

Mrs Carol Shutt and Mr Winston Shutt

Milton House Nursing and Residential Home

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?	Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 27 June and 10 July 2018. During our last inspection we rated the service 'Good'.

Milton House Nursing and Residential Home 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.

The care provider, Mrs Carol Shutt and Mr Winston Shutt are registered to provide accommodation for up to 22 persons who require nursing and/or personal care in one adapted building. At the time of our inspection there were 20 people using the service.

There was a registered manager in post. 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.

There was a range of systems and procedures in place to monitor the quality and effectiveness of the service. However, audits were not always completed on a regular basis in line with the providers own guidance. The audit systems had not identified some areas for improvement. We saw evidence of action plans being implemented to address any issues found. We made a recommendation around managerial tasks to be completed.

We saw the service was clean and had appropriate infection control processes in place.

Each person we spoke with told us they felt safe. They expressed no concerns about their safety and they were complimentary about the level of care provided. The service had appropriate safeguarding policies and procedures in place, with detailed instructions on how to report any safeguarding concerns to the local authority. Staff were all trained in safeguarding vulnerable adults and had a good knowledge of how to identify and report any safeguarding or whistleblowing concerns.

We saw the home had adequate systems in place for the safe administration and recording of medicines.

All staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. We checked whether the service was working within the principles of the MCA. We found that the provider had followed the requirements in DoLS authorisations and related assessments and decisions had been appropriately taken.

Staff had been recruited in a safe way. Systems and processes showed staff had their backgrounds checked

before employment. We made a recommendation about the recordings of interviews.

Staff spoke positively about the training available. We saw all the staff had completed an induction programme and on-going training was provided to ensure skills and knowledge were up to date.

Staff confirmed they received supervision with their line manager, which along with the completion of team meetings, meant they were supported in their roles. Records we saw backed up what staff had told us.

Observations of meal times showed these to be a positive experience, with people being supported to eat where they chose. Nutritional assessments were in place and special dietary needs catered for.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be caring and treated people with kindness, dignity and respect. Both people who used the service and their relatives were complimentary about the quality of the staff and the standard of care received.

Care files contained completed pre-admission assessments and accurate and detailed information about the people who used the service and how they wished to be cared for. Each file contained detailed care plans and risk assessments, along with a range of personalised information which helped ensure their needs were being met and care they received was person centred.

Everyone we spoke to was positive about the variety and frequency of activities available. We saw the activity schedule catered for all interests and abilities and included involvement from external agencies.

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.

People received their medicines in line with their prescription.

There was sufficient staff to meet people's care needs.

Staff were recruited in a safe way.

Safeguarding information was shared and documented appropriately.

Is the service effective?

Good ●

The service was effective.

Staff had received training to support them in their roles. There were some gaps in supervision.

Staff had a good understanding of the MCA 2005 and DoLS had been referred for appropriately.

People received support with their nutrition and hydration in line with their needs.

Is the service caring?

Good ●

The service was caring.

We observed staff treating people with dignity and respect.

People had their independence promoted.

Is the service responsive?

Good ●

The service was responsive.

Care records contained personal preference of people.

Complaints were monitored and documented in line with the providers policy.

People were supported with their end of life care.

Is the service well-led?

The service was not always well-led.

Audits and checks were not always complete as the registered manager did not have enough time to complete tasks.

The registered manager and provider had a strong presence in the service.

People were asked for their views and involved in the running of the service.

Requires Improvement 

Milton House Nursing and Residential Home

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 27 June and 10 July 2018 and was unannounced.

Inspection site visit activity started on 27 June 2018 and ended on 10 July 2018. It included speaking with people, reviewing documents and charts and making observations.

The inspection team consisted of one adult social care inspector.

Before commencing the inspection, we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also contacted the safeguarding and commissioning teams at North Yorkshire County Council prior to inspection, they told us they had no present concerns.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to the registered manager, one nurse, four staff members and a visiting health professional. We also spoke to four people who lived at the service three relatives and one visitor.

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

We looked around the service and viewed a variety of documentation and records. This included four staff files, four people's care records, nine Medication Administration Records (MAR) charts, policies and procedures and audit documentation.

Is the service safe?

Our findings

At our last inspection in May 2017 we rated the service Requires Improvement for this domain. We found the provider was in breach of Regulation 12 (Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not always managed safely. At this inspection we found improvements had been made.

We asked people who used the service if they felt safe living at Milton House Nursing and Residential Home. The three people we spoke with all told us they did, with one saying, "They will come if I need their help." Another said, "It's nice here, everyone is very safe."

We looked at medicines management within the home. Each person's medication was stored in a storage area in a locked trolley. Temperatures were not monitored within this area and on the day of inspection the temperature was 25 degrees Celsius. Most medicines are required to be stored at temperatures at 25 degrees or below. Temperatures were monitored in the medicines fridge. We mentioned this to the provider who told us they would start monitoring temperature. We saw detailed medicines policies and procedures were in place and a document had been drawn up which staff had signed to confirm they had read and understood these.

Each person had a Medicine Administration Record (MAR) in place, which included their photograph, date of birth, GP details and any allergies. We viewed nine MARs during the inspection and saw that all prescribed medication had been administered and signed off correctly, with a running balance documented for each medicine. We saw the specimen signature chart tallied with the staff signatures on the MAR charts. We completed stock checks of seven people's medicines. All medicines we checked had the correct amount remaining, indicating that all medicines had been administered correctly.

The home had 'when required' medicine (PRN) protocols in place. These explained what the medicine was, the required dose and how often this could be administered. This ensured 'when required' medicines were being administered safely and appropriately. Topical medicine charts were in place, on which staff had documented where on the body creams had been applied.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We checked the controlled drug (CD) cupboard and storage and recordings were fine. We checked the stock levels of three people's medicines and saw that these tallied with the CD register. We also noted that all entries were supported by two staff signatures.

We looked at the home's safeguarding systems and procedures. Safeguarding procedures were in place detailing relevant information about the various signs and indicators of abuse and how to report any concerns. The provider had a dedicated safeguarding file which contained a copy of the company policy along with local authority guidance on identifying and reporting safeguarding concerns. This ensured that anyone needing to report a concern could do so successfully.

Staff we spoke with were aware of the different ways a person could experience abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. Each member of staff confirmed they had received training in this area and that this was refreshed within required timeframes by the provider. One staff member told us, "We have good training, I would also pass any concerns on." Another said, "I would tell a nurse straight away."

The provider had robust recruitment procedures designed to protect all people who used the service and ensure staff had the necessary skills and experience to meet people's needs. The recruitment process included candidates completing a written application form and attending a face to face interview. We looked at the recruitment records of four staff members. We found references were obtained and saw evidence that a Disclosure and Barring Service (DBS) check had been sought. The DBS is a formal check for cautions and convictions to support employers in making safe recruitment decisions. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. However, we found notes from interviews were not documented. We recommend the registered manager document all interview notes.

Upon arrival at the home, we completed a walk round of the building to look at the systems in place to ensure safe infection control practices were maintained. The premises were clean throughout and free from any offensive odours. We saw bathrooms and toilets had been fitted with aids and adaptations to assist people with limited mobility and liquid soap and paper towels were available. The bathrooms were well maintained and surfaces were clean and clutter free, however, we saw one bathroom had a cracked floor. We mentioned this to the nurse in charge who made arrangements for this to be fixed as soon as possible. Cleaning products were stored safely.

The staff completed dependency assessments for all the people who used the service to determine their level of need and the number of staff required to reduce people's needs. We asked the registered manager about staffing levels and were told that the numbers could change if people left the service, but they usually stay close to their occupancy limit. The registered manager felt at present there was appropriate numbers of staff to support people with all their needs safely. We asked what arrangements were in place to cover sickness and holidays. We were told that the registered manager would contact other staff members and any gaps were usually filled this way. People told us they felt there were enough staff on duty and they were not left waiting for long periods of time. For example, one person told us, "I ring the bell and they come, on occasion they are a few minutes but not usually." Our observations showed people were responded to quickly and staff did not appear to be task orientated or rushed.

We looked at how accidents and incidents were managed. An accident/incident record book was in place and all relevant information had been documented and appropriate action taken. The registered manager told us that all accidents and incidents were analysed by them for information and linked with trends or areas of concern.

Falls management was handled within the service. People were recognised appropriately when they were deemed 'at risk' of falls with risk assessments in place and referrals made to the relevant agencies when required. People's care files detailed information to enable staff to appropriately and safely support them with their mobility requirements.

We looked at the provider's safety documentation, to ensure the service was appropriately maintained and safe for people. Gas and electrical safety certificates were in place and up to date, all hoists and fire equipment were serviced within regulatory timeframes with records evidencing this. Alarm call points, emergency lighting, fire doors and fire extinguishers had all been checked regularly to ensure they were in

working order. However, we found three fire doors that were labelled as required to be locked when not in use which were unlocked. We mentioned this to the registered manager who immediately took action.

Is the service effective?

Our findings

At our last inspection in May 2017 we rated the service 'Good' for this domain. At this inspection we found the service remained 'Good'.

People living at the service told us they enjoyed the food and were offered refreshments throughout the day. One said, "I like it here, they keep us well fed." Another told us, "The food is nice; I have toast/toasted teacake/cereal/bacon/sausage sandwiches for breakfast. I don't eat the supper because I am not hungry by then." Relatives were also complimentary about the food with one telling us, "The food is fine, my relative never complains and they are a good eater."

We spoke with the cook who showed us information on people who were diabetic and those requiring diet control. They described how they fortified people's food using butter and cream and how they made a smoothie for someone if required. They said their working hours allowed them to prepare meals for people during the day. We observed 1 people were hungry during the day, they asked staff for some food and this was made for them.

People's weight was checked at regular intervals which helped staff to monitor risks of malnutrition and support people with their diet and food intake. People's dietary needs had been considered and were being managed effectively. However, some recordings were not completed on a monthly basis. We mentioned this to the registered manager who told us the scales had been broken. Food and nutritional assessments and care plans were in place. These explained each person's needs, how to support them with their diet and eating and any associated risks. For those people on a soft diet, advice sheets were in place detailing what they could and couldn't eat.

Processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments such as the Malnutrition Universal Screening Tool (MUST) were used. This is a screening tool which is used to identify people who are at risk of malnutrition. Professional involvement had been sought where necessary, with Speech and Language Therapy (SALT) assessments and correspondence located in care files.

We looked at the staff training documentation. Staff training was monitored via a matrix with each staff member's record detailing what training sessions had been attended along with the date of completion. New staff completed an induction program to ensure they had the skills and knowledge to carry out their role. Records of training completed along with certification were in each staff member's personnel file. We asked people if they felt staff were well trained. One told us, "Yes, I think they are very good." Another said, "They know what they are doing."

We asked staff for their opinions on the training provided. One told us, "I feel I have had enough to do my job." Another said, "After doing my induction training, I shadowed existing staff until I had completed other training."

The staff we spoke with said they received supervision from their line manager. One told us, "We have enough I think." Another said, "We try to do them to support staff." We saw staff supervision records had been completed and records were kept showing when supervisions had occurred. However, some gaps in supervisions were present for some staff. We mention this in the 'Well-led' section of this report.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We asked staff about their understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). All staff confirmed they had received training and understood both and how it impacted them.

At the time of the inspection, DoLS authorisations for 12 people had been applied for. We saw that the registered manager logged details about referrals, which detailed when each application had been submitted, date documents received, start date, expiry date, duration and date for review. We saw evidence that action had been taken to follow up outstanding applications. We looked at how the staff sought consent from people who lived there. Each care plan contained consent forms, which covered consent to care and treatment, use of photographs, signing care plans, people accessing their records and had been signed by either the person themselves or their representative. During the inspection we saw staff seeking consent before providing care and support, including knocking on doors and seeking agreement before commencing any transfers or support with mobilising. We saw evidence of best interest meetings and mental capacity assessments had taken place appropriately.

Our review of people's care records showed the service worked closely with other professionals and agencies to meet people's health needs, these included GP's, speech and language therapists and district nurses. We spoke with a visiting professional who told us things had got better but they were still working closely with the home to provide support.

Staff told us communication was good and if anything was changed, this was fed through to staff via handover, or daily notes as well as team meetings. Our observations showed staff communicating with each other and sharing important information. People's primary form of communication was recorded and adaptations to support their understanding were made when they found spoken language difficult. For example, one person's care records directed staff to speak clearly and slowly at eye level.

Is the service caring?

Our findings

At our last inspection in May 2017 we rated the service 'Good' for this domain. At this inspection we found the service remained 'Good'.

The people we spoke with told us they liked the staff and found them to be caring. One told us, "Yes they are really nice. I am well looked after here." Another said, "There was one staff who I wasn't sure of but I think they have gone now, most of them are good." Whilst a third stated, "We have a nice chat, it's nice."

We asked people who lived at the home if staff treated them with dignity and respect. All confirmed that they did. One staff member said, "We always make sure people are dressed properly and we knock on doors before entering. We always have to ask for their permission before doing anything with them." Another gave us examples about people's rights and choices. They said, "I treat people how I would want my family to be treated."

Over the course of the inspection we spent time observing the care provided in all areas of the service. People looked clean, appropriately dressed and well groomed. We saw staff interaction with people was warm and friendly. For example, staff members were observed ensuring they were at eye level with people when engaging in conversation, even if this involved bending or kneeling. Appropriate physical contact by the staff was observed, such as hand holding or placing their arm around someone whilst speaking discreetly with them. Throughout the inspection people responded positively to the interactions with staff and the care being given.

The staff we spoke with displayed an awareness and understanding of how to promote people's independence. One said, "We try to let them do what they can. If they are struggling then we can help but the more they do the better." Another told us, "Some people find some things hard and that's fine but we try to encourage them where they can help themselves."

The care files we viewed contained an equality and diversity profile which covered marital status, ethnic group, religion and sexual orientation. The profile also contained a section for people to record any special requests or requirements they had such as cultural or religious wishes and needs. This showed us people's personal choices were respected and they were treated with dignity.

People's end of life care was dealt with in a sensitive way. When appropriate, people had documentation in place to ensure their ends of life wishes were considered. This included decisions around resuscitation. We saw compliments from families thanking the service for the care and support offered to them when facing the final days of their loved one's lives.

Is the service responsive?

Our findings

At our last inspection in May 2017 we rated the service 'Good' for this domain. At this inspection we found the service remained 'Good'.

We saw that people received care that was personalised and responsive to their individual needs and preferences. Prior to any new admission a pre-assessment was carried out with the person and their relative(s). Each care plan was detailed and captured people's support needs and wishes so that staff knew exactly how each person wanted to be cared for.

Each person's care file contained information on areas such as the person's emotions, what made them feel comfortable, favourite food and drink and how they liked to spend their day. There was also a document listing things that were important to the person, which included details of where and how they wanted to be supported. These documents had been used to formulate the care plans for each person and provided guidelines for staff on the provision of care.

We also saw evidence of a person-centred approach within the main care files. Assessments had been completed in a range of areas including communication, memory and understanding, hygiene and personal care. In each instance people had been asked to state what they preferred, what they were able to do, what they needed assistance with and what was important to them in that area. Each document then explained how the service intended to meet those needs.

People we spoke with told us they had been involved in planning and reviewing their care. One person told us, "They asked me questions about how I like things done. We have a meeting every now and again where they ask me." Another said, "They spoke with me and asked what I liked." We saw records of family involvement in both initial care planning and reviews of care plans, with formal reviews taking place every three months or sooner if any issues of note or major changes had arisen. Additionally, staff members reviewed each person's needs monthly documentation if any changes had occurred.

We asked staff how they knew what was important to the people they cared for. One told us, "We get to know people and build up relationships so if they are not well, we can tell quickly." Another said, "We speak with each other a lot so if someone is ill or something, then we can share that information." We asked staff to tell us about some individuals who lived at the home. Staff were able to list important and specific things about people. This showed us staff knew people well.

The home had several activities they did with people. All staff had a responsibility for organising and facilitating the activity programme. During a person's initial assessment, it identified their likes and dislikes and how they liked to make decisions about things they would like to try. One person we spoke with did not get involved in the activities and preferred to do their own things in their room or communal area such as watch DVDs. Two further people told us there were activities going on including chair physiotherapy, bowling, entertainers, singers and communion. People told us there could be more but felt they had enough to do. We observed a music and exercise session in the morning and afternoon in the lounge. We observed

in the afternoon people were involved and appeared very happy.

We looked at how complaints were handled. The service had policies and procedures in place to deal with formal complaints. A copy of the complaints procedure was on a notice board in the dining area. The policy provided directions on making a complaint and how it would be managed, this included timescales for responses. We saw the service had received no recent formal complaints. Older complaints had been fully processed in line with the providers' policy. People we spoke with were knowledgeable about what to do if they had any concerns and felt confident these would be dealt with effectively.

The provider kept compliments cards, letters and emails. We noted the service had received several compliments in the past year; these were from people and family members. We looked at a sample of these and noted positive comments which complimented staff on their professionalism and the standard of care received by their family members.

Is the service well-led?

Our findings

At our last inspection in May 2017 we rated the service 'Requires Improvement' for this domain and found they had not identified shortfalls in medicines management. At this inspection we found the service remained 'Requires Improvement'. Although the registered manager and provider had improved medicines management systems, we found shortfalls in the auditing process.

The home used a range of systems to assess the quality of the service; this included gathering the opinions of people using the service and their relatives by sending out questionnaires. The registered manager told us that the questionnaire was sent out annually and was designed to look at people's view of the home's response to complaints, people's satisfaction with the décor, the attitude and approachability of staff, as well as asking for feedback on what they could do better and what people would like to see and do. We looked at the most recent relative questionnaires sent out in 2018 and noted most of the responses indicated people were happy with the service provided. Some people raised concerns over small issues such as laundry missing.

We saw systems in place to monitor the quality of the service. The registered manager told us the provider completed some of the checks and they completed some as they weren't full time as a manager. They went on to tell us they worked in a manager's role between six and twelve hours a week. Both the registered manager and provider were responsible for carrying out audits and analysing areas such as falls, accidents/incidents and safeguarding alerts. We found some records had gaps. For example, the registered manager told us weight checks were completed monthly, however some records were completed every two months. Furthermore, monthly audit checks on medicines had been completed in January and May 2018 but nothing in-between.

Environmental checks looking at lighting, general maintenance, cleanliness and condition of furniture and equipment were not audited formally. The provider told us they constantly look when walking around the service. We also found some gaps in supervision records for some staff. This meant there was not sufficient time spent on a regular basis to complete audits, checks and supervisions. We raised our concerns with the registered manager and provider who told us they would look at their systems to see where improvements and efficiencies could be made.

We recommend the provider looks at their managerial tasks and the time for these to be completed to organise in a way so all tasks get completed.

At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The home had a clear management structure in place. Each shift was overseen by a shift leader as well as the registered manager. We found the registered manager was proactive and had obtained support from senior staff. The provider visited the service at regular intervals and made checks to understand how the service was being run. However, the registered manager was also a nurse on duty and spent an average of six hours a week in the registered managers role.

The people and staff we spoke with felt that the home overall was well-led and managed and they felt supported. One staff member told us, "The big boss is always here (the provider)." One person said, "I think they know what they are doing. The manager (they believed the provider was the manager from further discussion) keeps everyone on their toes." The shift leader was visible on the floor at all times, another staff member said, "There is always someone around to ask for advice."

Staff and relatives told us there was a positive but varied culture within the home. One relative said, "It's a nice, friendly place. They are always well looked after", and one person said, "Its nice atmosphere at lunch time."

We saw that team meetings were completed with staff. Meetings were scheduled to take place at regular intervals. Ground rules had been set up and agreed for all the meetings, to ensure they ran effectively and everyone was able to participate. We saw that minutes had been taken and action plans generated.

The provider's policies and procedures were stored as hard copies and were available to staff. These included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. Policies were updated regularly and staff notified of any changes; this meant that the most up to date copy was always available and staff were made aware of any changes to practice.