

Surbiton Care Homes Limited

Milverton Nursing Home

Inspection report

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02 December 2020

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

Milverton Nursing Home is a residential care home providing personal and nursing care for 30 people. At the time of the inspection there were 24 people living there, some of whom were living with dementia.

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

People and their relatives were happy with the infection prevention and control practices at the home. The provider and manager and members of the management team shared information with people about the service. There were effective systems in place to assess and monitor the quality of the service.

Staff had received training on the use of PPE, social distancing, exposure to COVID-19 and hygiene routines. Staff followed the latest national and local guidance to minimise the spread of infection. Infection prevention schedules and audits were regularly completed to ensure high standards of care.

The provider worked closely with the commissioning authorities to train staff about the current practice of COVID-19 guidance to ensure good practice and to make improvements where needed.

We were assured people were not at risk of harm from the concerns raised about the unsafe following of the COVID-19 guidance at the service.

Rating at last inspection

The last rating for this service was good (published 17 December 2019).

Why we inspected

We undertook this inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about poor infection prevention and control practices, including staff not using PPE in line with national and local guidance and the manager not ensuring staff practised social distancing and isolation of people who tested positive of the COVID-19. A decision was made for us to inspect and examine those risks.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milverton Nursing Home on our website at www.cqc.org.uk.

The Care Quality Commission (CQC) have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to Safe. At our last inspection we rated this key question Good.

Details are in our Safe findings below.

Inspected but not rated

Is the service well-led?

Inspected but not rated. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to well-led. At our last inspection we rated this key question Good.

Details are in our well-led findings below.

Inspected but not rated

Milverton Nursing 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 Care Act 2014.

This was a targeted inspection to check whether the provider had met the requirements of the specific concerns we had about infection control. We will assess all of the key question at the next inspection of the service.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Milverton Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave and there was a cover manager in place at the time of our inspection.

Notice of inspection

This inspection was unannounced.

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.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider had told us about, such as safeguarding events and statutory notifications. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We also sought feedback about the service from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager. We walked around the premises to observe the environment and how staff provided care to people using the service. We requested the provider to send us a variety of records relating to infection prevention control, quality assurance and management of the service.

After the inspection

We spoke with nine family members of people using the service. We received and reviewed a range of records we requested on our site visit relating to the management of infection prevention and control and hygiene practices. We continued to seek clarification from the manager to validate evidence found.

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. We have not issued a rating for this key question, as we have only looked at the part of the key question, we had specific concerns about.

The aim of this inspection was to investigate the specific concerns we had about Milverton Nursing Home. We will assess all of the key question at the next inspection of the service.

Preventing and controlling infection;

- People were protected against the risk of infection. We received concerns staff were not consistently wearing personal protective equipment (PPE) in line with current guidance or following best practice to minimise the risk of cross contamination while delivering care to people. Relatives were confident staff followed good practice on minimising the risk of COVID-19 infections. They commented, "They all wear masks"; "What we can see from outside they are pretty strict [about PPE]. We have to wear masks and they all wear masks. They supplied us with masks in the beginning and always will do" and "I think they're doing everything they can to keep themselves and their residents safe. I am confident with the staff and the way they are looking after [my relative]."
- Staff had access to correct PPE and used it appropriately. During the inspection we observed staff used PPE in line with national guidance and protocols in care homes. Staff wore face masks covering their mouth and nose.
- The provider and the manager ensured staff followed national COVID-19 guidance in relation to the admission of new people into the home, supporting people who tested positive for the virus and routines for checking the COVID-19 risk status of visitors to the home. A relative told us, "When I've gone there, I've had my temperature taken and given a face shield. My details and the details of the visit are logged. [Relative] is brought out to the garden." There was one positive case of COVID-19 at the time of our inspection. The person was supported in their room and staff followed the guidance on isolation of COVID-19 persons in a care home. The practices in the home minimised the risk of spread of the infection to other people using the service, staff and visitors. People using the service remained in contact with their families in a safe manner. A relative told us, "They're keeping everyone very, very safe. They are abiding by the rules to the letter." People received visitors who stayed in a protected area without physical contact to reduce the risk of spread of COVID-19 infections.
- Staff told us and records showed they had received training on the use of PPE, COVID-19 protocols and good hygiene practices. Staff followed guidance for hand washing, use of personal protective equipment and infection control. Posters and information were displayed in the service on how to minimise infection and cross contamination.
- The home was visibly clean and free from malodours. Ancillary staff carried out regular cleaning of the home and high touch areas. Regular infection prevention and cleaning audits were carried out in line with the provider's policies.

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. We have not issued a rating for this key question, as we have only looked at the part of the key question, we had specific concerns about.

The aim of this inspection was to find out about the specific concerns we had about Milverton Nursing Home. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and management understood their roles and responsibilities. Staff followed national and local guidance to protect people from avoidable harm due to the COVID-19 pandemic. The provider effectively used their governance systems to ensure staff complied national and local guidance on the correct use of PPE, COVID-19 visitor and admissions protocols and provision of safe care to people who tested positive. The management team walked about to observe staff's practice and reminding them to wear PPE correctly.
- The manager and management team supported staff when needed to cover short term sickness or unforeseeable circumstances.
- Staff feedback was positive about the management of the service. Staff told us the manager was approachable, worked alongside them to demonstrate good practice and considered their views about how to develop the service.
- The provider had systems in place to monitor the quality of care and risks posed to people using the service. The processes were used effectively and concerns were addressed. Healthcare professionals who visited the service and also trained staff in infection prevention and control at the home were happy with the way the manager and staff followed COVID-19 protocols.

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

- Families of people using the service were happy with the protocols put in place throughout the COVID-19 pandemic. They commented the manager and staff communicated changes to national and local guidance in minimising the risk of infection to people using the service and staff. A relative told us, "I've been impressed throughout this whole COVID-19 thing. They've kept in touch with information about when a resident or staff member tested positive and how the patient will be nursed in isolation and they are in lockdown for 14 days."
- The manager and management team met with people and their families or contacted them by telephone to assess or review their individual needs. "They are certainly keeping me informed [about testing and results. I talk occasionally to [the acting manager] who is very helpful and listens."

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

characteristics; Working in partnership with others; Continuous learning and improving care

- The provider sought views from people or their family members and involved them when making and implementing decisions about the COVID-19 national guidance. A relative told us, "They do what they have to do under their duty of care but with compassion and they are clear in communicating what they are doing."
- Staff meetings were held following safe practices due to the COVID-19 pandemic. The manager communicated regularly with staff via one to one and group meetings, emails, messages, telephone calls and supervisions. Staff felt supported in their roles and said the manager welcomed feedback on their views about the service.
- The management team continued to support staff during the COVID-19 pandemic to ensure their well-being.
- The manager was clear about the provider's responsibility in ensuring safe practices that minimised the risk of infection and cross contamination. Families of people using the service and staff told us the manager and the provider communicated well and ensured systems worked well in providing consistent care. The manager was committed to improving service delivery and understood their responsibility to make sure people received care as planned.
- The service worked in partnership with others. We received positive feedback from commissioners, health professionals and other social care professionals who worked with the service. They commended the manager, management team and staff on their proactiveness in implementing the infection prevention and control procedures when providing care.