

Mr Anandutt Rucktooa

New Milton Nursing 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: New Milton Nursing Home can accommodate 24 people in one adapted building. There were 23 people living at the service when we inspected, some of whom were living with a dementia.

People's experience of using this service: Environmental risks had not always been identified and assessed. The premises were not always safe for people living at the service. Infection control procedures were not always followed by staff.

There was a governance framework in place, designed to assess the quality and safety of care, which was not always effective. The management team completed audits of the service and created action plans to improve quality and safety. However, these did not include actions to remove or reduce the risks we found or fully assess the service.

Care records detailed how people liked to be supported and their current health needs, but these were not always person-centred.

There were regular reviews of people's needs to make sure they received the support they required. People had regular input from other health care professionals and external agencies, for example GPs. People received care which promoted positive outcomes to their wellbeing and independence.

Medicines were managed safely, and support was provided in line with best practice. Individual risks to people had been fully assessed and mitigated to help keep people safe.

People's privacy and dignity were respected by staff at all times. People were supported to attend and engage in activities within the service which were of interest or benefit to them. The service worked in partnership with other health and social care agencies to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were safely recruited and received regular training. New staff were provided with a comprehensive induction which provided them with the relevant knowledge and skills needed to support people.

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

Rating at last inspection: Good (report published October 2016).

Why we inspected: This was a planned inspection based on the rating at the previous inspection.

Enforcement: We have identified two breaches of the Health and Social Care Act (Regulated Activities)

Regulations 2014 in relation to the safety and governance of the service. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will continue to monitor the service through information we receive from the service, the public and partnership agencies. As part of our process we will be requesting an action plan to be completed to address the issues identified. We will re-visit the service in-line with our inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

New Milton Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector, one specialist advisor nurse and one Expert by Experience who had experience in supporting people living with a dementia. 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: New Milton Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 that 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: The inspection was unannounced.

What we did: Prior to the inspection, the registered manager completed a Provider Information Return. This is a form that the provider must send to CQC with key information about the service, what improvements they have planned and what the service does well.

We reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adult's teams. We contacted the NHS Clinical Commissioning Group, who commission services from the provider. We also contacted HealthWatch, who are the independent consumer champion for people who use health and

social care services. The feedback from these stakeholders was used in the planning of our inspection.

During the inspection we reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We carried out telephone interviews with three members of staff after visiting the service.

We spoke with six people who used service, seven relatives and six members of staff including the registered manager. We reviewed the care records for three people, medicine records for three people and the recruitment records for two members of staff.

We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.

Is the service safe?

Our findings

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

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. Regulations were not fully met.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The premises were not always safe for people living at the service. For example, the sluice door could not be locked, and hazardous cleaning fluids were accessible. The electricity cupboard was locked with the key stored in the lock. People who could not safely assess risk to themselves could have accessed these areas which may have resulted in serious injury.
- Equipment was stored in communal bathrooms, which posed a trip hazard to people, and pull cords were not accessible in the bathrooms.
- Infection control procedures and good practice were not being followed by staff. For example, bandages were stored under a sink unit in the treatment room and some areas of the service required additional cleaning. Clinical waste bins were not locked.
- Premises checks did not identify the issues we found during the inspection.

The provider's failure to ensure the premises were safe put people at risk of harm. This demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team took immediate action to address our concerns and remove the risks to people.
- There was regular testing of equipment, water, electrical, gas and other premises testing to help keep people safe.
- Personalised risk assessments were completed in partnership with people to help keep them safe.
- People felt safe living at the service and relatives agreed. One relative told us, "I've got peace of mind regarding (person)'s care."

Learning lessons when things go wrong

- Accidents and incidents were recorded but these were not regularly reviewed or audited for trends by the management team.
- Lessons learned were not fully documented. We were unable to see evidence that the service had learned from incidents to prevent future occurrences.

Systems and processes to safeguard people from the risk of abuse.

- There were safeguarding policies in place and staff had received training around identifying abuse. One staff member said, "My safeguarding training is completed. Everyone is safe here and I would say if they weren't."

Staffing and recruitment.

- Staff recruitment continued to be safe.
- There were enough staff to support people safely in line with their assessed needs.

Using medicines safely.

- Medicines were managed safely. People who were supported with their medicines confirmed they received them and at the correct times
- Staff had received training around medicine administration and had their competencies checked regularly.
- Medicines were audited regularly and were stored in a locked treatment room.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.
- Staff had received training in MCA and DoLS. Staff asked people for consent before providing support and asked for people's choices for meals and drinks.
- People had their needs assessed and regularly reviewed. People were asked how and what support they would like.
- People received support in line with best practice standards and guidance.

Staff support: induction, training, skills and experience

- Staff received an induction to provide them with the skills and knowledge to carry out their role.
- Ongoing provision of regular staff training ensured their knowledge was up to date.
- The management team carried out regular supervisions with staff. One staff member told us, "Support is good from the senior and management."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet. One person said, "The food is very good."
- People at risk of malnutrition were referred to other health care professionals, for example the dietician, and monitored regularly.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs but some areas of the service required refurbishment , for example handrails required repainting and not all communal bathrooms had clear legible signage. There were elements of a dementia friendly environment , for example handrails and doors were painted in contrasting colours to walls and floors.
- There was signage around the service to help people find their way.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The staff worked in partnership with other health care professionals, for example the speech and language therapy team, to make sure people had a constant level of support that met their needs.
- Care records showed involvement from other agencies and care plans were updated to show the latest advice and guidance provided.
- If people's needs changed or staff were concerned referrals were made to the appropriate team, for example the local GP.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by staff; staff were friendly and caring with people and knew them well.
- People and relatives were positive about the support from staff. One relative commented, "Staff are excellent."
- Equality and diversity policies were in place to ensure people were treated with dignity and respect regardless of their sex, race, age, disability or religious belief.
- Staff had time to support people and engage with them. Staff knew people well and we saw people laughing and joking with staff whilst being supported.

Supporting people to express their views and be involved in making decisions about their care

- The service promoted advocacy and there was information available for people and relatives to access these services.
- There were resident and relative meetings where people were asked for their feedback and suggestions about the service.
- Staff took their time whilst supporting people; they had time to talk and listen to people and relatives. One relative told us, "They (the staff) talk to me as an equal."
- Staff knew what support they needed. Care plans did not fully detail the level of provided by the staff team.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful towards them. One person said, "They are aware of my privacy needs."
- Staff asked if they could provide support to people and knocking on people's bedroom doors before entering.
- People were encouraged to be independent and carry out tasks with staff nearby to keep them safe. One person commented, "I shower myself, but they (the staff) stay with me."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People care plans highlighted their strengths and promoted their independence. Although staff knew people's personal preferences these were not always fully detailed in care plans. We discussed this with the management team who assured us they would review people's care plans.
- People's care needs were regularly reviewed with people and their relatives.
- People were supported to attend activities in the community and within the service. During the inspection the service hosted a clothes sale where people could choose new items of clothing. One person told us, "I like the singers and I take part."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, for example speaking directly to a person or providing pictorial information.

Improving care quality in response to complaints or concerns

- There was a complaints process in place at the service and this was available in easy read format.
- The management team could tell us what action they would take if a complaint was received.
- People and their relatives told us they knew how to raise a complaint and that they currently had no concerns.

End of life care and support

- Staff had received training in delivering end of life support to people as part of their induction and on-going training.
- There were recorded discussions and plans in place for how people would like to be supported with their end of life 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not ensured the systems and processes in place were operated effectively to make sure people were kept safe.
- There were no regular checks of the premises or health and safety risk assessments in place. Records and audits relating to the safety of the premises were missing or not completed. The quality and assurance systems in place did not identify the issues we found during the inspection.
- The provider failed to have adequate oversight of the quality and safety of the premises.
- The management team carried out audits to monitor the quality of care provided but we found these were not thorough or fully completed.
- Accidents and incidents were not fully investigated .

The provider failed to ensure that the quality and assurance systems in place fully assessed, monitored and mitigated risks relating to health, safety and the welfare of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

- The management team acknowledged the systems in place needed to be improved and during our inspection they began looking at ways to improve. Health and safety issues we identified during the inspection were addressed by the provider and the risks to people were removed.
- The management team interacted positively with people, relatives and staff. One person said, "(The management team) speak to me regularly." One staff member told us, "The registered manager is visible and is approachable." A staff member said, "Management are approachable if you have a problem."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's care plans detailed how staff were to support them but lacked individuality and were not always person-centred.
- People and relatives were positive about the staff culture at the service. One person told us about how well staff worked together and said, "That's what it's all about, they help each other, they seem to like one another."
- If things did go wrong, apologies were given to people and their relatives.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a good standard of effective care and

treatment. Involvement from other health care professionals was detailed in people's records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff were supported with their personal development.
- Results from surveys, quality and assurance audits and meetings were used to improve the service. One person told us, "Every two or three months, there are resident meetings. Various areas are discussed, including laundry problems."
- Staff were positive about the service and told us they were asked for their feedback during staff meetings. One staff member commented, "Best thing about (the service) is the care from the staff and the way it's all run. The nurses are very good and so are the managers. We try to run it as smoothly as we can."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The premises were not always safe for people using the service. Health and safety risks had not been fully identified, assessed and mitigated.
Treatment of disease, disorder or injury	Regulation 12(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The quality and assurance systems in place did not fully assess, monitor and mitigate risks relating to health, safety and welfare of service users.
Treatment of disease, disorder or injury	Regulation 17(1)(2)