their lunchtime observations.

# Is the service caring?

## Our findings

We observed staff interacting with people. All interactions were positive with staff speaking kindly to people and staff offering support when people needed staff support.

Staff supported people with their consent where people could exercise choice, such as asking people as to which room they wished to go to when they got up and moved around the home. People were asked about choices at lunchtime and what they would like to eat.

We observed staff respected people's privacy and dignity. One person chose to stay in their room and this was respected. Staff knocked on bedroom doors before entering. Staff addressed people appropriately using their preferred form of address.

Although we did not speak with any relatives, staff told us that relatives could visit at any time.

Staff we spoke with were knowledgeable about people's needs, understanding their history, likes, preferences and how to support them.

There was poor record keeping concerning one person whose health had deteriorated in the weeks leading to their death. There was information recorded that the home had consulted the person's GP about the deterioration of their health but no end of life care plan had been developed to inform staff on how to support the person at the end of their life. Failure to maintain an accurate and complete record in respect of each person was a continued breach of Regulation 17 (2) (c) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

# Is the service responsive?

## Our findings

People were living with dementia and not able to tell us whether their assessed needs were being met. We observed staff responding to people when they needed assistance. The feedback from visiting healthcare professionals was the staff team were now better at responding to people's needs than when they first raised concerns.

Before the inspection the concerns that were raised indicated that the staff were not responding to people's care needs appropriately. One person had developed a pressure sore which had not been referred to the district nurses in a timely way and was raised as a safeguarding concern. On investigation, other concerns were raised. There was a concern that people were not getting the assistance with personal care. There was also concern about moving and handling as the home could not account with their records for bruising and other body marks to people's skin that were found by visiting health professionals. At the time of inspection the home was being offered assistance and support through the local safeguarding adults team. Everyone's moving and handling needs had been assessed by occupational therapist and addition equipment put in place to better meet people's needs. Staff told us the provision of new equipment to assist with people's moving and handling needs had improved things for people as well as the staff.

At this inspection the staff told us there was a good team who were committed to meeting people's needs. Staff we spoke with told us that communication and lack of management supervision before the inspection could have contributed to a decline in standards of care.

There were procedures to make sure that the home could meet the needs of people they accommodated. Before people moved into the home, the registered manager had met with the person or their representative to carry out a pre-admission assessment of the person's needs. Where people were funded though the local authority, the registered manager had also obtained a copy of the care manager's assessment of need as part of their assessment process.

Once a person was admitted to the home, further more in depth assessments had been carried out and care plans developed for each individual. However, we found that the

system for making sure care plans and associated risk assessments had failed with no updates or reviews of both having taken place since August 2015. We found that since that time many people's needs had changed and there was no information as to how to support people since their needs had changed.

The four people, whose care plans we looked at in depth, had been updated and kept under review until August 2015. After that date, no updates or reviews of the care plans had been carried out. Some of these people's needs had changed and staff were relying on day to day handovers to communicate changes in need but there were no records to refer to for delivering a consistent approach to meeting people's needs. This could lead to staff acting inconsistently and therefore placed people at risk of their needs not being met. At the last inspection in January 2015 we had found there was poor management of people's care planning with care plans and risk assessments out of date.

Failure to maintain an accurate and complete record in respect of each person was a continued breach of Regulation 17 (2) (c) of The Health and Social Care Act (Regulated Activities) Regulations 2014. Visiting healthcare professionals had also identified that not everyone had a call bell within reach when alone. Staff were checking on people who were unable to use a call bell. However care plans had not been developed to reflect the support being provided. This was an area for improvement.

By the time we carried out this inspection, the staff team together with support from the local safeguarding adults team and visiting health professionals had responded to people's changing needs. People requiring specialist equipment to support their care needs had the equipment in place, such as air mattresses and recliner chairs. Staff were checking that air mattresses were set at the pressure corresponding to the person's weight and people who required staff assistance with position changes to alleviate pressure to their skin were being repositioned and records maintained to show this. People who required thickener to their drinks because of swallowing difficulties were having drinks thickened as required. People's weight was being monitored and action taken, such as fortifying their food and referrals being made to their GP, if they lost weight.

The home employed a member of staff to carry out activities with people to help keep them meaningfully occupied. We spoke with this member of staff and found a

## Is the service responsive?

range of individual and group activities were planned and had taken place. One person had been given a plan of exercises through a referral to physiotherapy services and we saw records that showed staff supported this person to carry their exercise program.

The home had a well-publicised complaints procedure. Information giving guidance on how to complain was

clearly displayed at the entrance to the home for people to read. The provider's complaints policy informed that complaints would be acknowledged, responded to in a timely manner and the outcome communicated to all parties. We looked at the log of complaints. We found that complaints had been taken seriously and people responded to.

# Is the service well-led?

## Our findings

At this inspection, although the staff felt there was an open and positive culture at the home, the leadership and overall management had not improved since the last inspection in January 2015. Since the last inspection, a deputy manager had been appointed to support the registered manager as had been discussed at the last inspection. In the months leading to this inspection, the registered manager had had some periods of absence, which had contributed to the lowering of the morale of the staff team through lack of supervision and failure to update care plans and other records. There was also a need to improve communication between the home and health professionals so that people's changing needs could be planned and met consistently and in a timely way.

Following the inspection the registered manager informed us that they had submitted an application to cancel their registration as registered manager. They advised that they would become the joint deputy manager of the home, allowing for a new registered manager to be appointed. The provider told us action had been taken and

recruitment of a new manager was in progress. They also told us that they had increased their involvement in the running of the home and attending the home most days of the week.

No surveys involving people, their relatives and health professionals had been carried out this year as part of systems to monitor and improve the quality of service to people.

Systems to monitor and review care plans and other records had lapsed and overall management were reactive rather than proactive. Staff meetings were not held regularly in order to support the staff team.

Generally, the systems for record keeping could be improved. Not only were care plan and risk assessment not kept under monthly review since August 2015 but the systems were confusing. For example, records of people's weight and the record staff completed for people's repositioning where this was required were being recorded in different records so it was difficult to monitor if appropriate action was being taken. This amounted to a continued breach of Regulation 17 (2) (c) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Staff did not receive appropriate support, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**The service was not meeting the requirements of The Mental Capacity Act 2005**

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Accurate, complete and a contemporaneous records was not maintain in respect of each service user.

### **The enforcement action we took:**