

Surbiton Care Homes Limited

Milverton Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service effective?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 February 2015 at which two breaches of legal requirements were found. We found that induction processes were inconsistent with unclear training goals. Staff and care records were not easily accessible and were incomplete, this included supervision records, wound management plans and Mental Capacity Act (2005) assessments. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirement in relation to staffing and good governance.

We undertook a focused inspection on the 18 September 2015 to check that they now met legal requirements. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Milverton Nursing Home' on our website at www.cqc.org.uk.

Milverton Nursing Home is registered as a care home for up to 30 people. It provides accommodation for people who require personal care and nursing, some of whom have dementia. At the time of the inspection 29 people were using the service.

At our focused inspection on the 18 September 2015, we found the registered provider had followed their plan and legal requirements in relation to staffing and governance had been met.

Staff were inducted to the service, including shadowing experienced staff and familiarising themselves with people's needs. Staff were assessed as competent before undertaking duties independently and staff received any training identified as necessary during the induction process. Staff received regular supervision sessions and records were kept of these.

Staff records and people's care records were stored securely and were easily accessible.

Summary of findings

People's care records were up to date and complete, including Mental Capacity Act 2005 assessments, wound management plans and 'person-centred profiles' outlining peoples likes, interests and preferences.

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 effective?

We found that action had been taken to improve the effectiveness of the service.

Staff completed an induction to the service which enabled them to familiarise themselves with their duties and the needs of people using the service. Staff's competency to undertake their duties was assessed and any training needs were identified. At the end of staff's induction an individual learning plan was developed.

The registered provider was now meeting legal requirements with regards to staffing. While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'effective' at the next comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve the leadership of the service.

Records were stored securely and were easily accessible. Records were kept of staff supervision sessions. People's care records were up to date and complete, including information about people's capacity to make decisions, their preferences and wound management.

The registered provider was now meeting legal requirements with regards to good governance. While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'well-led' at the next comprehensive inspection.

Requires improvement



Milverton Nursing 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 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.

We undertook a focused inspection of Milverton Nursing Home on 18 September 2015. This inspection was completed to check that improvements to meet legal requirements planned by the registered provider after our

comprehensive inspection on 10 February 2015 had been made. We inspected the service against two of the five questions we ask about services: is the service effective? Is the service well-led?

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included the registered provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with the registered manager, and a newly recruited healthcare assistant. We reviewed three people's care records, four staff induction records, and six staff supervision records. We also reviewed care records audits.

Is the service effective?

Our findings

At our previous comprehensive inspection on 10 February 2015 we found that induction processes for new staff were inconsistent and contained unclear training plans. We saw that the newly recruited chef and kitchen staff had not completed their food hygiene training.

At this focussed inspection we found that all new staff had received an induction to the service. Staff that were new to a caring role were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The service's induction enabled staff to shadow more experienced staff giving them the opportunity to familiarise themselves with the service and people's needs. Senior staff supervised and assessed staff as being competent before they were able to undertake their duties independently.

During induction the shift leaders and nurses fed back to the registered manager about staff's performance. This helped the registered manager to identify any training

needs new staff had and to develop individual learning and development plans. The registered manager reviewed the training courses staff had completed in previous roles, and ensured staff were enrolled on refresher training which enabled them to update their knowledge. Some staff at the service had completed 'train the trainer' courses and were able to provide an internal rolling training programme, this included being able to provide practical safe moving and handling techniques. The chef and kitchen staff had completed food hygiene training to ensure they were aware of safe food management.

A newly employed staff member told us the induction gave them the opportunity to get to know the people using the service and they were aware of what training courses they were booked onto and required to complete. They felt well supported by their colleagues and the registered manager when starting at the service.

Staff had received appropriate induction processes to ensure they had the skills and knowledge to undertake their role. The service was now meeting the breach of legal requirement we identified at our last inspection.

Is the service well-led?

Our findings

At our previous comprehensive inspection on 10 September 2015 we found staffing records in relation to supervision sessions were not easily accessible. People's care records were incomplete. Records to document people's capacity to make decisions were not completed, some aspects of wound management records were missing including photographs and body maps, and we found that some records were missing information about the person including their likes, interests and preferences.

At this focussed inspection we found that staff records and people's care records were stored securely, easily accessible and located promptly. The records were well organised and staff were able to access information when needed. The registered manager ensured staff received supervision regularly. Staff received monthly supervision during their probation period and three monthly thereafter. The supervision records showed staff were supported, their performance was reviewed and their training needs were discussed.

We viewed the records for people that had wounds. Wound management plans took account of advice provided by the

tissue viability nurse, included body maps, photographs and regular recording of the wound following dressing changes. Each person had a record which documented which day-to-day decisions they were able to make and any concerns regarding a person's capacity to make decisions about their care. We saw that the registered manager had liaised with a person's social worker when they were concerned about a person's capacity to make a decision. People's records contained a 'person-centred profile' which detailed information about their likes, interests and preferences. It also contained information about previous employment and people that were important to them. The information enabled staff to get an overview of the person's interests and to aid interactions, conversations and help tailor the support provided.

The manager undertook audits on the quality of care records and had invited other healthcare professionals to review the quality of care records. For example, a nurse practitioner had reviewed wound management records.

We found that complete and appropriate records were kept about the support provided to people and staff. The service was now meeting the breach of legal requirement we identified at our last inspection.