Care UK Community Partnerships Ltd

Milner House

Inspection report

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Date of inspection visit:
18 September 2019

Date of publication:
09 October 2019

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

About the service
Milner House is a nursing home that provides care to older people, people with physical disabilities and complex medical needs, which for some included living with dementia. The home is registered to provide support to up to 46 people and there were 28 people were living at the service at the time of our inspection.

People's experience of using this service and what we found
The service had continuously improved since our last inspection. The focus had been on ensuring the service supported people in a way that was safe and personalised to people's individual needs. Milner House still relied on the employment of large numbers of temporary staff, especially registered nurses. Whilst there was an ongoing drive to recruit more permanent staff, the progress in ensuring good documentation systems and a culture of truly reflective practice was still being embedded. The management team continued to work hard to deliver these improvements and the provider supported the service through effective governance and monitoring.
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.

Comprehensive assessments and care plans provided the basis of personalised care and provided the foundations to ensure that staff supported people safely and in accordance with their needs and preferences. Risks to people were identified and managed in a way that balanced their safety with their right to freedom.

Staff were kind and compassionate and people enjoyed relationships with them that were fun and inclusive. Staff facilitated opportunities for people to engage in a wide range of meaningful activities. People enjoyed their meals and were supported to eat a nutritious and varied diet.

The management team championed people's rights and worked collaboratively with each other and external partners to constantly improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was requires improvement (published 03 October 2018). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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 always 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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Milner 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.

Inspection team
The inspection was carried out by three inspectors.

Service and service type
Milner 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the service. This included the feedback received from our partner agencies, complaints and statutory notifications that had been submitted since the last inspection. Notifications are changes, events and incidents that the service must inform us about. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke individually with eight people about their experience of the care provided. We also joined people at lunchtime and in communal areas throughout the day and talked to them more generally about their life at Milner House.

We met with eight relatives of people who used the service who provided us with their views of the care their loved ones received. We also spoke with 11 members of staff, including the registered manager and a representative on behalf of the provider.

We reviewed a range of records. These included six people's care and medicine records. We also looked at the recruitment files for three staff and information relating to their training and supervision. The registered manager showed us documents relating to the management of the service, including how feedback is gathered and acted upon and the audits in place to maintain the safety and quality of the care delivered.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Milner House. One person told us, "I feel safe being here. I would recommend living here to anyone who didn't feel safe living on their own." Relatives echoed that they felt their loved ones were safe at Milner House. One relative said, "I no longer have the worry when I go home that she's safe."
- Staff demonstrated they understood their roles and responsibilities in protecting people from harm and were committed to keeping people safe. They were able to explain the different types of abuse and how they would report any concerns.
- The management team continued to ensure safeguarding concerns or incidents between people were appropriately reported to relevant agencies without delay.

Assessing risk, safety monitoring and management

- People and their representatives told us people were supported in a way that kept them safe. One person told us, "I feel safe when staff are supporting me and just knowing they are there."
- Risks to people were assessed and managed in a way that balanced their safety with their right to live the life they wished. For example, one person was being supported to move to a ground floor room as they had been assessed at high risk of falls, but still wished to move around independently. On the ground floor, there was an increased staff presence to monitor the person throughout the day.
- Staff had a good understanding of the risks associated with people's medical needs. For example, risks associated with people's mobility, nutrition and skin integrity were known and nursing staff monitored them effectively.
- Each person's care plan was linked to risk assessments that outlined the action needed to keep them safe. Care practices reflected the guidelines in place. For example, where people required specialist equipment to prevent pressure damage, this was in used in line with the information included in people's care plans.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) described the support people would need to safely leave in the event of a fire.

Staffing and recruitment

- Feedback regarding staffing levels was varied. Most people and their relatives told us that they received the support they needed in a timely way. We observed that people received the support they needed and that calls for help were answered quickly.
- The service relied on high numbers of agency staff, especially nursing staff. The same regular agency staff were being used, which helped provide consistent care for people.

●Some people referred to previous "Ups and downs" in respect of staffing numbers at weekends and the registered manager was honest about the difficulties they had faced sourcing reliable staff on Sundays. The management team had worked to find solutions to the staffing difficulties and it was clear that recent improvements had been made in this area. People and relatives told us that they had been kept fully informed about what the provider was doing to find long term solutions.
● The management team used a dependency tool to calculate staffing levels and these levels were reflected on the rota. There was always a minimum of one registered nurse allocated to the ground floor where people with nursing needs were accommodated.
● The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services. Where necessary, these included evidence of up to date registration with the Nursing and Midwifery Council (NMC) and Home Office Indefinite Leave to Remain forms to show that staff were suitable to work in the service. The provider also had systems in place to ensure that appropriate checks were undertaken in respect of all staff supplied by external agencies.

Using medicines safely
● People received their medicines as prescribed. One person told us, "I always get my medicines on time. Today, I've got a back ache and so they have given me my pain relief for that."
● Staff supported people to take their medicines in a way that was personalised to them. We observed staff taking their time to give people their medicines in their preferred way. One member of staff told us, "People can't be rushed. I don't feel I have to hurry." This was reflected in their practice. For example, one staff member decided to wait until after lunch to administer a person's eye drops because they didn't want to affect their vision before eating.
● There were good systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people. Nursing staff administered medicines to people with nursing needs. Where people administered their own medicines, there were detailed risk assessments in respect of this.
●A new electronic recording system had recently been introduced at the service. The management team had previously reported this had generated some initial problems, but that the system was now working well. The clinical lead completed daily audits of medicines and told us, "The new system has reduced errors dramatically."

Preventing and controlling infection
● We observed the service to be clean and tidy throughout with staff observing good levels of hygiene and infection control.
● Staff demonstrated that they understood their role in preventing the spread of infection and used appropriate personal protective equipment when needed. For example, one person had been identified with a potential infection and staff had immediately commenced barrier nursing for this individual.
● Regular infection audits were carried out to ensure best practice guidance was followed. We saw where previous actions had been identified, these had been completed.

Learning lessons when things go wrong
● The management team understood the importance of learning from events. Accidents and incidents were reviewed after occurrence to identify causes and actions to prevent re-occurrence. For example, specialist trousers with knee protection had been purchased for a person who had developed wounds on their knees from crawling on the floor.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us they had confidence in the staff at Milner House. For example, one person told us, "The staff here are very good, and some are exceptional." Relatives also confirmed there was now a good team of core staff.
- Staff were competent in the way they supported people and told us that they received ongoing training to develop their skills. A member of nursing staff informed us, "We have regular training to update our clinical skills. I've done wound care, injections, specialist feeding, any topic we need, we just ask, and it's arranged for us."
- New staff undertook an induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. In addition to formal learning, new staff also shadowed more experienced staff and agency staff confirmed this was the same for them.
- Staff repeatedly told us that felt supported in their roles and that the management team were approachable and supportive. One member of nursing staff described having received, "Wonderful support from the provider in getting her nursing qualification converted to meet NMC standards."
- Staff told us they were well supported in their regular supervision and checks on their competency. Individual and group meetings with staff were used to check knowledge and develop skills in accordance with best practice.

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

- People spoke positively about the food at Milner House. One person told us, "I'm very well fed here. The meals are good and there is always a choice." Relatives praised the efforts made by kitchen staff in the presentation of meals, with one relative highlighting, "They go to great lengths to ensure food is served hot and in a way that looks attractive."
- People were supported to maintain adequate levels of nutrition and hydration. Staff had a good knowledge of people's dietary needs and preferences and ensured these were respected. Support given at lunchtime was provided in a dignified and appropriate way that encouraged people to eat well.
- Care records reflected any health risks associated with eating and drinking. For example, where people were identified as being at a low weight, there were guidelines in place fortify and supplement meals. Staff were aware of these risks and able to describe the plans in place.
- Nursing staff regularly monitored people's food and fluid intake and maintained a check of people's weight.

Adapting service, design, decoration to meet people's needs
● A lift provided level access throughout the service and people were observed moving freely between floors.
● Refurbishment at the service had been ongoing and people spoke fondly of the new cinema room that had been created on the top floor.
● Further work was now planned to improve the design and layout of the ground floor to enable people to move around the service more easily and create a more dementia friendly environment.
● The management team shared the provider's improvement plan for the environment and we will follow this up at our next inspection.

Ensuring consent to care and treatment in line with law and guidance
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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● People told us they were in control of their care. We asked one person if they felt their choices were respected and they replied, "Of course, it's my home."
● Staff demonstrated they understood the need to gain people's consent and what to do if this was not given. One staff member told us, "We have to ask them first about everything. The manager expects people to be involved in every decision. If they say no, then we must accept that and come back a bit later."
● Where people lacked the capacity to make decisions for themselves, appropriate best interests' processes had been followed. For example, where a person had developed pressure sores, a best interests' decision had been made to use specific equipment to minimise this.
● Appropriate DoLS applications had been made and where authorised, the conditions were recorded in care plans and adhered to by staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Where people had recently been admitted to the service, they told us their needs had been assessed prior to moving in.
● Care records evidenced that people's needs, and choices were appropriately assessed, and information used to plan their care.
● People's nursing needs were assessed using evidence-based tools. For example, a Malnutrition Universal Screening Tool (MUST) was used to identify nutritional risks and a Waterlow assessment was used to understand people's skin integrity.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People and their representatives told us they were supported to access the health care services they needed. For example, one person told us that they wanted to trial living in their own home again and staff

had worked in partnership with other health care providers to make this happen.

● Records showed that people received input from other health professionals, including GP's, Tissue Viability Nurses, Speech and Language Therapists (SALT) and physiotherapists. There were good oral assessments in place which included ensuring people had access to dental care.

●Where people had complex medical needs, nursing staff had liaised with external specialists to support them effectively. For example, for one person living with Parkinson's, nurses had arranged for a review with the Parkinson's nurse specialist to review the way medicines were administered. Specialist advice was then recorded in the person's care plan.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 with kindness and compassion. We observed a special interaction between one person and a member of staff in which they shared a joke and the staff member stroked the person's hair. Afterwards the person said to us, "We are always like that. Staff are so friendly, you can have a proper chat and laugh with them." People's relatives and friends echoed that Milner House was a welcoming place to be. One visitor told us, "There is such a family atmosphere here. I would like to live here when I need care in the future."
- Staff had a good knowledge of people's life histories and used this information to support people effectively. For example, one staff member told us that a person had previously worked as a teacher and they noticed that they engaged better with others if supported to sit at the front of a group.
- Staff respected the relationships that were important to people. For example, staff had recently arranged an anniversary party for one person and her husband. The couple's daughter shared that staff had "Really made a difference to [their] lives." Similarly, another person had previously loved working with horses and so staff had arranged for the horses to be brought to the service, so the person could see them again.
- People's individuality and diversity were respected. One visitor told us, "It's so inclusive here." Staff also described Milner House as an inclusive place to work. One staff member said, "We have people from many different nationalities working here and we are all made to feel very welcome." Staff had access to information about supporting people living with dementia with their sexuality. One staff member told us, "We don't have anyone from the LGBT community at the moment, but that could change tomorrow and so it's important we have the knowledge."

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

- People told us that staff enabled them to be in control of their own care and routines. One person said, "I can do my own thing, you know, get up and have a lay down again when I want to. Staff are around and help me when I want it."
- Staff told us that there was a clear directive from the management team that people come first. One staff member told us, "The focus on residents is paramount here. There are high expectations on staff and residents are treated amazingly as a result."
- The service operated a 'Resident of the Day' system in which each day a named person was celebrated throughout the service. As well as reviewing the person's care needs with them, housekeeping, kitchen and domestic staff also used this system to talk with the 'resident of the day' and see if there was any way they could improve their life at Milner House.
- People had choice and control over their meals. Menus were displayed on dining tables and around the

service and where appropriate, people were visually shown plated meals to enable them to make a choice. People were encouraged to provide feedback about their meals and their views were used to shape the menu going forward.

Respecting and promoting people's privacy, dignity and independence

● People were supported with their personal care needs in a way which promoted their privacy and dignity. Staff were discreet in the way they offered support and took people away from others to discuss or deliver support.

● Staff took time and thought in assisting people with their appearance. People were dressed appropriately for the weather and we overheard staff complimenting people on the clothes they had chosen.

● People told us that staff promoted their independence. One person said, "I like to give myself a strip wash and staff respect that I can do that for myself." Similarly, staff talked confidently about the things they did to encourage people to be independent. One staff member said, "I always give [person's name] a sponge and encourage her to wash herself. Also, if you hand her the toothbrush and give her time, then she will brush her teeth." The staff member went on to add, "I've noticed she's now taking pride in doing these things for herself."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People told us that they were supported in the way they wished and felt in control of their support. One person had expressed a wish to return to their own home and confirmed that staff were actively providing support in a way which improved their strength and increased independence
- Staff had an excellent knowledge of people's needs and preferences and were responsive when these changed. For example, one person's physical health had deteriorated, and staff had noticed they were struggling to swallow their tablets. A review with other professionals had taken place and the person's medicines were being changed to dispersible ones instead.
- Each person had a plan of care that outlined how support should be delivered to meet their personal goals. The support provided by staff reflected the information recorded in people's care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had the necessary skills to communicate effectively with people. We saw that staff had a good understanding about people's communication preferences and gave them time to answer questions in their own way.
- Staff ensured that an absence of verbal communication was not a barrier to them making choices. Staff described how they had supported a person who could not hear or speak, "We used objects of reference to involve them in their care. At mealtimes we would give them a spoon to hold so they knew it was time to eat."
- The provider confirmed that they were looking at more ways of making information across the service available in the most accessible format for people.

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

- People had the opportunity and freedom to spend their time doing things that were meaningful to them. People told us that there were activities going on every day and they could choose to take part in as many or as few as they wished.
- Relatives and staff told us that the employment of a new Lifestyle Lead had "Transformed the service." One relative told us, "There is such energy here now. The creativity is amazing." We observed people

enjoying a range of activities throughout the day and echo the comments from others that there was now, "A real buzz at Milner House."

● People now had a greater community presence both through trips out and 'open house' activities within the service. An inter-generational music event had been particularly popular.

● Where people preferred to spend time in their own company, staff understood this and offered engagement through conversation or a 1-1 activity. One person told us, "I don't take part in many of the activities, but that's my choice and they always ask me." Similarly, staff had a good knowledge of people's interests and used this to engage with people. One staff member told us, how one person had been a keen photographer and so "We now ask him to help us arrange the photograph albums."

End of life care and support

● Whilst no one was currently in receipt of end of life care, staff had sensitively supported people to think and talk about how they would like to be supported at the end of their lives. It was clear from the information recorded in care plans, that this had been done at a pace and level that was right for the individual.

Improving care quality in response to complaints or concerns

● People and their relatives felt valued and that their opinions mattered. People told us that where they had raised issues, these had been appropriately addressed. One person told us, "I made a complaint once and I immediately received an apology and it was sorted out. The manager genuinely cares when things go wrong and wants to fix it."

● Records showed that where people had raised concerns, these were handled in accordance with the provider's complaint procedure.

Requires Improvement

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 requires improvement. At this inspection this key question has now remained as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People, relatives and staff spoke positively about the leadership of the service and had confidence in the management team to do the right thing.
- Whilst we found evidence of continuous improvement at the service since the last inspection, internal oversight and auditing of systems did not always ensure regulatory requirements were fully met. For example, some care records did not contain the most up to date information and daily charts were not always contemporaneously completed. Whilst the staff on the day were clear of people's support needs, the high levels of agency staff meant that recorded information needed to be accurate.
- Documentation gaps had been repeatedly picked up in provider audits which highlighted that the service was reactive to external scrutiny rather than ensuring ongoing compliance.
- The service still relied on the employment on a high number of temporary staff and this had meant developing a culture of reflective practice had not been fully embedded across the whole staff team.
- The management team had a clear plan in place for continuing to develop the service and this was well supported at provider level.

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

- People and their representatives were consistently positive about the culture of the service and were clear that the person-centred and inclusive nature of the service was attributable to the registered manager and his team. One person told us, "He's a very good manager and he has been a good influence on the staff team." Similarly, a relative said, "The last year has been all to the good. The manager is very approachable, solution-focused and always willing to sit down and talk things through."
- Staff said expectations of their roles were clear and felt that their contributions were valued. One staff member told us, "The manager and clinical lead are very supportive of us and communication is good. We have regular meetings, so we are clear about our duties." Similarly, another staff member said, "The manager is always walking about the service and checking we are doing things right and tells us straight away if something is wrong, so we can put it right."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- People and their representatives had regular opportunities to both formally and informally share their

views with staff and managers in a way that enabled them to influence the running of the service. For example, regular meetings were held, in addition to satisfaction surveys. Where feedback had been provided, clear action plans were formulated to ensure identified areas for improvement were addressed. One relative confirmed, "The relative's meetings are now a very productive forum where people can be very honest about their views."

● Staff worked in partnership with other professionals and across teams to support people effectively.

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; Continuous learning and improving care

● At both provider and management levels, an open and inclusive approach was promoted which ensured people were treated with respect and honesty. All feedback was viewed constructively as a way of driving forward continuous improvements.

● There were processes in place to monitor incidents and events that occurred within the service. Where mistakes had occurred, these were openly accepted, and plans put in place to make improvements going forwards.

● Legal responsibilities had continued to be met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.