

Milton House Nursing & Care Limited

# Milton House Nursing and Residential Home

## Inspection report

Milton House  
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North Yorkshire  
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Tel: 01756748141

Date of inspection visit:

21 June 2021

29 June 2021

08 July 2021

Date of publication:

20 August 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Milton House Nursing and Residential Home is a residential care home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The service can support up to 22 people. Milton House Nursing and Residential home accommodates 22 people in one adapted building.

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

The provider's quality assurance system needed developing at service level so issues could be highlighted and addressed in a timely way. We found evidence of poor practice which was not identified by the provider's audits.

The assessment and monitoring of risk was not always robust. For example, we observed concerns with the environment and storage of equipment which exposed people to risk.

Not all staff were recruited safely; there were gaps in essential recruitment checks.

Infection prevention and control practices were not consistent.

Lessons were not always learnt from accidents and incidents.

Expressed consent was not always recorded and there was a lack of recording and understanding in relation to the Mental Capacity Act where people were unable to make their own decisions. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. There were limited activities on a day to day basis.

Language used in care planning did not always promote people were treated with dignity and respect.

Training was inconsistent where staff reported a poor induction experience. Further development was needed in relation to the oversight of staff training and supervision.

People had access to food and drink however some people felt there was not enough choice.

The service worked with other organisations to ensure people got the correct support and the service was decorated and adapted to meet people's needs.

We found care staff provided high quality care.

There were systems in place to safeguard people and medicines were managed safely.

Staff cared for the people living at the service through compassionate relationships. Staff supported people to live independently and treated people with respect.

Staff had a good awareness of end of life care.

The provider had a policy in place to respond to complaints.

There were enough staff to meet people's care needs.

Staff felt supported by the registered manager and considered the service had the right vision and culture to improve the governance and recording.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 13 September 2019 and this is the first inspection. The last rating for the service under the previous provider was good, published on 31 August 2018.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and care practices. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

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

The provider took remedial action following the first day of inspection to ensure people's safety and reduce the risk identified. The provider sought advice and support from third party organisations to consider the issues we identified.

#### Enforcement

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

We have identified breaches in relation to consent, infection prevention and control measures, environmental safety risks, good governance and staff recruitment.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Milton House Nursing and Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors attended on the first day and an Expert by Experience made phone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A single inspector returned on the second day and a medicines inspector returned on the third day.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means 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 first and second day of the inspection was unannounced. The third day was announced.

### What we did before the inspection

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

### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager, nurses and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, spot checks and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures, environmental safety checks, staffing rotas, action plans and quality assurance records. We spoke with three care staff, five people and five relatives.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated required improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The environment was not always safe which exposed people to the risk of harm.
- We found automatic fire doors had been kept open by furniture which prevented them from closing in the event of a fire. People struggled to walk down some communal areas due to the placement of furniture and the storage of equipment.
- People's slings and wheelchairs were not labelled to identify which equipment a person needed. Some staff we spoke with did not have a clear understanding of which sling needed to be used for which person. This exposed people to the risk of injury or harm.

We found no evidence that people had been harmed however, the premises and equipment were not safely managed to ensure they were suitable for their intended purpose. This placed people at risk of harm. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They confirmed all the environmental safety concerns we observed from the first day of inspection had been rectified. Suitable checks of the environment and equipment were put in place.

### Staffing and recruitment

- Not all staff had been recruited safely.
- Some members of staff were recruited without a full employment history, reference or evidence of a Disclosure and Barring Service (DBS) check.
- Regular staff competency checks were not completed to ensure staff had the correct skills and approach to support people.
- Volunteers who provided social activity and support at mealtimes did not have induction training or a DBS check prior to their start date. This exposed people to the risk of harm.

We found no evidence that people had been harmed, however, the failure to ensure staff were recruited safely and had the mandatory checks in place exposed people to the risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They confirmed retrospective information was being sought in relation to staff recruitment. Volunteers had DBS checks submitted and

there was a plan to provide training.

#### Preventing and controlling infection

- Infection prevention and control systems were not robustly followed by all members of staff.
- We observed poor infection prevention and control practices by some members of staff. We found not all staff were bare below the elbow, sanitised their hands in line with best practice and not all visitors were robustly screened for COVID-19.
- We found there was not a system in place to ensure all equipment was sanitised prior to use where it could have been exposed to contamination. We found a step ladder and carpet cleaner were stored in the staff toilet. There was no enhanced cleaning schedule associated with this equipment. This exposed people to the risk of infection transmission.

We found no evidence that people had been harmed, however, the failure to ensure there were robust and consistent infection prevention and control systems exposed people to the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They evidenced action taken in relation to individual staff infection prevention and control poor practices, strengthened the visitor COVID-19 screening procedure and relocated equipment to minimise the risk of contamination.

#### Learning lessons when things go wrong

- The registered manager had not consistently learnt lessons from incidents to minimise future potential harm.
- Not all incidents had been recorded in line with the provider's policy. We observed incidents were recorded in handover forms rather than on accident and incident reports. This impacted on the registered manager's oversight of incidents and the ability to fulfil their duty of candour, as they did not have awareness of all incidents.
- We identified several adverse incidents where actual harm had occurred, or the person was exposed to the risk of harm. A lesson learnt review had not taken place therefore staff were unable to change their approach to minimise the risk of injury or harm in the future.

The failure to ensure accidents and incidents were reviewed for lessons learnt prevented staff minimising a similar event recurring. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- On the first day of inspection, systems for administering and handling medicines were not utilised safely. However, the manager took immediate action to rectify this.
- Systems for administering and handling medicines were in place to help make sure people received their medicines as prescribed.
- Records were completed consistently and supporting information was available to help staff administer medicines safely.
- Medicines were stored securely but we recommend reviewing storage arrangements to make improvements.

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

- The provider had systems and processes in place to protect people from the risk of abuse.



- The provider had a policy in place which followed local safeguarding procedures and reported any incidents or allegations of abuse as required.
- The provider followed local safeguarding procedures wherever necessary and reported any incidents or allegations of abuse to as required. One relative told us "[Person] is very safe in the care of this home. I've never been worried about their safety."

# 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.

This is the first inspection for this newly registered service. This key question has been rated required improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest decisions were not always considered and/or recorded where people lacked capacity to make specific decisions. In one case, restrictive practices were in place for one person without the appropriate legal authority in place.
- Staff asked people for consent before providing any care and support, but consent to care and treatment was not clearly documented in people's care records. One person told us "Staff do have to help me get washed and showered now. They are very good at it and we talk about what they are going to do. They always ask for my consent."
- Not all staff demonstrated a robust understanding the principles of the MCA or the threshold as to when to consider a DoLS application. There were examples where several people had a cognitive impairment which impacted on their awareness of where they were. However, consideration was not evidenced in care planning or staff knowledge about what safeguards were needed under the MCA to promote safety and independence.

We found no evidence that people had been harmed, however, there was a failure to ensure people gave expressed consent to specific decisions about their care and assess people's mental capacity to allow staff to make best interest decisions on the persons behalf. This was a breach of regulation 11 (Need for Consent)

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- A robust induction programme was not in place to ensure staff had sufficient knowledge and skills before providing people with support.
- Some staff told us there was little induction training, but they received skills through informal channels such as from colleagues or informal observation opportunities. Some staff told us they had the support from colleagues to effectively meet people's needs. One member of staff told us, "The induction was okay but it could have been better. There wasn't a lot covered in the induction". Another member of staff said the same and went on to say "The staff team are incredible. I learnt a lot from colleagues rather than the induction training."
- We observed staff did not have access to regular supervision with the registered manager. However, staff told us they could access support from the duty nurse or registered manager if needed.
- The registered manager had not completed spot checks or competency checks to make sure staff had the correct skills and knowledge to complete their role.

We found no evidence that people had been harmed, however, there was a failure to provide staff and volunteers with a robust induction and ongoing training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They engaged the services of a consultancy firm to review the induction and training provided. The provider also engaged with the Local Authority to improve the recording of completed and planned training. There were plans to renew training with existing staff.

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

- Staff told us people had access to a varied diet and catering staff engaged with people regarding their wishes and preferences. However, some people had given the registered manager feedback in relation to the limited choices available and the provider was working towards a more varied menu which was more clearly advertised.
- People had access to fluids and food throughout the day, but this was not always recorded effectively.

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

- Staff worked with other agencies to support people to access health and social care professionals to live a healthy life. One relative told us, "Staff are absolutely fantastic with [Person]."

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

- The service design and decoration was suitable to meet people's needs. One person told us, "I like my bedroom very much. It's not too big or too small. It's a very nice room. If something needs to be mended, there's always someone here quickly to put it right."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's documents were not always secured securely. However, the registered manager took quick remedial action following the first day of inspection to rectify this.
- Staff supported people to have independence in their lives by care staff, however this was not consistently detailed in people's care plans. We observed one person, up until recently, managed their own medication and they were supported and encouraged by staff to do this.
- People were supported to maintain relationships with others where relative visits were promoted. One person told us, "It's a lovely place and people are very nice and cheerful. I'm better off here than anywhere else."

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

- Staff treated people with kindness by staff and the good relationships they had with staff impacted positively on their feelings of wellbeing. One person told us, "Staff treat me with great respect. They are all lovely."

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

- Staff supported people to express their views and opinions to live a fulfilling life.
- Staff knew people well and we observed staff had a good relationship with people living at the service. We observed people being offered choice in line with people's likes and preferences.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a limited range of activities to reduce social isolation.
- There were some activities taking place but there was not a daily or weekly activity plan in place. One person told us, "We used to have locals come in to play carpet bowls with us. We really used to enjoy that. I do puzzles and word searches and sometimes paint pictures."
- The provider acknowledged that further work around activities is required and the provider advised there are plans to develop this further.

We recommend the provider reviews the activities in place to consider best practice in relation to a diverse offer of activities and events.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The assessment of people's needs was not always person centred and not all aspects of the law had been considered. We found examples of incorrect names being used in a person's care plan, language used which did not treat the person with dignity of respect and a close similarity between some people's care plans.
- Staff had informal knowledge about people's likes, dislikes and preferences through experience. Staff used their initiative to tailor the support people received. For example, one person enjoyed knitting the communal lounge and this was facilitated. We observed good interactions between staff and people.

Meeting people's communication needs

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

- People were presented with information which was accessible and could be understood. Adjustments had been made for people who required additional support with communicating their views and needs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. No formal complaints had been received.
- The provider had a policy in place where complaints would be reviewed in an open and transparent way.

#### End of life care and support

- Staff understood the need for dignity, privacy and the involvement of relatives in relation to 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.

This is the first inspection for this newly registered service. This key question has been rated required improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The checks of safety and quality of the service had not highlighted the issues we found during this inspection. This included poor infection prevention and control practices, people's confidential documents being stored in communal corridors, out of date medication and automatic fire doors being propped open by furniture.
- Audits were completed by the deputy manager, but there were no formal systems in place for the registered manager to review these. This resulted in some actions not being resolved for several months. Audits did not identify issues we observed such as missing recruitment information, long waiting times for call bells to be responded to, a lack of staff competency checks and missing information in observational charts.
- There was a lack of oversight within the service. For example, the registered manager's internal audits did not identify a series of incomplete food and fluid charts, out of date information in care plans which did not reflect changes in need and the use of language in care planning which was not person centred. Furthermore, the internal audits did not identify when staff were recording accidents and incidents in handover forms rather than to the registered manager. This impacted on the registered manager's ability to assess the incident and undertake a lesson's learnt review.
- The provider did not have a robust understanding of all relevant legislation, guidelines and best practices. This meant this approach could not be promoted amongst the staff team.

Although we found people had not been affected because of this, the systems were not robust enough to assess, monitor and improve the quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. The provider has invited a consultancy firm to review the audits, checks and governance in the service to make improvements.

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

- Staff felt supported in their role and felt able to approach the registered manager when needed. One staff member told us "[The registered manager] is great. They really care." Another member of staff told us "I joined Milton House because I saw the changes the provider was making. It's a lovely place to work."

- The provider and registered manager had a clear vision for the service and were wanting to make improvements, where required, to provide a high quality of care.

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

- The registered manager and provider displayed an open approach to change and improvement. They had been honest about the improvements which were required, but also celebrated the positive changes already implemented.
- People, their relatives and staff considered the registered manager and provider were approachable, open and honest.

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

- The registered manager had engaged with people to gain their views, wishes and feedback on the care they received. The service kept a record of the feedback they received from people and their relatives.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Such links supported the service to develop and provided additional safeguards to people the service supported.



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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider did not ensure consent was evidenced in care planning and where people lacked the mental capacity to make their own decisions, the principles and practices of the Mental Capacity Act 2005 were not applied.  11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not ensure systems were in place to ensure staff had a consistent approach to assess the risk of and prevent, detect and control the spread of infections.  12(2)(h)  The provider did not ensure lessons had been learnt from accidents and incidents to minimise similar events recurring.  12(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The provider did not ensure the premises and equipment were being used for the purpose they were intended for

15(1)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	<p>The provider did not have systems in place to have robust checks in place to screen potential staff for their suitability to work within the service.</p> <p>19(1)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p>The provider did not ensure staff received appropriate support, training, professional development and supervision as is necessary to enable staff to carry out the duties they are employed to perform.</p> <p>18(2)(a)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not ensure there were systems and processes in place to assess, monitor and improve the quality and safety of the service provided.  17(2)(a)

### **The enforcement action we took:**

We have asked the provider to produce an action plan detailing how they intend to improve.