

Milton House Nursing & Care Limited

# Milton House Nursing and Residential Home

## Inspection report

Milton House  
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Skipton  
North Yorkshire  
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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

### About the service

Milton House Nursing and Residential home is a residential care home providing personal and nursing care to up to 22 people in one adapted building. The service provides support to older people and younger adults who may be living with physical disabilities or dementia. At the time of our inspection there were 18 people using the service.

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

People were supported to have their medicines safely by competent and trained staff. We found some improvement was needed in the recording of some medicines however the provider worked to improve this at the time of the inspection. We made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, not all records relating to people's capacity and DoLS applications were clear. We have made a recommendation about this.

Care plans had been developed which helped guide staff on how to provide, person centred care which reflected people's preferences.

Staff were caring in their approach, acting in the best interests of the people. People enjoyed a variety of activities, which included taking part in community events and local church groups. The provider was keen to expand the activities schedule and was working with people to continually review their interests and greater increase their opportunity.

People and their relatives were asked to give their feedback about the service on a regular basis. The registered manager used these comments to review the care provided, developing action plans when needed, which helped to continually improve the service.

People and relatives were happy with the care provided by the service. One relative said, "The care is fantastic, and they do the best they can do." One person told us, "[Milton house] has nothing to improve, it's very good."

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 August 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service and to review the breaches found at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Recommendations

We made a recommendation around the providers management and auditing system of some medicines and we also made a recommendation about their recording of people's capacity. The provider took action to amend and improve practice when this was highlighted on inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# 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 Health and Social Care Act 2008.

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, one member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to the registered manager, deputy manager, two relatives and two people who lived at the service. We reviewed a range of records including three peoples care records and multiple medication records. We looked at three staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service.

#### After the inspection

We spoke to nine relatives, a further six people who lived at the service and three staff members. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to safely manage the premises and the equipment in the service. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Risks to people had been assessed and managed. Risk assessments had been developed when a risk was indicated, and action had been taken to help mitigate this.
- The safety of the environment was monitored, and appropriate checks were in place for the equipment used in the service. Extensive renovations had taken place, which were ongoing, helping to improve the environment.
- Audits were carried out by both the provider and the registered manager to monitor the safety and quality of the service. These highlighted areas to improve and action plans were in place.
- Accidents and incidents had been reported with a robust system in place for the registered manager to investigate any concerns. Outcomes from investigations were actioned with learning shared across the team.

### Staffing and recruitment

At our last inspection the provider failed to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Safe recruitment practices were in place and staff had the appropriate employment checks.
- The service was appropriately staffed to provide safe care. Staffing need was regularly reviewed by the provider who adjusted staffing levels if people's needs changed.

### Preventing and controlling infection

At our last inspection the provider failed to ensure robust and consistent infection prevention and control systems were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Effective systems were in place to safely prevent and control infection. Staff had training in infection, prevention and control practices and their competency in Covid-19 compliance was assessed and recorded.
- The service was clean and regular cleaning was taking place to help minimise the risk of infection.
- An infection prevention and control policy was in place to guide staff and additional support was provided by the deputy manager who was the infection, prevention and control lead.

#### Visiting in care homes

The service supported visits for people living in the service in line with current guidance. Visitors were not restricted, and safety was promoted while on site for example, personal protective equipment (PPE) was provided. Visits took place in people's preferred location within the service and additional meeting areas could be provided in the event of a Covid-19 outbreak.

#### Learning lessons when things go wrong

At our last inspection the provider failed to review and learn from accidents and incidents which prevented staff minimising the risk of future events. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service learnt from when things went wrong, and the registered manager reviewed the care provided and systems in place in the event of any complaints or concerns.
- A system was in place for the reporting, recording and investigation of accidents and incidents. Records demonstrated how the service learnt from these events and how practice was changed to help minimise future risks.
- The registered manager was proactive in seeking opportunities to learn and improve. For example, comprehensive exit interviews were complete with staff who left the service, their responses were analyzed and actions put in place to improve staff retention.

#### Using medicines safely

- Medication was administered safely. Staff supported people to take their medication as prescribed. However, guidance was not always in place for 'when required' medication and emollients. The medication audit did not include through checks to ensure 'when required' guidance was in place or that prescribed nutritional supplements had been accurately recorded. No people were put at risk due to these concerns.

We recommend the provider review best practice guidance in relation to the management of 'when required' medication and emollients, reviewing their auditing system and updating their practice accordingly.

During the inspection the provider reacted immediately to the advice given, reviewing their records and



expanding these were needed.

- The service was supported by the local GP service who regularly reviewed the medication needs of the people.
- Staff received appropriate training to ensure safe administration of medicines and their competency in this area had been assessed.
- People told us they received their medication when needed and relatives were happy with the support provided in this area. One relative told us, when discussing a time sensitive medication; "[Staff] are good at getting medication to [person] on time."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Appropriate safeguarding policies were in place to help guide staff on their understanding and what action to take if they had any concerns.
- Training was provided in how to safeguard people and staff understood their responsibilities in keeping people safe.
- Where concerns had been raised, investigations were held by the registered manager who reviewed practice and implemented changes to reduce risks to people.

## 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider failed to ensure people gave expressed consent to specific decisions about their care and assess people's mental capacity. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care was recorded for people. People's capacity had been assessed, however, the records were not always clear. For example, one person had an authorised DoLS in place, however, other information in the care record contradicted this.

We recommend the provider consider best practice guidance in relation to The Mental Capacity Act 2005, reviewing their recording process, updating their practice accordingly.

- DoLS applications had been made where appropriate.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to provide staff and volunteers with a robust induction and training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were appropriately trained and had good knowledge and understanding of their roles.
- The induction processes had been developed to provide new staff with information in all expected areas and this was recorded on the training matrix.
- The registered manager ensured people were competent in their roles by completing competency assessments. Supervisions were taking place to review training needs and offer support to staff.

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

- People's needs were assessed, and their preferences were recorded in the care records. Staff knew the people well and could tell us how they adapted their care to meet these preferences.
- Other professional bodies had been contacted for advice on how to improve care and staff effectively followed this guidance.
- Appropriate policies and guidance were in place and accessible to all staff which reflected current best practice, guidance and legislation.

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

- People were supported to eat and drink enough and to maintain a balanced diet. Staff were supportive to people during mealtimes, encouraging people when needed.
- The chef was proactive and enthusiastic about ensuring people's choices and preferences were followed. The menu was regularly reviewed, asking for people's opinions and developing new meal choices.
- People's dietary needs and preferences were recorded and followed by staff. For example, where people preferred a smaller meal portion, this was offered. If people requested something off menu, the cook was happy to provide alternatives.

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

- The service design and decoration met the needs of the people and extensive renovation work was still underway to improve the service further.
- People were happy with their rooms; these were personalised to suit people's preferences. One person said, "It's very nice, I like my room." One relative told us, "[Person's] room is nice, the outlook nice, its homely, safe and in a lovely location."

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

- People were supported to access healthcare services when needed and staff worked well with other agencies to ensure effective care.
- Appropriate referrals had been made when needed to external professionals and care records reflected the advice given to help adjust care when needs changed.
- People told us they saw the GP when needed and staff supported them with other medical appointments.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well and supported by kind and caring staff. Positive observations were made on the day of the inspection between staff and people. Staff consoled people who became upset and showed concern for their wellbeing.
- People and relatives praised the care and support offered by staff. One person told us, "Everyone is so nice, very good and try their hardest." A relative said, "Senior staff are fantastic, helpful and knowledgeable. Brilliant staff are their greatest asset."
- Staff had access to an equality and diversity policy to help guide them if needed; efforts were made by the service to ensure equality, dignity and diversity was promoted.

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

- People were encouraged to express their views and be involved in their care. The senior management team provided regular opportunities for people to review their care and action was taken when people's preferences changed.
- Resident reviews were carried out by the senior team which gave a comprehensive review of a person's care. People were supported to discuss any needs or concerns, and this was recorded for the management team to action.
- Relatives also felt involved in the care of their loved ones. One relative said, "They call if there is anything untoward. They ring me when they do something." With another explaining, "[Person] has a care plan, they involve me if I ask."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's wishes and care they provided promoted dignity and independence. People were given choices throughout the day on how they wished to spend their time and staff respected this.
- Staff were guided by personalised care plans. These detailed how people preferred to receive their personal care and staff carried out these tasks promoting their privacy and dignity.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we recommended the provider review the activities in place and consider best practice in relation to a diverse offering of activities and events. The provider had made improvements.

- People were supported to maintain relationships and to follow interests that were socially and culturally relevant to them. Relatives were encouraged to visit the service and people spent unrestricted time socialising.
- Efforts had been made by the provider to increase the availability of activities in the service. People had been asked about their interests and activities were developed from these suggestions.
- People had the opportunity to take part in community events, such as local Harvest festival, and the service celebrated a variety of culturally diverse events, promoting inclusivity.

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

- People's care was personalised, and care plans reflected people's needs and preferences. People had choice on how they wished to spend their time and how they received care, and this was respected by staff.
- Staff knew the people well and had a good understanding of their likes and dislikes.
- Staff were responsive to people's needs. Monitoring systems were in place if any changes in behaviour and health were observed. Other professionals were contacted and consulted for additional support if needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and information was provided in an accessible format. Adjustments had been made for people who required additional support.

Improving care quality in response to complaints or concerns

- The registered manager reviewed any concerns or complaints to help improve care in the service.
- An appropriate complaints procedure had been developed with clear guidance for people who wished to

make a complaint.

- Relatives showed awareness of how to make a complaint if needed and had confidence in the registered manager to deal with any concerns quickly and professionally.

End of life care and support

- End of life support was planned for when people needed this. Care plans were developed to explain people's preferences.
- The registered manager attended the funerals of the people who had sadly passed away to show their respects.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider failed to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers and staff were clear about their roles and responsibilities. There was a clear structure in place and the senior management team were visible in the service to offer support and advice when needed.
- A series of audits had been developed to assess, monitor and improve the quality of the service. Where shortfalls were found, an action plan was implemented which was reviewed by the senior management team.
- Quality was also checked by the provider who attended the service on a regular basis. The provider completed their own audits to review the care in the service and offered support to the senior management team.
- Lessons had been learnt when things went wrong. Records reflected action taken and team meetings were held to discuss learning with the wider staff team.

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

- A positive culture was promoted in the service and the registered manager and deputy manager spoke passionately about how they promoted a person-centred approach to care.
- Staff felt supported in their roles and found the registered manager to be approachable. Staff were confident in the registered managers ability to act if concerns were raised.
- Relatives and residents were seen to be happy with the service provided. One relative told us "They treat residents like friends and family with jovial, friendly, and caring staff. Nothing to improve, its lovely and homely."

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 provider understands the duty of candour and their legal responsibility to be open and honest when something goes wrong.

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

- People, relatives and staff were actively engaged and involved with the service. People and relatives were asked to provide feedback through open discussions and questionnaires on a regular basis. These were analysed by the registered manager and action was taken when appropriate.
- Staff had regular meetings to discuss the day to day running of the service, this gave staff the opportunity to raise concerns and feel included in the management of the service.
- There was an equality and diversity policy in place to promote equality with clear guidance on how to raise a concern if needed.

Working in partnership with others

- The service worked well with other external agencies. They took on board advice from other professionals, such as, the local authority and GP service to review and improve care.
- Links in the local area had been developed which gave people the opportunity to access the wider community and build relationships and interests outside of the service.