

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Humphry Repton House is residential care home providing personal and nursing care to people living with dementia. The service can support up to 45 people. At the time of the inspection there were 28 people living in the home.

The home was divided in to four wings, one of which was not currently being used for permanent accommodation but was available for people to isolate should it be necessary in line with pandemic guidance.

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

People using the service were not able to speak with us directly about their experience of living in the home. Through observation we saw that people responded positively to staff with smiles and vocalisation.

There were clear plans and risks assessments in place to support people safely. These outlined the measures in place that were required to manage specific risks. Staff worked with relevant healthcare professionals when necessary and followed their advice and guidance. For example, staff liaised with the speech and language therapist in relation to a person at risk of choking.

The home were following their own action plan in relation to medicines. Some areas for improvement had been identified through the home's own audit procedures and these were being addressed.

The home was well led. There was no registered manager at the time of inspection; however, the provider was actively recruiting. The provider was in the process of working through an improvement plan for the home. This had involved changes in the staffing structure to support nurses in having more time to concentrate on clinical tasks. There were team leaders and assistant team leaders in each wing.

There was a person centred culture within the home; we heard examples of support where staff had taken time to meet people's individual needs and this had led to a better quality of life for them. For example, by eating better or by engaging with staff in going out shopping. People and their representatives were involved in the running of the home. Their views were listened to and actively sought through regular family meetings.

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

The last rating for this service was good (3 December 2020).

### Why we inspected

The inspection was prompted in part due to concerns received about medicines and the safety and wellbeing of people using the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Humphry Repton house on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in well led findings below.

# Humphry Repton House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The area manager was providing support and leadership, whilst a permanent registered manager was recruited.

#### Notice of inspection

We gave a short period notice of the inspection because the home does not currently have a registered manager and we needed to be sure there would be somebody available to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

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 at records relating medicines and risk assessments. We spoke with the area manager, divisional director and six members of staff including the deputy manager, team leaders and assistant team leaders.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audits, incident reports and family meeting minutes.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Prior to the inspection we received concerns about how safe people were in the home. We found no risks in relation to people's safety.
- There were risk assessments in place to guide staff in providing safe support. Where there was a risk identified, measures were in place to manage the risk.
- One person had been referred to the Speech and Language Therapist in relation to their risk of choking.
- We did find some minor shortfalls in risk assessing and managing. For example, one person's assessment in relation to the risk of pressure damage to the skin had not been reviewed as regularly as was identified in their care plan. It was identified for another person that they needed to be weighed on a monthly basis. Weights were recorded in two different places, so it was difficult to track the person's weight over time. We highlighted these issues to the area manager.

We recommend that systems for recording and managing risk, are reviewed to ensure they are fully effective.

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

- People weren't able to verbally explain to us whether they felt safe, however from our observation it was clear that people reacted positively to staff interaction. One person was appearing sleepy and a member of staff approached them gently and offered them a drink. The person responded with vocalisation and smiles and held the drink affectionately. Another person used sign to communicate they'd like a drink. Staff understood the sign and proceeded to take the person to fetch a drink.
- Staff received training in safeguarding and knew how to recognise and report potential abuse. Alerts were made to the local authority when necessary, and CQC notified in line with regulation.

### Staffing and recruitment

- The provider was transparent in sharing with us that they were experiencing staffing concerns, in particular due to high numbers of staff needing to isolate in line with guidance during the pandemic. The provider was continuing to monitor this, and risk assess. Meetings were taking place within the organisation to find a workable solution within current guidance.
- During our visit, there were sufficient numbers of staff to meet people's needs. People requiring support on a one to one basis received this. We also observed how staff were able to spend time with people outside of personal care tasks. One person for example became distressed and a member of staff sat with them, talking to them. The person was visibly reassured by this.

### Using medicines safely

- Prior to the inspection, we received concerns about medicines management. We found no risks in relation to this during our visit.
- The service were working through an action plan to improve medicine administration due to errors and concerns identified through the provider's own monitoring and auditing systems.
- We checked medicine administration. Medicine Administration Record charts were used to record when people were supported with their prescribed medicines. There were systems in place to follow up any errors in recording on these.
- Procedures were followed to ensure covert medicines were only given when necessary and in a person's best interests. Covert medicines are given without a person's knowledge and when they are not able to give their consent. We saw that the person's GP was fully involved in the decision making process.
- Suitable procedures were in place to manage medicines requiring additional security.
- There were checks in place to monitor medicine administration. Weekly stock checks took place, as well as regular audits.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. This allowed the manager to identify any themes in the kind of accidents occurring.
- The manager told us that there had been recent changes in relation to shift patterns in order to make the service safer. 14 hour shifts had been stopped as it was felt these were not safe; for example the manager explained how they saw an increase in incident at particular times when staff were coming towards the end of a long shift.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a person centred culture within the service. It was clear the area manager and staff knew people well and included them and their representatives in their decision making. One person for example did not have capacity to make a decision about a particular clinical intervention. The manager told us how a decision had been made in their best interests not to have it, as they knew this would have been their decision at a time when they had capacity.
- In our discussion with staff, it was clear they took time to provide care that met people's individual needs. We heard about one person for example who had not been eating well, but by changing the person's plate this had made a difference and they were now eating well. We also heard about a person who had mainly stayed in bed in their previous home, but were now going out with staff clothes shopping.

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 had been open and transparent, proactively sharing with CQC the plans for the service and how they were addressing shortfalls.

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

- There was no registered manager in post at the time of inspection. The provider was actively recruiting but had not been successful. The area manager explained they were taking care to ensure they had the right candidate in order to bring experience and stability to the service.
- The service had identified through their own quality and safety monitoring that improvements were necessary in the home. An action plan had been created and it was clear this was being worked through.
- The area manager told us how changes had been made to staffing roles, in order to give nurses more time to focus on clinical tasks. Team leaders and assistant team leaders took on a day to day role in running each unit.

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

- The area manager told us how changes in the home had led to some discontentment amongst staff. However, staff present on the day of our inspection were positive about the changes. One member of staff commented, "I love all the changes that have happened" and, "there is a concerted effort to get things right".

Another member of staff said they were "heard with their ideas".

- Relatives views were sought and taken into consideration in the running of the home. We saw minutes of meetings held via zoom. These documented for example, how relatives had been involved in the recruitment process for a new home manager.

Working in partnership with others

- The provider worked with other agencies when necessary to ensure people were safe and well supported. For example, concerns of a safeguarding nature were reported to the local authority.