HC-One Limited

Milliner House

Inspection report

23-29 Marsh Road
Luton
Bedfordshire
LU3 2QF

Tel: 01582490080
Website: www.hc-one.co.uk/homes/milliner-barton-house

Date of inspection visit:
25 April 2018

Date of publication:
25 June 2018

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?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection on 25 April 2018. During our last inspection in January 2017 we rated the service as Requires Improvement. During this inspection the rating changed to Good.

Milliner House is a 'care home without nursing'. 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.

Milliner House accommodates up to 40 people in one purpose built building across two separate units. One unit is primarily for people with needs related to their mental health, and the second is for people who are living with dementia. At the time of the inspection there were 35 people living at the home.

At the last inspection in January 2017 the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found that the necessary improvements had been made and the service met the standards required by law.

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.

Medicines were administered safely and people were supported to access health and social care services when required.

The provider had effective recruitment processes in place. Although we identified some gaps in the employment history for some staff recently employed, information was obtained and records were rectified during the course of the inspection. There were sufficient staff to support people safely.

Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff gained people's consent before they provided any care or support to them.

People were supported to have choice and control of their lives and there were risk assessments in place that gave guidance to staff on how risks to people could be minimised without compromising people's independence.

Staff supervision was provided regularly and training to enable staff to support people well was all up to date.

Staff were kind and respectful to people and we saw some very positive interactions during the inspection.

People were supported to pursue their interests and to maximise their independence.

Care plans took account of people's individual needs, preferences, and choices and were reviewed regularly.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service.

The provider had a clearly defined set of values to underpin the service that were known and understood by staff. The registered manager promoted a person centred culture within the service.

The provider had robust quality monitoring processes in place to ensure they were meeting the required standards of care and these were used effectively to support continuous improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

There were systems and processes in place to safeguard people from harm.

Risks to people were assessed and their safety monitored and managed so they could be supported to stay safe and their freedom was respected.

Staff were safely recruited. There was sufficient numbers of staff to support people to stay safe and meet their needs.

The provider had policies and systems in place to protect people from the risk of infection.

Medicines were managed safely

When errors were made by the provider or staff, these were acted on and lessons learned and improvements were made.

Is the service effective?

Good

The service was effective.

Training relevant to the needs of people living at the service had been completed by all staff to ensure people received effective care from knowledgeable staff.

People were supported to eat and drink a nutritionally balanced diet.

People's needs were met by the adaptation, design and decoration of the premises.

People were supported to live healthier lives and had access to healthcare services and on-going healthcare support.

Consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Good

The service was caring

People were treated with kindness, respect and compassion.

People's privacy and dignity was respected.

The service supported people to express their views and be involved in making decisions about their care, support and treatment as far as possible.

People were supported to maximise their independence.

Is the service responsive?

Good

The service was responsive

People received personalised care that was responsive to their needs.

A wide range of activities were provided which had been developed in response to people's interests.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

People's wishes for the end of their life were documented within people's care plans

Is the service well-led?

Good

The service was well led

The provider had a clear vision and credible strategy in place to deliver high quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering, and achieved good outcomes for people using the service.

The registered manager demonstrated a good understanding of regulatory requirements and their responsibilities as a registered person.

Systems to monitor the quality of the service were used effectively to ensure that people received a consistently good service.

The people who used the service, the public and staff were engaged and involved in the service.

The service worked in partnership with other agencies.□

Milliner House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 25 April 2018 and was unannounced. The inspection team was made up of two inspectors.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about. We also reviewed a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

During the inspection, we spoke with 14 people who used the service, two relatives and friends, a visiting professional, the registered manager, the deputy manager, three care staff, the activities coordinator, one member of kitchen staff and one member of the domestic staff team.

We looked at the care records for four people who used the service, the recruitment records for three staff employed since the last inspection and the training records for all the staff employed by the service. We also reviewed information on how the provider handled complaints and how they managed, assessed and monitored the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection in January 2017, there were not enough staff on duty to meet people's needs safely. Where there were gaps in cover, a significant number of agency staff were used. This resulted in many people telling us that they did not feel confident that staff could meet their needs safely. At this inspection we found that improvements had been made. On the day of the inspection there were enough staff on duty. People we spoke with felt that there were enough staff on duty to meet their needs safely. A relative also told us, "I would say there's enough staff. I've never had a problem finding someone if [relative] needs something." We observed that call bells were answered quickly and people did not have to wait long for assistance. The manager told us they had recruited enough staff to enable them to cover absences with permanent staff members and, as a result, no longer made use of agency staff. This meant that people were supported by staff who were familiar with their needs.

People and their relatives told us they felt safe at Milliner House. One person said, "Of course I am safe. They are angels, the staff here." A relative said, "[Relative] is definitely safe; much safer than before [they] came to live here. The staff are spot on." Some people were not able to tell us whether or not they felt safe and so we observed their interactions with staff to help us understand. We saw that people appeared comfortable and at ease in the presence of staff which suggested that they felt safe.

Staff had received training in safeguarding people and when asked, demonstrated good understanding of different types of abuse and the signs they should look for which may indicate that someone could be at risk of possible harm.

The provider had an up to date safeguarding policy that gave guidance to the staff on how to identify and report concerns they might have about people's safety. Information about safeguarding was on display throughout the home and it included contact details for the relevant agencies for staff to refer to when needed. Staff, including non-care staff such as house keepers, were able to tell us about external organisations they could report concerns to.

There were personalised risk assessments for each person to give guidance to staff on any specific areas where people were more at risk such as falls, nutrition, pressure areas, and mobility including those for people supported to move by staff. The assessments maintained a balance between minimising risks to people and promoting their independence and choice. They had been reviewed and updated regularly or when people's needs had changed so that people received the care they required.

We checked a sample of staff recruitment records and although pre-employment checks to ensure only suitable staff were employed had been completed, enquiries into gaps in employment history had not been recorded for all staff. This was quickly addressed by the registered manager and records were updated before the end of the inspection.

People's medicines were managed safely because there were systems in place for ordering, recording, storing, auditing, and returning unrequired medicines to the pharmacy. Medicines were administered by

care staff who had been trained to do so. We reviewed a sample of medicine administration records and saw that these were completed correctly in all but one instance, where an unidentified code had been used. We saw that any issues such as this had been picked up by routine medicines audits and that action was taken to address issues with staff if errors were made. There was guidance on how staff should manage 'as and when required' (PRN) medicines and we heard staff checking whether or not people required pain relief outside of medicine rounds. This showed that people were supported to access PRN medicines as required. We observed that medicine was administered in a kind and professional manner. Staff sought consent from people and asked people what drink they wanted to take their medicine with and checked that it had been taken.

The service was clean and well maintained. Housekeeping staff had a robust system in place to ensure that the premises remained clean and that people were protected from the risk of infection. Regular infection control audits were carried out. Staff had sufficient understanding of good practice in relation to infection control, and were seen to follow current guidance during the course of our inspection. We saw they used Personal Protective Equipment (PPE), such as gloves and aprons when assisting people with personal care, and disposed of these appropriately once the task was completed. Waste and laundry were managed appropriately, and staff were seen to wash their hands before and after providing support to people.

We saw that the provider had systems in place to support learning from when things went wrong and to use what they learned to make improvements to the service. For example, we saw that if people experienced an increase in falls, the monitoring system could identify this increase and any pattern to it. The manager was then able to identify actions to take to improve the person's safety and make a referral to the falls clinic. This resulted in the person receiving more specialised support to reduce the likelihood of injury from falls in the future.

Good

Is the service effective?

Our findings

At our last inspection the service was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because, although people's basic needs were met in relation to food and drink, there was insufficient choice of meals and people's preferences had not been taken effectively into account. The quality of the food was not always good and, as a result, we observed that some people did not eat well. At this inspection we found that, although there was still some mixed feedback about the food, improvements had been made and the service was no longer in breach of this regulation.

The feedback we received from people about the food was varied. One person said, "I enjoy the food, especially the porridge in the morning." A second person said, "Yes, the food is ok". Other people did not enjoy the food and made remarks such as, "The food is edible but not great. I have not complained." And, "I don't like the food. I have complained." However, the responses to a recent survey did not identify wide spread concerns about the food with ten out of 12 responses indicating satisfaction with the meals provided.

A choice of drinks and snacks were offered to people regularly throughout the day. We observed that there was a choice of hot meal provided at lunchtime. Food was served warm, appeared to be of a sufficient quality and quantity, and most people seemed to enjoy their meal.

Detailed information had been sought from people during their initial assessment regarding their food preferences and dislikes, as well as any allergies, specific dietary requirement related to health conditions, cultural or ethical beliefs and whether assistance was needed with eating. Care plans were developed which took account of this information and these were kept up to date if people's needs changed. People's weight was monitored regularly and where there were concerns about their food or fluid intake, these were monitored. Referrals were made to the GP, speech and language therapists and dietitians where needed.

The provision of training relevant to the needs of people living at the service had been completed by all staff and people received effective care from knowledgeable staff. Staff confirmed that they were satisfied with the training provided to them and said it supported them to be good at their jobs. The provider had an induction process for newly appointed staff and staff we spoke with confirmed this had been useful in supporting them to familiarise themselves with their role and the needs of the people using the service.

The provider had a policy in relation to the provision of formal supervision within the service. We saw from records, and staff told us, that supervision was frequent and met the expectations of the provider. Staff confirmed that supervision was of a high standard and supported them to do their job well and to identify and address their own development and training needs. The registered manager also carried out annual performance reviews with each member of staff.

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 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 were being met. We found that where it was assessed as appropriate, DoLS applications had been made to the supervisory body in line with legislative requirements. We saw that the registered manager made regular contact with the supervisory body to check on the progress made to applications that had not been processed yet. We saw from records that, where a person was believed to lack capacity to make a specific decision, capacity assessments were completed and best interest decisions were made by the relevant professionals and family members. We saw that staff routinely asked people for their consent before providing support and that care plans had been signed to confirm that people (or their representative where appropriate) were in agreement with the contents.

People's needs and preferences were assessed prior to them coming to live at the service. The assessments identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health personal care, specific health conditions and communication. From this process a comprehensive care plan was developed to identify each individual need and how staff were to offer support to the person in line with their preferences. Care Plans we looked at were detailed and gave clear guidance to staff on how to meet people's needs. We saw that care plans were regularly reviewed and updated when people's needs changed. Staff told us that they kept up to date with changes in people's needs through reading the care plans and through daily hand over meetings when coming on shift.

Milliner House is a purpose built premises designed across two fully accessible floors and a good size garden. Since the last inspection in January 2017 a programme of refurbishment had taken place and the premises were clean, bright and well maintained. The provider and the registered manager had thought carefully about the needs of the people using the service when undertaking these refurbishments and this had resulted in some changes in how rooms were used. For example, a sensory room had been developed in a room adjacent to the garden. This was a quiet, reflective space for people who wanted space away from others. It was also used for sensory activities and as a room for people to enjoy the garden away from others if they wished. Another room had been converted into a library and a small pub had been created along one corridor. This ensured that there were a number of quiet communal spaces available for people to enjoy as well as the larger lounges already available.

People were supported to maintain good health. We saw from records that people had support to access health care from community health professionals such as opticians, GPs, chiropodists and community district nurses. On the day of the inspection we observed that people were visited by healthcare professionals. One visiting professional told us they were impressed with the care people received from the service in relation to their health and wellbeing.

Good

Is the service caring?

Our findings

People and relatives told us that staff treated them with kindness, respect and compassion. One person said, "They are lovely. Especially her [pointing at a member of staff]. She is my angel." A relative said, "Yes, they are spot on. Day shift staff, in particular, are brilliant and [relative] has settled here now. It gives me peace of mind to know they care for her." We saw that the service had received many complimentary comments in response to feedback questionnaires, such as, "I am 100% happy with the care my mum is receiving.", And, "The staff and manager are very kind and caring." A relative had nominated the registered manager for the provider's 'kindness award', saying, "She does everything in her power to make the home look and feel special."

We observed that staff engaged with people well and spoke with them with genuine interest. Interactions were respectful and friendly and although staff were busy, they took time to chat with people and demonstrate they were valued. Staff were heard providing care and support in a respectful way, explaining what they were doing in advance. We saw that staff wore badges with their names on and under their names was something personal about them, such as 'dog lover' or 'proud mummy'. We noted that one or two people who used the service also had these badges. This demonstrated a warmth and equality between people and staff.

People told us that staff supported them in a way that respected their privacy and promoted their dignity. One person told us, "They are pretty discreet. Yes, they shut the door when they are helping me. They don't tell the whole world what they are doing." We saw that staff took time with people and worked at their pace. This supported people to make choices and decisions and enabled them to maximise their independence. For example, we saw one member of staff supporting a person to walk across the room. They said, "It's okay, there's no rush, you take your time, it's not a race." During the day of the inspection, one person had difficulty opening a lock on a toilet door and became quite alarmed. Staff managed this situation calmly and alleviated the person's distress with concern and patience, which then enabled them to free themselves more easily.

People were supported to maintain contact with friends and relatives and relatives we spoke with told us they felt welcome and involved in their relative's care. The manager told us that a significant number of people who used the service did not have, or were no longer in touch with, family. They recognised the importance of people having support to make decisions about their lives, and in this situation the manager made sure people had the support of an advocate, should they want this. We saw a number of visitors during the day and noted that they appeared comfortable and relaxed when speaking with staff.

Good

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the service and we saw evidence that they and their relatives (where appropriate) were involved in this process. Where people could not contribute, the reason for this was recorded. We saw good detail was obtained covering their needs including medical history, medicines, communication, mental health, eating and drinking, sleeping, equipment, continence, moving and handling, and skin integrity. Care records we looked at were up to date, reviewed and amended when people's needs changed. They provided personalised detail about people's assessed needs including their life story, likes and dislikes, and any potential risks, such as falls, wounds, and weight loss or gain.

Daily records and various monitoring charts, such as food and fluid intake or repositioning charts were in place to record the care provided by staff on a daily basis when it had been assessed as necessary.

Staff told us they got to know people's needs very well and each person was treated as an individual so that they received the care they expected and wanted. This was evident in our conversations with staff, as they could tell us about the needs of individual people they supported.

People told us they were able to pursue their interests and hobbies and be involved in activities that were meaningful to them. We spoke with an activity coordinator who was enthusiastic about their role and could demonstrate that they were working towards building up a picture of everyone's interests to ensure activities were provided that might appeal to all. We saw that a number of activities were provided on the day of the inspection by the activities coordinator, care staff and a volunteer. This included some singing and dancing which was a great success. The activities coordinator told them about events that were planned such as a St Patrick's day event and an outing to the 'code breaking huts'. They showed us a lot of photographs of people enjoying visiting entertainers. There was an activities schedule planned for each week, but the coordinator explained this was always flexible depending on how people felt on the day, and would change to meet people's requests where possible. In addition to this, they provided one to one time with people who were unable to join in with group activities. The manager told us that she had secured an additional member of staff on Saturdays and Sundays to ensure activities could be provided every day.

The provider's assessment and care planning systems contained information about people's needs and wishes for the end of their life. This included information about family involvement, where the person wished to be cared for, and any spiritual or cultural beliefs that must be taken into consideration at this time in the person's life. This information was reviewed from time to time to ensure that people's wishes remained the same. In all but one record looked at, information was current. In one, however, a person had recently changed their decision about resuscitation and had decided they wanted a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) authorisation to be put in place. This was completed by the GP and placed on the person's record, but the care plan had not been updated to reflect this change. The registered manager corrected the care plan immediately once it was brought to her attention.

The provider had an up to date complaints policy and procedure and people we spoke with knew how to make a complaint should they find it necessary. One person said, "[Manager's name] will talk to me if I have

a complaint to make and she would sort it." There was a record kept of each complaint received and we saw that each one had been investigated and responded to in line with the provider's policy. This record enabled the manager to monitor complaints and identify actions that were required to make improvements to the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post, supported by a deputy manager, who was new to their role.

At our last inspection in January 2017 we identified the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because quality monitoring systems had not been used effectively to identify shortfalls in the quality of the service provided. At this inspection we found that the necessary improvements had been made and the service was no longer in breach.

The provider had systems in place to assess and monitor the quality of the support provided and these were used effectively to support continuous improvements. The provider carried out regular quality monitoring visits as well as full quality inspections to ensure the service was in line with their values and met legal requirements. The management team also completed a number of audits on a daily, weekly and monthly basis. These included checking people's care records to ensure that they contained the information required to provide appropriate care. Other audits included checking incidents and accidents for patterns and trends, how medicines were managed, whether staffing files and training records were well maintained, infection control, mealtime experience and health and safety checks. Where issues for improvement were identified, the action required was noted and followed up on. The registered manager carried out daily walk around checks to monitor the environment and to check that people were receiving the service they expected. She also completed a number of unannounced spot checks at night and at weekends to ensure the quality of care was maintained at these times.

During the inspection we observed people who used the service interacting with the Registered Manager. It was clear that she had a visible presence in the home and that people felt comfortable to speak with her. One person told us, "I like the manager, she is good to chat with." Another person told us, "I get on well with the manager. She is very approachable."

Records showed that people were given many opportunities to provide feedback on the service through a number of means including surveys, care reviews, and residents meetings. The registered manager had an open door policy, but also set aside one morning a week to run a surgery to ensure people who wanted to speak with her knew when they could get hold of her. An electronic tablet had also recently been introduced to ensure people, relatives, staff and all visitors had a way to give immediate feedback on the quality of the service. Staff meetings took place on a regular basis and staff told us they had the opportunity to contribute to discussions and to share their views about the service and how improvements could be made.

Staff were very positive about the support they received from the registered manager. They told us she was approachable, provided strong, balanced leadership and they were confident she would listen to any concerns they raised and take appropriate action. One member of staff said that support from management was "Fantastic. She tries to balance her decisions and is always approachable and very supportive." Another member of staff described the registered manager as, "Firm but fair and very approachable. She doesn't tell you off for getting things wrong and it makes you want to own up to mistakes and learn from them."

Staff we spoke with were clear about their role and responsibilities and had good understanding of the provider's values, talking with enthusiasm about their role and showing they had personally invested in providing a good service. The registered manager told us she recognised that staff needed to be involved in the development of the service to enable them to feel valued and to take pride in their work. She explained that she aimed to "Play to staff's strengths", ensuring they were given the opportunity to use and develop their skills, and take the lead on aspects of their jobs that they excelled at or were particularly interested in.

The registered manager told us, and records confirmed, that the home worked in partnership with other key agencies and organisations such as the local authority, hospitals and other health professionals to ensure the provision of joined-up care. Where required, staff also shared information with relevant people and agencies for the benefit of the people living there. A visiting professional told us that the service was much improved since the Registered manager came into post, and that the culture was far more person centred. They said that communication had vastly improved between them and the service, which in turn, meant people's needs were met more effectively.