Somerset Care Limited

Milton House

Inspection report

West Street
Bridgwater
Somerset
TA6 3RH
Tel: 01278 422235
Website: **www.somersetcare.co.uk**

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

Overall summary

Milton House is a care home which is registered to provide care for up to 51 people. The home specialises in the care of older people who require general nursing care. There is a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run.

At the last inspection carried out on 22 October 2013 we did not identify any concerns with the care provided to people who lived at the home.

This inspection took place on 21 October 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

Throughout our inspection we observed staff interactions were kind and respectful. There was a cheerful atmosphere in the home and people appeared relaxed and comfortable with the staff that supported them. One person told us "we have such a laugh. They know my

Summary of findings

sense of humour. We do have a giggle." Another person said "I'd give them top marks. All the staff here are fantastic. They always have a smile and that's saying something; it's not an easy job."

Staff knew what was important to people and they spoke about people in a caring and compassionate manner. For example, one member of staff said "I treat everyone like they were a member of my family. You have to be aware of the things that are important to people." A visitor told us "all the staff are so kind and thoughtful. My [relative] has always liked her clothes and jewellery to be coordinated. It is something that is important to her and all the staff know that."

People told us they felt respected by the staff who supported them. Comments included "they always knock on my door before they come in and if I just want to be by myself, they respect that" and "I need help to have a bath. When I first moved here I felt awkward about someone helping me, but the staff are lovely and I soon felt at ease."

Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information enabled staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs.

People could see appropriate professionals such as GPs, dentists, district nurses and speech and language therapists. People said staff made sure they saw the relevant professional if they were unwell. One person said "If you say you feel unwell, the nurses are there and they will get the doctor straight away." Another person told us "I will be seeing the dentist soon as my dentures feel a bit loose."

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines and we saw these were followed by staff. One person we spoke with said "I see the nurse every day. They bring me my tablets three times a day. They never forget me." Another person told us "Sometimes I need my pain killers. I just need to ask and they bring them straight away."

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome. People were supported to be involved in the local community and the home took part in community activities. For example children from a local school regularly visited the home and one person told us staff had taken them to a local fair the previous week.

Systems were in place which ensured people's wishes and preferences during their final days and following death, were respected. The home had recently achieved reaccreditation to the 'National Gold Standard Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life.

People lived in an environment which was safe and well maintained. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated.

Staff received training which enabled them to deliver effective care and support. We spoke with staff and viewed training records. We saw staff had good opportunities for on-going training and for obtaining additional qualifications. A number of staff had attained a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff training was kept up to date. Staff had also received training in how to care for people with a dementia.

Staff were up to date with current guidance about how to support people to make decisions and to keep them safe.

The people we spoke with told us they would feel comfortable about raising concerns if they had any. Comments included "I could tell any member of staff if I wasn't happy about something and it would be sorted out." Another person said "they wouldn't want you to be unhappy. They would want you to say if you had any worries." The visitors we spoke with told us they found the registered manager and staff approachable and would not hesitate in bringing any concerns to their attention.

There was an open and transparent ethos within the home. The registered manager told us they were committed to providing high standards of care. This ethos had been adopted by the staff we spoke with and

Summary of findings

observed. We observed staff morale was very good. Staff made the following comments “I love working here. I wouldn’t want to work anywhere else” and “It is such a happy home. We all work really well as a team.”

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

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?

Good

People were safe. The provider had systems in place to help reduce the risk of abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them.

Staff told us they had received training about how to recognise and report abuse. They were knowledgeable about what constituted abuse and they knew how to report concerns internally and to external authorities.

There were sufficient staff on duty to meet people's needs. The people we spoke with told us staff were available when they needed them.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines and we saw these were followed by staff.

Is the service effective?

Good

The service was effective. People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

People could see appropriate health care professionals to meet their specific needs. These included doctors, dentists, district nurses and speech and language therapists.

Staff had a good understanding of people's legal rights and of the correct procedures to follow where a person lacked the capacity to consent to their care and treatment.

Is the service caring?

Outstanding

The service was caring. Throughout our inspection we observed staff interactions were kind and respectful. There was a cheerful atmosphere in the home and people appeared relaxed and comfortable with the staff that supported them.

Staff knew what was important to people and they spoke about people in a caring and compassionate manner.

Where people had specific wishes about the care they would like to receive at the end of their lives these were recorded in the care records. This ensured that all staff knew how the person wanted to be cared for at the end of their life.

Is the service responsive?

Good

The service was responsive. People told us they received care and support in accordance with their needs and preferences.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone.

Summary of findings

Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information enabled staff to provide personalised care to the people they supported.

Is the service well-led?

Good 

The service was well-led. Staff were committed to providing high standards of care. Staff morale was noted to be very good.

There were clear lines of accountability and responsibility within the management team. Registered nurses led each shift and were supported by care staff who had been appropriately trained.

There were quality assurance systems to make sure that any areas for improvement were identified and addressed.

Milton 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 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.

This inspection took place on 21 October 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. It was carried out by an inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

At the last inspection carried out on 21 October 2013 we did not identify any concerns with the care provided to people who lived at the home.

At the time of this inspection there were 41 people living at the home. During the day we spoke with 17 people who lived at the home and seven visitors. We also spoke with eight members of staff, the registered manager and the deputy manager.

We spent time in the lounges and dining areas of the home so that we could observe how staff interacted with the people who lived there.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included four staff personnel files and the care records of four people who lived at the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person said "I feel very safe here and all the staff are so kind to me." Another person told us "I definitely feel safe here and the staff look after me very well." A visitor told us "I feel so reassured knowing my [relative] is safe and is being well cared for. All the staff are so kind."

Staff told us they had received training about how to recognise and report abuse. They were knowledgeable about the types of abuse and they knew how to report concerns. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. We saw appropriate authorities had been informed where concerns had been identified. This was in accordance with Somerset's policy on safeguarding adults from abuse.

The provider's staff recruitment procedures minimised risks to people who lived at the home. We viewed three staff personnel files. Application forms contained information about the applicants' employment history and qualifications. Each staff file contained two written references one of which had been provided by the applicants' previous employer. We saw that the applicant had not been offered employment until satisfactory references had been received. This helped to make sure the applicant was suitable. We saw that staff did not commence employment until satisfactory checks had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People told us staff were available when they needed them. They told us "I sometimes need to use my bell and when I do; the staff come quite quickly really" and "I know the staff are busy but they always have time for a chat and a laugh." At the time of the inspection there were two registered nurses and ten care assistants on duty. The registered manager and deputy manager were also on duty. The nurses and care staff were able to focus on meeting people's care needs because the home employed additional staff to provide domestic, catering, maintenance, activities and administrative tasks. The registered manager told us staffing levels were determined by the dependency levels of the people at the home. They explained staffing levels were increased to meet people's changing needs where required. An example included where a person was nearing end of life so additional support could be provided.

Staff encouraged and supported people to maintain their independence. There were risk assessments in place which identified risks and the control measures in place to minimise risk. Examples included mobility and falls risk assessments. We saw people had been provided with appropriate equipment which enabled them to move independently. Assessments had been regularly reviewed to ensure risks to people were minimised.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines and we saw these were followed by staff. One person we spoke with said "I see the nurse every day. They bring me my tablets three times a day. They never forget me." Another person told us "Sometimes I need my pain killers. I just need to ask and they bring them straight away."

We saw people's medicines were securely stored in their bedrooms and they were administered by staff who had received appropriate training. One member of staff said "When I first had the training I didn't feel very confident about doing the medicines. It was great because the nurses really supported me and I had additional training. I didn't have to do a medicine round until I felt confident."

We looked at medicine administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained. We saw these medicines were checked by staff at the end of every shift. Protocols were in place for the administration of 'as required' medicines. This meant people received appropriate medicines when needed and ensured that people received a consistent approach from the staff who supported them.

Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe.

Good

Is the service safe?

Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated.

Good

Is the service effective?

Our findings

People spoke highly of the staff who worked at the home and they told us they received care and support in accordance with their needs and preferences. One person said "I wake up at 6 o'clock every morning. I always have done. The staff know this and they always bring me a nice cup of tea." Another person said "all the staff are really good. They will do anything to help you."

We spoke with staff and viewed training records. We saw staff had good opportunities for on-going training and for obtaining additional qualifications. A number of staff had attained a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff training was kept up to date.

Staff personnel files showed staff received regular formal supervision which monitored staffs' competencies and training needs. Staff told us they found supervision sessions "very useful." Staff said "you not only get to have a face to face chat about things; you are also observed during practice to make sure you know what you are doing. I think that is good." and "the good thing about it is you get feedback on how you are doing. If you feel you need more training; you just say and it is arranged."

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. The MCA provides a legal framework which protects people who lacked the mental capacity to make certain decisions about their care and treatment. Where a person had been assessed as not having capacity to consent to their care or treatment, appropriate professionals, staff and others who knew the person well, would be involved in agreeing whether or not care or treatment would be in the person's best interests. The staff we spoke with demonstrated a very good understanding of how to support people to make decisions and of the procedures to follow where an individual lacked the capacity to consent to their care and treatment. One member of staff said "this is their home. They have the right to make choices. If we were concerned about anything we would tell the nurse or manager."

The registered manager told us there was nobody living at the home who was subject to Deprivation of Liberty safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was in the process of completing DoLS applications for some people who met the criteria following a recent court ruling. This ruling widened the criteria for where someone maybe considered to be deprived of their liberty. For example, external doors in the home are kept locked as some people would be at risk of harm if they left the home unaccompanied. The registered manager was very aware of this and had prepared DoLS applications to ensure people's legal rights were protected.

There were risk assessments in people's care records which included skin care and mobility. We saw that where someone was assessed as being at high risk appropriate control measures, such as specialist equipment had been put in place. One person had been assessed as being at high risk of pressure damage to their skin. We saw they had the identified pressure relieving equipment in place. We viewed the records for one person who was being treated for a pressure ulcer. We saw the person received effective treatment. Records maintained by the registered nurses showed the wound was healing. Treatment had been regularly reviewed to ensure this remained effective.

People could see appropriate professionals such as GPs, dentists, district nurses and speech and language therapists. People said staff made sure they saw the relevant professional if they were unwell. One person said "If you say you feel unwell, the nurses are there and they will get the doctor straight away." Another person told us "I will be seeing the dentist soon as my dentures feel a bit loose."

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. One person at the home had lost a significant amount of weight. Staff told us, and the person's care records showed that appropriate professionals had been contacted to make sure the person received the necessary treatment. On the day we visited, the person's doctor visited to review their condition and prescribed treatment. We saw staff had maintained records of this person's food and fluid intake on a daily basis. This information was shared with the doctor which helped to determine the effectiveness of their plan of care.

We were present when lunch was served in the dining room. We saw people received their meals promptly. Some

Good

Is the service effective?

people required assistance to eat their meals. We saw these people were assisted by staff in an unhurried and dignified manner. The people we spoke with were very positive about the meals provided. One person told us "there are choices for every meal. If you don't fancy either, then you can have something else. You never go hungry here." Another person said "the food is excellent and the staff here know what you like and what you don't like." The lunch time meal looked appetising and plentiful. Serving dishes had recently been introduced to promote people's independence. This also provided a visual aid to assist people living with dementia to make choices as they could see what was available. Staff told us this had proved to be successful.

Outstanding ☆

Is the service caring?

Our findings

Throughout our inspection we observed staff interactions were kind and respectful. There was a cheerful atmosphere in the home and people appeared relaxed and comfortable with the staff that supported them. One person told us "we have such a laugh. They know my sense of humour. We do have a giggle." Another person said "I'd give them top marks. All the staff here are fantastic. They always have a smile and that's saying something; it's not an easy job."

We spoke with staff about the people they supported. They knew what was important to people and they spoke about people in a caring and compassionate manner. For example, one member of staff said "I treat everyone like they were a member of my family. You have to be aware of the things that are important to people." A visitor told us "all the staff are so kind and thoughtful. My [relative] has always liked her clothes and jewellery to be coordinated. It is something that is important to her and all the staff know that."

Another visitor said "Every time I visit I see nothing but kindness. I am offered refreshments and can visit whenever I want to. Every Sunday I have lunch with my [relative] which means so much to both of us. I can't fault anything."

People told us they felt respected by the staff who supported them. Comments included "they always knock on my door before they come in and if I just want to be by myself, they respect that" and "I need help to have a bath. When I first moved here I felt awkward about someone helping me, but the staff are lovely and I soon felt at ease."

We saw people could choose how and where they spent their day. Some of the people we met with told us they preferred to stay in their bedrooms. We observed some people were nursed in bed because of their frailty. We observed staff checking people throughout the day. People told us they were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. We saw in care plans people's life histories had been recorded so staff would know what the person's interests were.

Systems were in place which ensured people's wishes and preferences during their final days and following death, were respected. The home had recently achieved reaccreditation to the 'National Gold Standard Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Reaccreditation for this award is carried out every four years. The registered manager told us they had monthly meetings with a palliative care nurse to ensure people were receiving the best possible care. A local GP, with a special interest in end of life care, visited the home each week to discuss the care provided to people. They also provided training for staff and liaised with other GP's to ensure a consistent approach to people's care.

The registered manager told us they had introduced various things to support people in the home following the death of a person. They explained with great compassion how they wanted to ensure people's feelings were respected and they received support to grieve. They said "we have to remember residents will be affected in different ways following a death. They might have been good friends with that resident. Imagine how awful it would be if they came down to breakfast and saw an empty chair." They also said "residents could also feel quite scared. We need to make sure we support them as best we can."

The registered manager had arranged for a local vicar to hold twice yearly memorial services at the home so that people who lived at the home and relatives could attend. In their provider Information Record (PIR) it stated "these are well attended and have the support of a local vicar to lead the non- denominational service. The event is seen as a 'Thanksgiving' style event. Families say they find this beneficial as they can then have 'closure' following the death of their loved one. Families also like to speak with staff and share some refreshments with them, remembering their loved one and also thanking staff for their help. This is also beneficial to staff." We also saw a 'memorial table' had been set up in the home to remember people who had passed away.

We saw the home had received numerous cards from relatives which praised the staff for the care their relatives had received at the end of their life. One we read said 'we were so glad our [relative] was under your care for the last few days of their life. Thank you for all the care and kindness.'

Good

Is the service responsive?

Our findings

The staff we spoke with and observed demonstrated a very good knowledge of the people they cared for. For example two staff told us about one person who preferred to have assistance with their personal care from female staff. They said "we all know this and make sure they are always allocated a female carer. Important things like this are always discussed at the handover."

People told us they received care and support in accordance with their needs and preferences. One person told us "the staff come and help me turn in bed. I can't do it by myself. They come in very regularly so I don't get uncomfortable or sore." Another person said "I recently had a bit of an infection. The doctor said I had to drink plenty of water. The staff remind me to drink every couple of hours. They are very good."

The service was responsive to changes and concerns in people's care or welfare. During our inspection we heard the registered manager on the telephone requesting an assessment for one person who had been experiencing difficulties and some discomfort with their hoist sling. The manager had responded to this after they had been informed by one of the registered nurses.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes; people's relatives also contributed. One person said "It was my decision to move here. Before I moved, they came to meet me and asked me all about myself. I knew what to expect and I haven't been disappointed."

Relatives told us they felt informed and involved about the care of their relative. One visitor told us "I am always invited to reviews. It gives me and my [relative] the opportunity to discuss all sorts of things. We are encouraged to say if we feel things have changed and whether we are happy." Another visitor said "they are marvellous. I am kept informed about the slightest thing. It's very reassuring." We were also told "I have been invited to my [relative's] review tomorrow where we are going to go through the care plan to see what is working and what is not working."

The care plans we read contained clear information about people's assessed needs and preferences and how these should be met by staff. This information enabled staff to provide personalised care to the people they supported. Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome. People were supported to be involved in the local community and the home took part in community activities. For example children from a local school regularly visited the home and one person told us staff had taken them to a local fair the previous week.

People were provided with opportunities to take part in activities and social events. Activities staff were employed and were available seven afternoons a week. Care plans contained information about people's life history and social preferences. Staff knew about people's preferences and we saw people were provided with opportunities to express a view on the activities offered. The people we spoke with were positive about the activities offered. They made the following comments "there is always something going on if you want to join in. I really enjoyed the bowling today. Great fun and keeps me fit" and "we have games, bingo, all sorts really. Every day there is something different." A visitor told us "it's a very sociable place. We are invited to join in with things too if we want to. The other day there was a reminiscence session which was really good."

We viewed the minutes of a recent staff meeting where staff were reminded of the importance of ensuring activities were meaningful and 'person centred.' Staff had been encouraged to read people's life history information so they knew about people's previous occupations, hobbies and music preferences. The staff we spoke with demonstrated a good knowledge of people's preferences. For example, staff told us about one person who liked to listen to a particular radio station.

We saw the service encouraged and responded to views and suggestions from people who lived at the home, staff and visitors. Every month "themed conversations" were carried out. People and staff were asked for their views on various topics. The findings were then displayed in the home on a large poster headed "You said. We did." Recent changes implemented following comments included the

Good

Is the service responsive?

recruitment of additional relief staff, changes in the activities programme and menu. One person had requested an additional shower during the week and we saw this had been facilitated.

Information about how to make a complaint had been clearly displayed in the reception area of the home. People were provided with a copy of the complaints procedure when they moved to the home. This was available in accessible formats such as large print. One person we met with used symbols and pictures to communicate. People told us they would feel comfortable about raising concerns if they had any. Comments included "I could tell any member of staff if I wasn't happy about something and it would be sorted out." Another person said "they wouldn't want you to be unhappy. They would want you to say if you had any worries." The visitors we spoke with told us they found the manager and staff approachable and would not hesitate in bringing any concerns to their attention.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the home. They were supported by a deputy manager and a team of registered nurses and care staff. Staff told us they found the management of the home "very approachable."

The registered manager was visible in the home and people looked relaxed and comfortable in their presence. One person said "the manager told me anytime you want to see me, make sure you tell a member of staff." Another person said "the manager came to see me the other day and asked how I was. They told me someone is coming to see me to see how to help me and get me mobile."

The registered manager told us they were committed to providing high standards of care. This ethos had been adopted by the staff we spoke with and observed. Staff morale was noted to be very good. Staff made the following comments "I love working here. I wouldn't want to work anywhere else" and "It is such a happy home. We all work really well as a team." Staff told us they received regular supervisions which included observations of their practice. This meant staff's skills and competencies were regularly reviewed.

All the staff we spoke with confirmed they understood their right to share any concerns about the care provided to people. They said they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns. They said the manager always acted immediately on any concerns they reported while maintaining their confidentiality.

Regular meetings were held for staff where their views were encouraged. We read the minutes of a recent meeting. These showed the manager had shared the "strategic plan" for the service with staff. This looked at how to provide and further develop a quality service, how to build a professional workforce and how the service was committed to providing staff with on-going professional development and training. Staff had been informed of training opportunities such as advanced end of life care and dementia care mapping. Dementia Care Mapping is a set of observational tools developed by Bradford Dementia Group, designed to evaluate quality of care from the perspective of the person living with dementia. It promotes a holistic approach to care, supporting the well-being and psychological needs of the person with dementia.

There were audits and checks in place to monitor safety and quality of care. A person from the company's quality assurance team and a manager from another of the provider's services were carrying out a quality audit on the day we visited. They reviewed records which included care records, health and safety records and staff personnel and training records. We saw they also spoke with staff and people who lived at the home to seek their views.

We viewed the records from a previous visit and saw action had been taken where shortfalls had been identified. An example included reviewing care plans to ensure all sections had been appropriately signed by staff. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.