

Milestones Trust

Mortimer House

Inspection report

Britton Gardens
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27 September 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

The inspection took place on 27 September 2018 and was unannounced.

Mortimer House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Mortimer house accommodates up to 28 people in one adapted building. At the time of our inspection 22 people were living at the home. Accommodation is spread across two floors. The home provides care to people with learning difficulties, dementia and those in need of palliative care.

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 received support from staff who were kind and caring and clearly wanted to do their best for the people they supported. However, there were areas of the service where improvements were required. There was evidence of good practice in relation to the MCA and DoLS and it was clear that the service understood the principles of this legislation. However, there were lapses where it wasn't evidenced that people's rights had been fully protected. For two people who had conditions on their DoLS authorisations, it wasn't clear whether these had been met in full.

Staff told us that there had been some challenges at the service with high use of agency and bank staff. Where possible, bank and agency staff familiar with the service were used to minimise the impact on people using the service. Some staff reported morale being low due to all the changes that had occurred. The registered manager told us new staff had been recruited and were in the process of having checks completed. They hoped that this would lead to a period of stability for people using the service and the staff team.

Record keeping was inconsistent. There were areas of good practice but also evidence that records were not always completed fully.

Our observations throughout the day showed that people were treated with dignity and respect. People received comfort and reassurance when needed. Staff used humour to engage people and help build positive relationships. Staff understood people's individual needs and preferences for care and talked to us about the ways in which they provided this.

People's nursing needs were met and staff worked effectively with other healthcare professionals to ensure this was the case. We saw evidence of people receiving support from the speech and language therapist, dietician and GP. During our visit, there was a review taking place of one person's complex health condition.

Staff were knowledgeable about this person's condition. Staff also demonstrated good knowledge about people's dietary requirements and whether they needed a modified diet to reduce the risk of choking.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. There had been difficulties with maintaining a stable staff team, however new staff had been recruited.

There were systems in place to manage medicines safely.

Staff received training in safeguarding vulnerable adults and worked with the safeguarding team in the local authority to keep people safe.

There were risk assessments in place to guide staff in providing safe care and support.

Is the service effective?

Requires Improvement ●

Some improvements were required to ensure the service was fully effective. There wasn't always clear evidence to show that people's rights were fully protected in line with the MCA.

Record keeping required improvement to ensure it was consistent.

Staff were positive about the training they received.

People received support to ensure their nutritional needs were met.

Staff worked closely with healthcare professionals such as the GP, speech and language therapy and dietician.

Is the service caring?

Good ●

People were supported by staff who were kind and caring.

Our observations throughout the day showed that staff were respectful and treated people with respect.

Is the service responsive?

Requires Improvement ●

The service required improvement to ensure it was fully

responsive.

Care plans were person centred in nature; however, they weren't always reviewed regularly.

There were activities in place and people were able to go out in the local area.

People's complaints were addressed and action taken in response.

Is the service well-led?

The service was not well led in all areas. Quality monitoring systems had not identified areas for improvement that we identified at the inspection.

Feedback from staff was mixed in relation to the support they received.

Requires Improvement 

Mortimer 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 27 September 2018 and was unannounced.

The inspection was undertaken by one Inspector and a specialist advisor. Prior to the inspection we reviewed all information available to us. This included notifications. Notifications are information about specific events that the provider is required to send us by law. We also reviewed information provided directly to us from staff through the whistleblowing procedure.

As part of our inspection we spoke with the registered manager, deputy manager, two nurses and seven support workers. We spoke with one person using the service. Other people were not able to give verbal feedback about the care they received, however we made observations throughout the day. We spoke with the GP who visited on the day we were inspecting. We case tracked three people using the service and looked at other documents relating to the running of the care home, such as audits, fire safety and quality surveys.

Is the service safe?

Our findings

At the time of our visit a high number of bank and agency staff were being used. Staff told us that whenever possible regular bank and agency staff were used and this minimised the impact on the service because they were familiar with people's needs and how the service ran. Staff told us that it was more difficult when agency staff were new as they required a lot of support and at these times it put strain on staff in relation to task such as record keeping. The bank staff we spoke with during our visit confirmed they worked regular shifts at the home and were very familiar with people and their needs. The registered manager told us that new staff had been appointed and were awaiting recruitment checks to be completed before commencing work.

Staff also told us that the 'floating' member of staff included in the rota, was very important. A floating member of staff covered the whole home, wherever there was need, rather than being allocated to a particular floor. Staff told us this arrangement relieved pressure and enabled them to focus on providing care.

Staff were trained in safeguarding vulnerable adults. The home had been involved with the safeguarding team in the local authority and we saw that the registered manager and other senior staff had worked with them to make improvements when necessary. On occasion, concerns had been raised directly with the CQC. The provider had responded to these appropriately through investigating the issue and reporting back to CQC and the safeguarding team.

There were systems in place to manage medicines safely. There were two clinical rooms, one on each floor. These were observed to be locked at all times and to have effective air conditioning. Temperature measurements were recorded daily for both the room and the medicine fridge. Medicine Administration Records (MAR) were used to record the administration of medicines. We checked a random sample of MAR charts and found they were suitably completed, where drugs were omitted the reason was noted in full on the appropriate part of the MAR sheet. There were instructions in place to guide staff on the use of topical creams. Medicines requiring additional storage were suitably secured. There were some areas of medicine management that we identified for possible further improvement. This included dating topical creams when opened and checking pain relief patches on a regular basis to ensure they remain in the correct position on a person's body.

Staff were aware of the procedure to follow, should a person lack capacity to make decisions about their medicines and need to be administered their medicines covertly. This included holding best interests meetings to make a decision as to whether covert medicines was the best option for the individual.

When new staff were recruited, the provider had systems in place to ensure recruitment checks took place. This included a Disclosure and Barring Service (DBS) check. This identifies a person who has been barred from working with vulnerable adults and whether they have any convictions that would affect their suitability. References from previous employers were sought.

Risks associated with people's care were identified and plans in place to address them and minimise the risk of harm. For example, some people were at risk of choking. Staff were aware of the steps required to minimise the risk, such as the use of thickening agent with fluids. These were outlined in care plans and staff were also knowledgeable about people's needs in this area.

Accidents and incidents were recorded and reviewed by a senior member of staff, which enabled them to monitor safety and take action when necessary to keep people safe. The action taken by the service in response to the incident was recorded, for example by asking the GP to review the individual concerned.

The home was clean and fresh. There were cleaning staff operating throughout the visit. They told us they had all the equipment they needed to do their jobs. This included personal protective equipment such as gloves and aprons. They told us they tried to clean individual rooms on a daily basis.

Equipment in the home was in good condition. There was pressure relieving equipment available for those people that required it and moving and handling equipment. Fire safety systems were checked regularly to ensure they were in working order. Fire drills were carried out to support staff to know what to in the event of emergency.

Is the service effective?

Our findings

There was evidence that staff were aware of the principles of the Mental Capacity Act 2005. However, we did find lapses where it wasn't clear whether people's rights in line with this legislation were being fully met. For example, two people had bedrails in place. For one person there was a capacity assessment and best interests decision in place, which showed that staff had acted in line with the requirements of the Act. However, for the second person this documentation was absent.

There were people in the home subject to Deprivation of Liberty Safeguards (DoLS). For two people's authorisation that we checked, there were conditions placed on the authorisation. From speaking with staff and checking records it wasn't possible to establish whether these conditions had been met. For example, one person had a condition stating that the home needed to refer the individual to a particular health team. We saw that contact had been made with this team and they had advised how the referral should be made, however there were no records to confirm whether staff had gone on to make the referral. For another person a DoLS authorisation had been granted in May 2017 with conditions to refer the person to physiotherapy and the occupational therapist. We saw a letter from December 2017 from the physiotherapy service, referring to a conversation with a member of staff at the home. This indicated that some action had been taken to act on the condition within the DoLS authorisation but it wasn't clear whether this had been completed in the timescales set out and whether the person had also been referred to Occupational Therapy.

We recommend the service reviews its procedures relating to MCA and DoLS to ensure that they are fully complying with the MCA and DoLS code of conduct.

The deputy manager told us that for some people minimal restraint was used in order to provide care. For one person this was required in order to cut the person's nails. There was clear information about this in the person's care file and a protocol to follow to ensure that this was carried out in the least restrictive way.

We found that overall people's clinical needs were met. However, there were lapses in recording which meant that people's care wasn't always easy to evidence. For example, for one person there was documentation relating to an injury following a fall. The initial wound had been photographed but no further documentary evidence had been recorded to show how it had healed. There were inconsistencies with recordings of weight; there were charts for weight in both care plans and in the monthly record charts. There was not consistency across both charts; in the care plans sometimes there were no recordings since April 2018 but recordings were being made on the other chart. This made it difficult to effectively track and monitor people's weight. The registered manager had recently become aware of this issue and was taking steps to address it. One person with an advanced health condition required careful pain management. Staff were attentive to their pain needs and the care plan stated the different behavioural signs that the resident would give when in pain. We observed that the person was given pain relief when they became distressed with pain. There was a pain assessment scale in the person's care file. This is used to support effective pain monitoring. However, for this person the form was blank and evidently hadn't been used.

For those people at risk of pressure damage to the skin, checks were carried out on mattresses and these showed they were inflated. However, there wasn't evidence that staff were checking the specific setting required for the individual. This meant the check wasn't fully effective.

Staff were positive about the training they received and told us it gave them the skills to carry out their roles effectively. It was the provider's policy to carry out 1:1 supervision with staff every 6-8 weeks. We saw that staff received supervision, although not always within these timescales.

People received support nutritionally in line with their assessed needs. Where people required modified diets, these were provided. There was evidence that staff worked closely with the speech and language therapist and dieticians to meet people's needs in this area. In one case, we noted that a person had been discharged from the dietician following a gain in weight.

We observed at the midday meal that people were well supported. Staff were attentive and responded to one person who was finding their meal a little dry, by offering them gravy. They then proceeded to offer this to other people. Food and fluid charts were used to record what people were eating and drinking. We did note however, that these weren't always filled in immediately meaning there was potential for staff to forget. This was fed back to the registered manager however, these were completed regularly and meant that staff could monitor people's nutritional intake and respond appropriately if there were concerns.

As well as working with dieticians and the speech and language therapists, staff worked closely with the GP who visited the home during our inspection. We saw that staff worked closely with the GP to review one person's complex health condition. The GP was positive about the caring nature of staff and felt that they were prompt to respond to people's changing needs. We did receive feedback from the dementia wellbeing service that staff engaged them, although referrals weren't always made for people who would benefit from the service.

People worked with people's varying communication needs. With one person, we observed staff use a small whiteboard to write things on in simple vocabulary for the person to read. Staff told us this was because the person wasn't able to hear well. We also saw information in easy read format around the home. When staff communicated with people that crouched down to ensure eye contact and spoke with appropriate volume and tone.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. It was clear from staff feedback and our observations throughout the day that staff wanted to provide good care and were dedicated to doing so. Our observations reflected strong relationships between people in the home and those supporting them. Most people weren't able to communicate with us verbally, however one person told us it was 'alright' at the home. We saw this person sharing good humoured conversation with staff and smiling and laughing with them.

One person was distressed at various times throughout the visit. We saw them approach several different members of staff to seek comfort and when comfort was offered, this settled the person. Staff also encouraged the person on a number of occasions to put some slippers on as they were walking around barefoot. Staff treated people with respect. For example, even when people were evidently tired and sleepy, staff gently explained what they needed to do. Staff knocked on people's door before entering, respecting their privacy.

One member of staff told us about an individual who needed encouragement to drink fluids through the day. They told us about their own particular fun way of encouraging the person to drink that had been working well. This demonstrated a person centred approach to supporting this individual. Later in the day, we saw this person and member of staff together. The member of staff was very engaging in their approach, smiling and using humour to attract the person's attention. The person responded by reaching out their hand to them.

Throughout the day, staff were attentive to people's needs and checked regularly on people who chose to be in their room. One person was suffering with a bad cough and we saw staff attend to this person offering sympathy and comfort. We observed people dressed in clean clothing throughout the visit. Staff told us people received a bath or shower regularly.

Is the service responsive?

Our findings

The service was able to provide palliative care, however there was no one specifically identified as requiring end of life care at the time of our inspection. Staff told us they had specialist support from the palliative care team at the local hospice which provided them with good support. Staff told us about times when they had provided end of life care and it was evident they were knowledgeable about this area of care and liaised with relevant other professionals to ensure people's needs were met at this time. For example, staff worked with district nurses to implement syringe drivers at the end of people's lives. A syringe driver is a means of delivering pain relief.

Overall people had person centred care plans in place. These were detailed with information relevant to the specific and individual needs of people. This included consideration for example of whether the person consented to being comforted with a hug if needed. Where people presented with behaviours that challenged, there was documentation in place to support care planning. For example, behaviour charts were used to identify situations that had triggered the behaviour. However, for this person there was reference made to their behaviour support plan but this was not available in their care file. Not everyone for whom it was appropriate had advanced care planning in place for their end of life needs. For one person for example, there was a best interests' decision in relation to hospital admission but this wasn't set out in a care plan for the person. Care plans weren't regularly reviewed to ensure they were current and continued to meet people's needs. Whilst we saw that staff were very caring and knowledgeable of people's needs, having clear and up to date information set out in care plans is important to ensure consistent care.

We recommend that the provider reviews systems for care planning to ensure care plans are reviewed regularly and reflect people's current needs.

For one person in particular with a complex health condition, staff demonstrated clearly that they understood the person's individual needs. They identified that the person appeared to have lost their appetite and suggested reasons for this such as the possibility of pain. This allowed them to work with the person's GP to make changes to their medication. We also observed how staff supported a person who was new to the service. Staff took turns to sit with the person helping them to settle.

People had opportunities to go out in to the local area. During our visit for example, staff arranged for one person to go to the local shops and another person to go to the pub. We also saw that entertainers such as singers came to the home regularly. We noted that people were able to access complementary therapies such as music therapy and aromatherapy. The dementia wellbeing service provided feedback that they felt people would benefit from more activities devised for people with dementia. They were hoping to work with the home to achieve this.

Staff were responsive to people's concerns and complaints. Complaints were recorded and it was clear that staff listened and took action in response. One person for example was concerned about noise in their room and wanted to move. This person was given opportunity to look at another room in another part of the building which they decided they wanted to move to. There was information about making a complaint in

an easy read format on display around the home. This included photographs of staff that could be contacted and also the contact details for CQC.

Is the service well-led?

Our findings

There was a registered manager in place supported by a deputy manager and registered nurses. People using the service weren't able to tell us verbally about how they felt the home was run. However, we saw that one person in particular, freely entered the registered manager's office throughout the day and senior staff interacted with them, this suggested that the person felt at ease. The service also received support from senior staff within the organisation. The area manager for example supported the service when they had been working with the safeguarding teams in the local authority. Additional management support was also provided during this time. We received feedback from the safeguarding team that overall the service had cooperated with them to investigate concerns and ensure that people were safe.

Staff feedback was mixed about how well they felt supported in their roles. One member of staff for example very much appreciated the support they'd been given around a situation in their personal life that was impacting on their work. However other staff felt they weren't always listened to and felt that not all staff were treated equally in terms of their workload. This was fed back to the registered manager.

There were systems in place to monitor the quality and safety of the service. The registered manager completed a monthly self-assessment which was based on the five domains inspected by CQC. These generated action points to enable the service to improve. For example we saw that it was identified that staff didn't all have a Personal Development Review (PDR) in place. We ask the registered manager whether this had now been addressed any they told us it was currently in the process of being completed. An annual quality report was produced as well as specific audits for infection control and health and safety. However, quality monitoring systems had not identified the issues we found during our inspection. For example, the inconsistencies in recording, lack of regular review for care plans and lack of evidence that conditions on people's DoLS had been addressed.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Quality monitoring procedures included gathering feedback about the service. Friends and family meetings were held to enable relatives to voice their opinions. One of these meetings had been held the day before our visit. A friends and family survey was also carried out and we saw that the results of the last one had been positive. We viewed cards from relatives thanking the service for the care they had given to their loved ones.

Various meetings took place to discuss developments within the service and any other important issues within the home. The registered manager told us they held regular staff meetings to try and include as many staff as possible; due to work patterns not all staff could attend all meetings. The registered manager told us they were using these meetings as a means of encouraging staff to speak with them directly about any concerns they had so they could be addressed immediately. The registered manager also told us that they were looking to introduce a suggestions box to encourage staff to raise issues anonymously if they wished to do so. The registered manager was concerned that in the past staff had raised concerns with other agencies

rather than with them directly and they hoped these measures would help address this. It was evident that the registered manager also met regularly with their area manager to discuss the performance of the home.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring systems had not been fully effective at identifying the areas for improvement found at our inspection.</p> <p>This was a breach of regulation 17 2 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>