

Avery Homes (Nelson) Limited

Milton Court 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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Milton Court Care Home is a residential care home, providing personal and nursing care to up to 148 people, some of whom are living with dementia support needs. At the time of inspection, 109 people were living at the service. The service comprises of six units. Each unit has its own communal areas which include a lounge, dining room and kitchen area. On the day of the inspection, one unit had been closed to support staffing levels and staff distribution within the service.

People's experience of using this service and what we found

Staffing levels were not always sufficient. We saw rotas which showed that assigned staffing levels were not always met due to staff shortages. People and staff gave us mixed feedback on staffing levels within the home, and whether peoples' needs were always met in a prompt manner. The registered manager was open and honest regarding the staff recruitment difficulties at this time.

We received mixed feedback from staff regarding the support they received from management team, and the general morale within the home.

An activity programme was in place, but participation in activities was negatively affected by the staffing shortages.

Medicines were stored and administered safely.

The service was clean, tidy, and well maintained. Infection control procedures were effectively followed by staff.

Staff were recruited safely, and inducted and trained to ensure they had the skills to carry out their roles.

A complaints system was in place. People knew how to use it, and the management responded to people appropriately.

Staff treated people with kindness, dignity and respect. We observed positive interactions between people and staff, and feedback from people about staff relationships were good.

The management notified CQC of specific events, as and when required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires improvement (published 16 June 2021)

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and ongoing management of the service . We also wanted to look at the action that had been taken since our last inspection, when a breach of regulation occurred.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service is Requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milton Court Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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 was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Milton Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by three inspectors, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Milton Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 26 people who used the service about their experience of the care provided. We also spoke with 17 members of care staff, a cleaner, a maintenance staff member, the registered manager, and the regional quality manager.

We reviewed a range of records. This included 12 people's care records, medication records, staff recruitment information, and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment;

At our last inspection, all staff we spoke with and most people we spoke with, told us that staffing levels were poor and affected the care delivered. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, some improvement had been made and the provider was no longer in breach of regulation 18. However, feedback was still mixed about staffing, and improvements were required.

- The registered manager was able to demonstrate how staffing levels had increased since our last inspection. Rotas we looked at confirmed this, although staffing levels were not always met. The registered manager was open and honest about the staffing difficulties at the present time, which they felt were affected in part by COVID-19, and recent changes in the law regarding vaccinations.
- Feedback from people about staffing levels and receiving prompt care was mixed. One person told us, "When I want something done, I usually have to do it myself, there is certainly not enough staff for us." Another person said, "The call bell, they have to come in here to turn it off and then they will leave and say 'I'll be back in 10 minutes' or maybe 30 minutes and it can be longer."
- Other comments from people were more positive. One person said, "I do feel safe. My room is near where the staff sit, and I just have to call out and they will come." Another person told us, "They [staff] are so lovely to me. They help me whenever I need help. I don't have to wait for long before they come and help me. I don't have to worry." And, "I love the home, staffing levels are generally good but fluctuate at times, however they are much better than before".
- Similar mixed feedback was received from staff. One staff member said, "We have lost good staff who are just leaving." Another staff member told us, "COVID-19 made a huge difference to life here, I think we are recovering a little bit now".
- We found no evidence that people had been harmed, however, people and staff spoke of the impact on the quality and timeliness of care delivery. The registered manager was actively recruiting new staff.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role. Staff were appropriately trained and inducted in to their roles, to ensure they could provide good care.

Assessing risk, safety monitoring and management

- Risk assessments documented risks that were present in people's lives, and enabled staff to work safely with people. Risks assessments were reviewed, and staff understood and followed risk assessments appropriately.

- For example, when pressure relieving mattresses were used, they were set to the correct setting and checked. This was recorded daily along with repositioning and fluid intake. All records we checked were complete and up to date.

Preventing and controlling infection

- The service was clean and well maintained.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the staff were using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe within the home and with the staff. One relative of a person told us, "Yes [Name] is safe and they quite spoil him really".
- Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager, provider, and external agencies if necessary. A staff member said, "I know how to report concerns and would not hesitate to report anything I was concerned about. It's my job and my duty of care."
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

Using medicines safely

- Medicines were stored and administered safely. Medicine administration records (MAR) were accurately completed, and details around people's specific needs with medicines, were documented and reviewed. This included sufficient information regarding medicines that were required on an 'as and when' basis.
- Staff were trained to administer medicines safely.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. Managers reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements. This included detailing any incidents to ensure staff learning took place.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activities programme was in place, but participation was at times negatively affected by low staffing levels. On our first day of inspection, activities occurred but were limited due to staff shortages. On our second day, more activity was available.
- People had mixed views on activity within the home. One person told us, 'I love looking at the garden here and I really would like to go outside- I've been hoping to get pushed around the grounds but they need two people to accompany me and it is not easy, I haven't been out there for months'. Another person said, "Activities are there but if I go, I have to use a wheelchair but the problem is getting back, you have to wait for so long for any help so it is not worth it".
- Other people had positive experiences with activities and told us, 'I enjoy cross stitch and they put some on my wall. I am going to make a poppy wreath today for my room'. Another person said, "I do join in the quiz, I won a prize recently and got questions right and that did boost the ego".
- Feedback from people was also mixed regarding the personalised care delivered by staff. One person said, "We need more regular staff and at times you don't know if you are going to get anyone and who it might be". Another person said, "Words cannot describe how good some of the carers are, they are all strained, over worked but they just do it!"
- Care plans we looked at contained sufficient information about people's likes and dislikes, which were reviewed regularly. This was supported by a 'resident of the day' system for reviewing people's documentation.
- People were able to maintain relationships that were important to them. A visiting system was in place that ensured people could see relatives whilst remaining safe in regards to Covid-19 infection control.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management were aware of the need to provide people with information in a format that was accessible to them.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and people knew how to use it. Any complaints made were formally followed up by a member of the management team.

End of life care and support

- When required, people were supported with end of life care. Systems were in place to ensure that care planning and medicines management were effective for people who needed this care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met through good organisation and delivery.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- There were mixed responses regarding staff morale and support within the service. One staff member said, "I am able to discuss any issues with the floor-based manager but not with the registered manager as she is not very visible or approachable." Another staff member said, "I could not go to the registered manager with a problem".
- Other more positive comments from staff included, "The registered manager is doing her best. She is often here until 7pm in the evening and is here at weekends." "I think the registered manager is very supportive."
- Staff felt they could not always achieve the best outcomes for people due to the staffing shortages. One staff member said, "We have no time to spend with people, we are rushed, and people are left waiting."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and regional quality manager were open and honest during our inspection, and told us that staffing the service had been a challenge due to multiple factors. One of the units within the home had been closed to concentrate staff in other areas, and active recruitment was ongoing. However, the service did not always have a full quota of staff on shift. We did not see any evidence that this resulted in harm to anyone living at the service, but the quality of care had been affected..
- Quality assurance systems were in place and audits took place to ensure all areas of the service were checked. This included infection prevention and control checks, and regular checks by the regional manager on different areas within the service. Actions were taken when improvements were required.
- Clinical risk registers continued to be completed, which focused on key aspects of people's care such as, catheter care, end of life, wound management and weight monitoring. These were checked on a monthly basis to ensure action could be taken when required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.
- The manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents meetings had been held to discuss ideas and suggest any changes that were required.
- Team meetings were used to share information with staff, and allow staff to feedback. We saw minutes of meetings to confirm these took place, and staff told us they were comfortable to speak up within this forum.
- People and their families were able to feedback formally via surveys and questionnaires, as well as regular meetings that relatives could dial in to remotely from home.

Working in partnership with others

- The management team worked in partnership with other health and social care professionals to ensure people's care needs were met. We received positive feedback from outside visiting professionals. A visiting nurse told us, "The staff are working well and managing a difficult situation with staffing levels."