

Mr A L Ah-Kan and Mrs M Ah- Kan

Milton Grange

Inspection report

9 Milton Road
Charminster
Bournemouth
Dorset
BH8 8LP

Tel: 01202554351

Date of inspection visit:
04 August 2016

Date of publication:
26 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 4 August 2016.

Milton Grange provides residential care for up to 16 older people. There were 15 people living in the home at the time of our visit, some of whom were living with dementia.

The manager and owner had run the home for 27 years. They took a hands on approach and had built up positive relationships with people and staff. People had confidence in staff and told us that staff were caring and friendly. There was a relaxed atmosphere in the home and staff worked well as a team. People were supported by staff who took the time with people that they needed. We saw staff being kind and patient with people and offering reassurance when they needed it.

The manager had created an open transparent environment with information clearly on display and easily accessible. The manager was highly visible around the home and was able to present information to us with ease.

People told us they felt safe living in the home. Staff were aware of what constitutes abuse and the actions they would take if they suspected if someone was being abused. Staff were able to explain how to escalate any concerns about poor practice.

People were supported by enough staff who had been recruited safely. Relevant checks were undertaken before people started work. For example references were obtained and checks were made with the Disclosure and Barring Service to ensure that staff were safe to work with vulnerable adults. The manager told us the staff team were consistent and there was no use of agency. This meant people were supported by staff who knew them well.

Staff were proud of the home achieving accreditation with Gold Standards Framework at beacon status. This is a nationally recognised framework for ensuring people receive a high quality standard of end of life care. The manager told us they felt passionately about the award and they had celebrated by hosting a party for people, family and staff. There were several examples of how the home had achieved this award such as the use of a coding system, advanced care planning. They also celebrated the memory of people who had passed away and there were photographs on display.

People had opportunity to be involved in activities that interested them. There was a lively atmosphere within the home and people told us they could do as much or as little as they liked.

People's risk were assessed and plans developed to ensure that they received care which minimised the risks of them coming to harm. For example people at risks of falls had a falls risk assessment which included input from a healthcare professional if necessary and recommendations how to support the person safely. Accidents and incidents were monitored by the manager so that trends or patterns could be identified and

actions taken to prevent a re-occurrence.

Medicines were managed safely. Medicine Administration Records (MAR) were signed to indicate that people had received the correct medicine. Medicines were kept securely and staff who were responsible for administering medicine had undergone training and were aware of actions to take if an error occurred.

There were quality monitoring systems in place which included regular checks of care plans. Any improvements needed were highlighted and there was a process for ensuring actions were recorded and checks made to ensure they were completed. Other checks included infection control, mattresses and environmental health and safety checks.

People had access to healthcare when they needed it; peoples care records demonstrated contact with a variety of healthcare professionals. One person told us that staff recognised if they were unwell and arranged for them to see their GP. They told us "I am well looked after."

People had personalised care plans which were took account of their likes, dislike and preferences. They were kept up to date and reviewed when needed and staff were knowledgeable about peoples care needs.

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 ●

The service was safe. There were sufficient staff to meet people's needs.

Medicines were stored and administered correctly by staff who had completed the appropriate training...

People's risks were assessed and care was delivered to minimise the risks to people.

People were at reduced risk from harm and abuse. Staff were aware of how to identify and respond to actual or potential abuse.

Is the service effective?

Good ●

The service was effective. People were cared for by appropriately trained staff.

People had choices at mealtimes such as what to eat and where to sit. Staff completed food charts as and when necessary.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to healthcare from a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring. People were cared for by staff who treated them kindly. There was a relaxed atmosphere in the home.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

The home was accredited with Gold Service Framework at beacon status for end of life care.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and engaged in activities that interested them.

Care plans were in place which clearly described the care and support people needed.

People told us they knew how to raise concerns. There was a complaints policy. There had not been any complaints.

Is the service well-led?

Good ●

The service was well led. The registered manager was visible and approachable. There was an open culture and information about the home was easily available.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

Milton Grange

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.

This inspection took place on 4 August 2016; it was carried out by one inspector and was unannounced.

Before the inspection we received a Provider Information Return (PIR). A PIR 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 spoke with three people and five staff which included the manager, the senior care worker, who also had responsibility for coordinating activities, the cook and two further care workers. We looked at three care records and a sample of the Medicine Administration Records (MAR) and two staff files. We also contacted a representative from the local authority quality improvement team.

We looked around the service and observed care practices throughout the inspection. We saw four weeks of the staffing rota and the staff training records, and other information about the management of the service. This included accident and incident information, and quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us "I'm much safer here than in my own home, they look after me really well." Another person told us "I was frightened before I came here, I'm not anymore, and they look out for me." People were supported by enough staff who knew them well. One person told us "There's plenty of staff, I get help when I need it." The manager told us the staff team was well established and staff had worked at the home for a long time. There was no use of agency and staff told us they covered for each other. This meant there was consistency in the staff team and people received care and support from staff who were familiar with their needs and preferences. There was a relaxed atmosphere within the home and staff were unhurried in their approach with people.

Medicines were stored and administered appropriately. People had individual medicine support plans which included information about their medicines. There was a system for ensuring medicines were checked regularly to ensure stock was correct as well as checks on the Medicine Administration Record (MAR) to ensure that medicines had been administered and signed for correctly. This meant if there were any errors they could be identified and rectified promptly. Staff who administered medicines had received appropriate training and were aware of what actions to take should an error occur.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. Staff were aware of whistleblowing procedures. There was guidance for people and staff on display which provided information on keeping people safe.

People had a full assessment of their needs which included specific risk assessments, such as pressure areas, eating and drinking and mobility. When a risk was identified there was a care plan which provided guidance to staff how to support the person in such a way as to reduce the risk. For example one person was identified as at risk of skin damage, their care plan included which equipment to use and instructions on the application of cream and frequency of repositioning the person. Another person was identified as at risk from falls. They had been referred to a healthcare professional who made recommendations to support the person safely. Staff were able to talk with us about the recommendations and we saw them supporting the person safely. This demonstrated that the service managed risks effectively to people.

Accidents and incidents were reported in accordance with the service policy. The manager monitored accidents and incidents for patterns and trends. For example one person was identified as at risk of falling due to a medical condition. Their risk assessment and care plan was updated to ensure their risk of falls was managed safely.

Is the service effective?

Our findings

People told us they enjoyed the food and were offered a choice of what to eat and where to sit for meals. One person told us "I enjoy the food very much, there's lots of choice." Another person told us "The cooking is excellent. People had an assessment of their nutritional needs and if needed staff maintained a record of people's food and drink. This meant staff were able to monitor people's food intake and take actions if needed. One member of staff told us it was helpful to check the charts so they knew what people had eaten on the previous shift so they knew if a person needed extra encouragement. People's food preferences, likes and dislikes were recorded in their care plans and were on display in the kitchen. We heard staff checking with people what they liked. One person needed support with their meals and we saw their care plan stated staff were to provide quality time assisting the person, who would need at least 30 minutes to eat their meal. We saw that staff provided this support in accordance with the persons care plan.

People received care and support from staff who had the appropriate skills and training. Staff told us they were encouraged and supported to complete training. The registered manager told us all existing staff had worked through the standards stipulated in the Care Certificate. The Care Certificate is a nationally recognised induction for staff new to care work. One member of staff told us they had completed vocational qualifications and attended meetings outside of the home with other agencies which supported them to do their job. Another member of staff told us they had received training in providing support to people living with dementia which they found helped them understand how to communicate effectively.

Staff received regular supervision and appraisals in line with the supervision and appraisal policy. One member of staff was receiving supervision when we arrived at our visit. Another member of staff was positive and told us supervision was an opportunity for learning as well as getting support.

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 by 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)

Staff understood the principles of the MCA and how it applied to their work. There was information about the MCA clearly visible on display for people, visitors and staff. Staff were able to explain to us about consent and we saw several examples of staff asking people first before proceeding to assist them. Mental capacity assessments had been completed appropriately. Some people did not have capacity to consent to being in the home and to receive care and support. The registered manager had made the appropriate DoLS applications to the local authority and they were at various stages of completion. One person was supported to remain independent; they had expressed a wish to have a key to their room which had been

arranged.

People had access to a range of healthcare professionals based on their health and social care needs. The registered manager told us they had good relationships with local GP's and the district nursing team. We saw people had appointments with a range of healthcare professional which included community occupational therapists, the community mental health team and chiropodists. The registered manager told us they alerted healthcare professionals to highlight when people had deteriorating health needs and involved them in planning care needs. People had a hospital passport which contained important information about them which was transferred with the person if they went into hospital. This meant information was immediately available for hospital staff to assist them meet the persons care needs. One person told us "I am well looked after." They went onto to tell us if they were unwell staff arranged for them see their GP.

Is the service caring?

Our findings

People were supported by staff who were caring and compassionate. The manager told us they led by example and felt their own approach with people was person centred and they encouraged staff in every day practice and supervision to adopt the same approach. This was evident during our inspection staff were patient, kind and reassuring with people. Some people had communication difficulties associated with a dementia and staff demonstrated effective communication. For example one person was sat in a seat not conducive with their needs at that time. Staff utilised different approaches to support the person so that they were more comfortable. Another person did not want to have support with personal care, staff were flexible and gave the person time and space so that the person was supported calmly.

People were consistently positive about their experience of living in the home. Comments given to us on the day of our inspection included: "I couldn't get better, I've been here donkeys years, they know what you need that's the beauty of it the staff are great." "I've been very well treated here, they do little things for you which make it special, they are great." "They are so friendly, I can talk to them and they listen, they know me well."

Staff told us they enjoyed their work and talked about people warmly and with affection. One member of staff told us they loved working in the home and found supporting people with their care needs as rewarding. Staff were relaxed with one another and people who were unable to verbalise their needs were calm and relaxed. There were different methods of communicating with people, such as use of pictures or gestures. We saw there were written prompts for one person at strategic places in and around their personal space which provided the person with reminders such as, where their room was. The registered manager told us they got to know people including what would comfort them. They showed us an example of how one person who was living with dementia held a doll for comfort.

During the SOFI we saw staff approaching people on regular occasions to check if they needed anything or to have a chat with them. When people called out for assistance or appeared unsettled staff responded promptly and were patient and repeated statements to ensure they were understood. One member of staff told us "I always talk with people, if they can't talk with me, I use verbal signs."

The registered manager told us they continually reminded staff about maintaining people's dignity. They told us they put staff on the spot and gave us an example such as "What have you done for people today- did you call them by their preferred name." There were posters about dignity on display which acted as reminders and prompts for staff. The registered manager told us they also spoke with staff during supervision about dignity issues. They gave examples of how they raised staff awareness using real life examples. Staff told us how they integrated their learning about dignity into practice. For example one member of staff told us how important it was to value people as individuals and be respectful of how people had preferred routines. They talked about one person who liked to keep busy and how they supported them to help out with tasks around the home. We saw the person was busy assisting staff with tasks which they told us was important for them. During our inspection people's privacy was maintained, personal care was carried out discreetly.

People and their families had involvement in decisions about the care and support received. The registered manager told us they were able to talk with people informally on a day to day basis to ensure they were happy with the care they were receiving. They had organised an advocate when one person was unable to fully contribute to making their own decisions. People had a full assessment before moving into the home and ongoing assessment and review of their care and support needs thereafter. Their care records were personalised and reflected people as individuals and took into account their individual preferences and likes and dislikes.

The registered manager was proud to share with us that the home was accredited at beacon status with the Gold Standard Framework (GSF). This is a nationally recognised award which recognises the high quality of care provided for people at the end of their life. The home had a party to celebrate their success at being accredited and people and their families were invited. There was information visible about GSF and tributes were on display in memory of people who had passed away. People were assessed using the GSF to identify the level of care and support that might be required. For example if a person was end of life care this would determine the care and support that they needed. People also were involved in developing advanced care plans so that could identify what was important to them. The registered manager told us they celebrated the lives of each individual who had died and cherished their memories of them.

Is the service responsive?

Our findings

People were supported to be involved in activities which they were interested in. For example during our inspection one group of people who enjoyed singing were participating in a Karaoke session. One of the group told us "I love music – singing is fun." One person told us "I have enough to do, there's plenty available." Another person told us "It's like being at home, if you feel like doing something you can or if you just want to sit or read the paper you can." The manager talked about a living well philosophy in the home, which promoted mental and physical stimulation.

There was a lively atmosphere within the home and staff and people were interacting regularly. There were physical activities from Tai Chi and gentle exercises to music. There was a memory café which promoted conversations and reminiscence to stimulate people mentally. As well as this there was a range of games, quizzes and outings. The activity coordinator told us they attended forum meetings aimed at staff employed to arrange activities. They told us this generated ideas for them. For example they had organised events to celebrate VE day and taking people out to the supermarket. They told us they organised activities to take place in their absence.

People received personalised care and support based on their individual's preferences, likes and dislikes. For example one person's care plan stated the person did not like lumpy food, another person's care plan identified they liked to go out for a walk and they were supported to continue with this. People's care plans reflected important aspects of their life for example their childhood or special memories. This meant staff got to know people as individuals and was also helpful for reminiscing with people who were living with memory difficulties.

People's care plans were reviewed at least monthly or as required. We saw people and family were involved in the review process. When there were changes to the person's care needs they were documented on a concern sheet which indicated what actions were required and staff signed to say they had read and understood it. For example one person had developed a mouth ulcer, this was recorded on the concerns sheet and provided staff with guidance on how to support the person to receive appropriate care, and the person's care plan was updated to reflect the change in care needed.

People were able to contribute their views through a six monthly quality questionnaire; results were on display in the home. Responses in the last survey from May 2016 were positive with comments such as "First class food, varied and nutritious," and "Excellent care." One person commented the walls needed to be painted. People and relatives told us they knew how to make a complaint and people were provided with a copy of the complaints procedure, which was also on display in the reception area. One person was able to point out the registered manager and told us they were confident they would sort out any issues if they had any. Another person told us "I have nothing at all to complain about." The manager told us they had not received any complaints.

Is the service well-led?

Our findings

The service was well led. Staff told us they were confident in the management and leadership of the home. One member of staff told us the manager was supportive and approachable. One person told us "The manager is very good; I can always talk with them." Another person told us "The manager is fantastic-knows me, comes to me and asks if I'm happy –do I want anything different." The manager described them-self as "Hands on "and this was evident during our visit. They were visible and present throughout the day and we saw people and staff approach them confidently and in a relaxed manner. The manager had worked in the home for 27 years; and was enthusiastic about wanting to ensure the home was well run and people received the best quality care. Staff had adopted the same ethos and enthusiasm and this showed in the way they cared for people. For example we observed staff were motivated, positive and caring.

Information was clearly on display around the home. For example there was information about the GSF, dignity and safeguarding as well as how to make a complaint and information about activities. There were displays of celebrations and events which had taken place. This reflected the openness that the manager told us they strived to achieve. The manager was able to provide us with information we requested with ease. This showed us they were organised and were aware of what was required by the CQC in terms of providing regulated services.

The manager told us they used a variety of methods to monitor the quality of the service. They told us they were able to monitor quality through direct observation which was effective in highlighting issues and addressing them at the time. They described listening to feedback from people and staff, through informal discussions and meetings. There were also systems in place to monitor the quality of the service and identify where improvements were needed. For example care plans were audited at least monthly or sooner if there were changes. We saw that where any gaps in the care records had been identified the actions required were put in the diary. One member of staff told us this system worked for them as they checked at the end of each day to ensure all actions listed in the diary had been completed. There were other checks such as infection control, mattresses and medicines.

The manager understood the requirements of their registration with the Care Quality Commission and had appropriately submitted notifications. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

We found that people's care records, had been well maintained and amended as people's needs changed. Records relating to other aspects of the running of the home such as health and safety maintenance records were accurate and up-to-date.