Milestones Trust

Humphry Repton House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 5 December 2017 and was unannounced. At our last inspection we found three breaches of regulation in relation to protecting people's rights in relation to the Mental Capacity Act 2005, meeting the conditions placed on people's DoLS authorisations and safety relating to medicine administration. At this inspection we found that improvements had been made. The rating for the service has improved to Good.

Humphry Repton provides nursing care and accommodation for up to 44 people. 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. At the time of our inspection there were 42 people living at the home. The home is split in to two areas. The 'Green Wing' has space for 13 people. The remaining rooms are in the main building. People who used the service had dementia.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives were all happy with the service they received. Family told us they were informed and involved in decisions about their loved ones care. Our observations showed that staff were kind and caring in their approach and understood the needs of people they supported.

The service had experienced some difficulties recently in relation to staff vacancies and this had led to a high reliance on agency staff. However, the situation had been managed through using regular agency staff so that as far as possible people received continuity of care from staff who understood their needs. The service had also successfully recruited to carer roles through targeted local recruitment such as advertising in local shops.

People received safe support with their medicines. Medicines were stored safely and the temperatures of these areas were checked regularly. If people needed to have their medicines crushed in order to be able to take them safely, this was done following advice from the GP and pharmacist.

People received effective care that met their needs. Staff worked with community healthcare professionals such as speech and language therapists, occupational therapists, psychiatric nurses and GPs to ensure that people had the right health support in place.

People's rights were protected in line with the mental capacity act 2005 (MCA). If people did not have capacity to make decisions, family were consulted and involved in making decisions about their care and support. As a result of findings at our last inspection, new systems had been implemented to ensure that the

conditions on people's DoLS authorisations were being met.

People received their meals in accordance with their needs. People were able to be seated where they wished at mealtimes. Some chose to be at the table and others chose to be in armchairs around the room. Meal textures were modified for those people that required it in order to be able to eat safely.

All staff were positive about the training and support they received. On the day of our inspection, staff were receiving dementia training. Staff also received regular supervision as a means of monitoring their performance and development. All staff were positive about working in the home and told us morale was good amongst the team.

Staff were responsive to people's individual needs and preferences. A pre admission assessment was carried out which helped staff create person centred care plans. There was a range of activities in place for people to be involved in if they wished. This included visits from outside organisations and entertainers. During our inspection we saw that an organisation bringing animals for people to explore were at the home. Other activities included craft sessions and musical entertainment.

The home was well led. Staff and relatives were positive about the management of the home and felt able to raise any issues or concerns they had. There were quality assurance systems in place to monitor the safety and quality of the service provided.

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 had improved to Good.

People received safe support with their medicines. Pharmacists and GPs were involved in decisions about crushing medicines for people who needed to take them in this way.

Staff understood their responsibilities to safeguard people from abuse and were confident about reporting their concerns.

The home was clean and odour free and staff had the supplies they needed to manage infection control.

People had risk assessments in place to guide staff in providing safe support.

Is the service effective?

Good

The service had improved to Good.

People's rights were protected in line with the Mental Capacity Act and DoLS.

Staff were well trained and received supervision to monitor their performance and development needs.

People were supported nutritionally in accordance with their needs.

People received support from community health professionals when necessary.

The design and layout of the building met the needs of people with dementia.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their approach and relatives were positive about the care people received.

Relatives were involved in decisions about people's care.

People were treated with respect.

Is the service responsive?

Good

The service was responsive.

People had access to a range of activities suited to their needs.

Care plans were person centred and covered a range of people's needs.

There was a complaints procedure in place and people felt confident about raising concerns.

People's wishes in relation to end of life care were recorded

Is the service well-led?

Good

The service had improved to Good.

There was a business plan in place to underpin improvements to the service and we saw that progress was being made towards this.

There were systems in place to assess quality and safety.

The service worked with other organisations to deliver the service.

Humphry Repton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 December 2017 and was unannounced.

The inspection was carried out by two Inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to the inspection we reviewed all information available to us. This included a Provider Information Return (PIR). A PIR is a form completed by the registered manager to evidence how they are providing and care and any improvements they plan to make. We also reviewed notifications. Notifications are information about specific events that the provider is required to send us by law.

We spoke with four people using the service and four relatives. We also carried out a SOFI observation. This is a structured observation that helps us understand the experiences of people who aren't able to speak with us. We spoke with seven members of staff as well as the registered manager and deputy. We reviewed care records for six people using the service and looked at other records relating to the running of the home such as quality assurance records, recruitment and medicines records.

Good

Is the service safe?

Our findings

The service was safe. There were sufficient numbers of staff to meet people's needs. The home had been experiencing difficulties in recruiting staff and this had led to a high dependence on agency staff. At the time of our visit there were five support worker vacancies but these had been recruited into. The service had recruited above the numbers required with eight people currently in the recruitment process. Recruitment was carried out locally whilst checks such as references and disclosure and barring checks were carried out by the providers head office. The provider aimed, as far as possible, to cover any unfilled shifts with permanent bank staff or agency staff familiar with the service. Staff confirmed this was usually the case. The service had 2.5 nurse vacancies with one nurse booked for interview. Recruiting registered nurses was a challenge for the service. During our inspection there were higher numbers of agency staff on shift that would be usual due to permanent staff attending a training session. However, we observed that people's needs were met and there was a calm atmosphere in the home. Agency staff told us they knew peoples' care needs from the profile each person had in their daily diary where their individual daily records were kept. Additionally, staff new to the service had an induction and worked alongside experienced support workers to deliver care. Staff who had been at the service for a while knew people well and were able to tell us their preferences for the way care was delivered.

There were a number of people in the home requiring two members of staff to meet their needs. This did occasionally mean that people were required to wait a little while for staff to answer their requests, however we did not observe that anyone was placed at risk because of this. The ratio of registered nurses to people using the service was 1:22, which was higher than levels recommended by the Royal College of Nursing. We found that people's clinical needs were being met and the service was currently looking to recruit to vacant nursing posts.

At our last inspection, processes in relation to administering crushed medicines were not always followed because the pharmacist had not always signed the relevant form to confirm it was safe to do so. At this inspection we found that most paperwork had the pharmacist signature in place. However for some people it appeared that forms had not been signed. We discussed this with the registered manager who clarified the process. They told us that any medicines needs would be discussed with the GP and if it was felt that crushing medicines was required, then the GP would discuss with the practice pharmacist to check that it was safe to do so. The GP would often have this discussion with the pharmacist via email and so not all paperwork had the pharmacist signature directly in place. We discussed with the registered manager how it would be helpful if paperwork reflected this process more accurately so that it did not appear that there was a lack of pharmacist involvements for some people.

We observed a medicines round and saw that this was completed sensitively and effectively. Medicine Administration Records were completed accurately. Medicines were stored in a safe way and temperatures checked to ensure that medicines maintained their effectiveness.

People had risk assessments in place to guide staff in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to

the skin. We did note that in relation to bed rails, two different forms were being used to assess the associated risks. One of these forms highlighted to the risk of entrapment but the other one didn't. So it wasn't always clear whether the risk of entrapment had been fully considered for every individual. However, each individual we reviewed had a risk assessment of some description in place. We fed this back to the Registered Manager for consideration.

Staff knew how to identify and raise any concerns about peoples' safety. Staff had received safeguarding training and demonstrated an understanding of how to identify potential concerns and what to do. Staff were able to tell us who they would go to with concerns, or, what they would do if they were a more senior member of staff. Senior members of staff were visible around the home and they described working with colleagues to deliver care. They explained they could teach new members of staff as well as monitor their attitudes and competency.

The premises were visibly clean and tidy. We saw cleaning taking place during our visit. Staff had access to protective equipment such as gloves and aprons, which were kept in each person's room. We also saw a well stocked store cupboard with all the equipment and supplies that housekeeping staff required. There were two housekeeping staff on duty during our inspection, although they told us that often there would be three or four. Staff were able to describe how they prevented the spread of infection. Nursing staff demonstrated clear knowledge of how to manage a suspected or actual outbreak of infection in the home.

People had personal evacuation plans in place, in case of emergency. We also saw that fire equipment was checked regularly and that fire drills were carried out so that staff were well prepared in the event of fire at the home.

Good

Is the service effective?

Our findings

All the family members we spoke with said that the needs of their loved ones were being met and had confidence in most of the staff. One person, who had visited their relative every day for three years, said "I can't fault the regular staff; they are excellent at meeting her needs. I feel she is safe and the staff usually come before being asked". This person added that they had noticed that when a call bell rings in another room that staff respond quickly.

At our last inspection, we found a breach of regulation 11 of the Health and Social Care act 2010. In relation to the Mental Capacity Act 2005. We asked the provider to send us an action plan of the steps they would take to meet the requirements of the legislation. At our inspection we found that suitable steps had been taken and the service was no longer in breach of the regulation. We found that capacity assessments and best interest's decisions had been recorded for a number of decisions relating to people's care. This included for example where people had sensor mats in place to alert staff to their movements at night. Where possible, the views of relatives and people that knew the person well, were sought in the decision making process.

At our last inspection, we found that conditions on people's DoLS authorisations were not always being met. This was a breach of regulation 13. We asked the service to submit an action plan outlining what they would do to ensure the regulation would be met. At this inspection we found that sufficient action had been taken and the service was no longer in breach of the regulation. The deputy manager had introduced a system to ensure that staff knew what conditions were included in people's DoLS authorisations and subsequently made checks to ensure they were being met. When a DoLS authorisation was sent to the service, the deputy manager emailed staff to make them aware of the conditions on the authorisation. We saw examples of these emails that had been issued. We also checked the conditions associated with three people's DoLS and the deputy manager told us about how they had been met. For one person this included reviewing the person's seating and for others, their medication needed to be reviewed. The deputy manager told us about the referrals to relevant professionals that had been made to ensure these conditions were met. This included occupational therapy service and the person's psychiatrist.

People received the support they needed with their food and nutrition. We observed a meal time and saw that there were sufficient staff available to support those people who weren't able to eat independently. People had equipment , such as plate guards to help them eat their meals, if they required it. People were seated to eat their meals according to their own preference; some people were seated at the table and others were in armchairs. People appeared to enjoy their meal and eat well. Where there were concerns about a person's weight or nutrition, the service monitored the situation so that action could be taken if concerns arose. The speech and language therapy (SALT) service were involved in people's care where there were concerns about a person's ability to swallow safely. Their guidance was included in the person's care notes. Where there was a need to record people's food and fluid intake, this was recorded in charts so that it could be monitored.

We did find some inconsistencies in records relating to people's health needs. One person's care records

contained conflicting information about the person's needs. The latest information from the SALT team advised that no texture modification was required in relation to the person's meal. However, in the person's care notes, it stated that 'texture C' (mashable texture) was required. This didn't present a risk for the person, given the advice from SALT that no texture modification was required. However we highlighted this inconsistency to the nurse so that the care records could be amended to reflect consistent advice. Another person had diet controlled diabetes. Their care plan identified that monthly blood sugar monitoring was required. We found that this monthly blood monitoring was not being completed and the nurse was not able to explain why this was the case. We reported this to the registered manager. Following the inspection, they contacted us to say that this person had been discussed with the GP. Their diabetes did not require any medication and it was felt that it was not in the person's best interests to take monthly blood sugar levels and the records would be amended to reflect this change.

For people who were at risk of skin breakdown, we saw that specialist equipment was in place, such as pressure relieving mattresses. Checks were undertaken to ensure the mattresses were set according to the person's weight. There was a lead nurse for wound management and we saw that they had introduced systems to monitor wounds and marks to the skin. This included taking photographs so that the development of the wound could be monitored.

Overall, people received support from community health professionals when they needed it. Staff reported and discussed any health concerns with professionals such as speech and language therapists, GPs, psychiatric nurses and occupational therapists. This ensured that people's health needs were met.

Staff, including bank staff, received classroom based training in dementia. Staff told us the training was excellent and gave them a good understanding of how to support people. They told us that one of the most valuable parts of the training was the observation they carried out as part of the course. Staff sat for an hour observing care in the home. They said it helped them realise how staff behaviour affected people and helped them reflect on and improve their own practice.
All staff received a basic induction which included mandatory training and shadowing more experienced members of staff. Each member of staff had an induction booklet which needed to be completed and competence at specific tasks signed off by a senior. The induction booklet set out very clearly how to deliver care in a way that supported people's independence and dignity. A senior explained that sometimes new staff needed additional support and they worked alongside them to help them develop their skills.

There was a specific programme of development in place for registered nurses. This included training in specific clinical skills such as catheter care, as well as leadership skills and the role of nurses in social care.

The building was well suited to the needs of people living with dementia. The main building was built in a circular design so that people could move freely through the different areas. For security reasons and people's safety, there was a buzzer system to let people in and out of this area. Lounge areas were homely and comfortable. In the 'Green wing', there was a 'pub' for people to enjoy and other communal areas for people to take part in activities. We saw one person sitting in the pub, who we were told had enjoyed going to the pub prior to living at the home. The doors to people's rooms in this area of the home were designed to look like front doors to a house, which reflected that they were people's private spaces.

Good

Is the service caring?

Our findings

One resident we spoke with said, "The staff are kind and gentle, very calming". A family member told us, "I'm very impressed with everybody here. I would recommend it to anyone if they have to go through this".

People and relatives said that the staff were kind and caring. We observed staff were patient with people and there was a general atmosphere of calm throughout the home. The staff appeared to know each person and their individual preferences and needs. For example where they preferred to sit and the objects that were important to them.

All of the relatives we spoke to said that they felt involved in care and decisions and they were made to feel at home. We saw records of people's care reviews and it was evident that family members had been involved and able to express their opinions about the care their relative received. Relatives were able to visit their loved ones without restriction and there was a room for relatives to stay overnight if they needed to. One relative told us they had done so on one occasion when their loved one had been poorly. Relatives of people who had been at the home a long time said that they were invited to birthday parties, and other activities in the home.

Staff spoke about people living in the home with kindness and compassion. They talked about how they would want a member of their family, or themselves to be treated. Staff told us that the best part of their job was helping people at the home to feel comfortable and settled and they felt good when they achieved that.

We observed staff supporting people in a warm and kind way. Staff understood the importance of facing people when communicating. Staff walked alongside people at their own pace and gave verbal encouragement when needed. It was evident from observing staff interacting with people that they knew people's needs. We spent time in communal areas and observed a calm and relaxed atmosphere. Staff responded to people in a friendly and supportive manner in a way which maintained their dignity. We saw that staff not involved in delivery of personal care or other tasks spent time sitting and talking with people. Staff regularly acknowledged people they came into contact with as they moved about the home.

Staff told us about their dementia training and how helpful it had been. They told us they had a much better idea of how to support people. They told us the observation they did as part of dementia training taught them the importance of acknowledging people. The training had also given them the opportunity to reflect on their own practice and how it might affect people.

We carried out a SOFI observation in one of the lounges of the home. During this time, staff were busy making preparations for lunch; however staff interacted with people during this time, checking for example if they were happy to have a protective covering over their clothes. People were settled and content during this time and there were enough staff present to meet people's needs.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People had a pre assessment completed prior to arriving at the home. This covered a range of people's needs and helped staff plan their care and for them to get to know the person. Care plans, were in the main, person centred and reflected people's individual needs and preferences. However, some plans would have benefitted from more detail. For example, in one case, it stated in a care plan that a person could at times express challenging behaviour during personal care. The care plan however, didn't contain information about the best way to manage this for the person. This is particularly important in consideration of the fact that a high number of agency staff were being used by the service.

When people's needs changed, people's support was reviewed and changes made if necessary. For example one person had experienced falls and their risk assessment had been updated and the level of staff support had increased.

Overall, it was evident that staff understood people's individual needs and there were some clear examples of where staff had worked with families to ensure a person's needs were managed in the best way. One person experienced anxiety and for them, the best way of managing this was for them to lie on the floor. Staff stayed with the person during this time. This had been discussed with the person's family and relevant professionals, who were happy with this approach. The person's relative told us, "I'm always kept informed of progress or of any specific need/requests". At the midday meal, we observed one person appearing to become anxious. One of the staff gently talked with him about the Christmas music playing on the radio, took his hands and swaying to the music helped him into a chair for his lunch. This approach was successful in settling the person to eat their meal.

One person whose care we looked at had previously lived in two different care homes. These placements had been unsuccessful due to the complex nature of the person's care needs. This person had been living at Humphry Repton for 12 months and staff were managing their needs well. Staff paid attention to peoples' needs and responded quickly. For example if a person needed help to stand the staff noticed and responded quickly. Staff supported people to move around the home at their own pace.

There was a range of activities available for people to take part in if they chose to do so. During our visit we saw an organisation visited the home, bringing animals such as snakes and frogs for people to interact with. Musicians also visited to sing carols with people and there was an advent calendar activity craft taking place. People were engaged and appeared to enjoy the entertainment available. One person told us they had enjoyed a gardening activity. The activities taking place over the month were on display on notice boards around the home.

There was nobody receiving end of life care at the time of our inspection, however it was evident that people's wishes had been discussed with them and recorded in a care plan. One person for example followed the Catholic faith and their wishes in accordance with this were recorded. Details of relatives that should be contacted were also recorded in the person's records. Staff told us about how they supported

people at the end of life. They told us they made sure that people were not left alone. If their family were not present staff made sure somebody was sitting with them. We were told about staff coming in during their time off to sit with someone who was dying. Staff told us it was very important to the team to be with someone at this time. We saw that for a person who had recently passed away, there was a remembrance board on display with photographs and memories of the person displayed.

The home had not received any formal complaints directly in the last 12 months, however the registered manager told us that relatives would often raise queries and concerns with her informally which they would always try to respond to and resolve. We saw during our inspection how relatives approached the registered manager to discuss issues. Over the past 12 months, some concerns had been received directly by the Care Quality Commission and these have been referred back to the registered manager for investigation. In each case we received a response from the registered manager which reflected that the concerns had been taken seriously, investigated and a thorough response provided. Relatives knew how to raise concerns or complaints. They said that they felt their views were listened to. The brother of one person living in the home said that his brother seemed a bit anxious and confused about the noise and business of the ground floor areas and had requested a transfer to Green wing where he would be happier in a quieter environment. The relative felt able to follow this up with the registered manager.

Good

Is the service well-led?

Our findings

There was a registered manager in place who was supported by a deputy manager, registered nurses and coordinators in different areas of the home. The number of coordinator posts had been increased recently to improve cover across the home. The registered manager told us this was working well and improving the effectiveness of the service. Relatives told us they could approach any staff if they had concerns. They had not had cause to approach the registered manager but felt able to if the need arose. We asked relatives if there were any improvements they felt needed to be made and they told us there weren't.

Staff, people and relatives were all positive about the home. Staff told us morale was good. They enjoyed their work and said the most important thing was the service they delivered. Staff said they had the right training to do their job. They told us that the management and seniors were supportive and there was always someone available to ask or help. They told us the registered manager had an 'open door' and was easy to approach. Staff said their supervision was of good quality, it happened regularly and they found it supportive. Nurses told us they were able to identify areas of interest and access suitable training.

The service gave opportunity for relatives to express their views and opinions both through personal care reviews for their loved ones and through more general home meetings. Some relatives told us they attended these meetings and found them useful.

There was a good system of communication amongst staff. One of the registered nurses had designed a handover sheet to be used at change of shifts, that worked well as it was completed electronically and could be readily updated.

There was a business plan in place to underpin developments and improvements to the service. This included improvements to the physical environment of the home, as well objectives to improve the care people received. Most objectives had a completion date of April 2018, however we saw that progress was being made towards completing the plan. For example, there was an objective to employ a lead member of staff with responsibility for recruitment. This was in place at the time of our inspection and progress had been made in recruiting to care staff roles. Also included in the plan was an objective in relation to staff development, with a specific nurse development plan in place. We viewed the nurse development plan and saw that it covered a range of clinical and managerial skills for nurses. There was also training taking place on the day of our inspection in relation to dementia care. Staff were all positive about the training and development they received.

There was a system of audit and quality monitoring in place. This included a monthly self assessment completed by the registered manager. This was aligned with the five domains covered by the Care Quality Commission at inspection. There were also specific audits, for example in relation to medicines. We viewed the latest medicines audit and saw that this had identified tasks to complete. For example and update to the local policy for medicines and room temperatures for clinical rooms to be taken regularly. There were notes on the audit to confirm that these actions had been taken.

The views of people using the service were sought to help inform developments and necessary improvements. People were supported to engage in this through their keyworker or a relative

The registered manager told us about other organisations they worked with to support them in delivering a high quality service to people they supported. They told us they had worked with 'Alive', an organisation specialising in delivering activities for people with dementia and also with a local hospice in relation to delivering end of life care. The service also worked with community health professionals such as the dementia wellbeing service.

The registered manager told us the organisation provided opportunities for development. They attended a nurse development forum for example and had just completed training in venepuncture. They had also completed manager's training in DoLS.

We observed during the inspection that the home's previous rating was on display. We also noted that notifications to the Care Quality Commission were made when necessary in accordance with legislation. This demonstrated the registered manager was aware of the responsibilities of their role.