

Croftwood Care UK Limited

New Milton House

Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

New Milton House is a residential care home providing personal care to up to 39 people. The service provides support to older people and those living with dementia. At the time of our inspection there were 36 people using the service. It accommodates 39 people in one purpose built building.

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

People received safe care. People and relatives told us that New Milton House created a safe environment with staff demonstrating kindness and respect. Medication was safely managed, and those risks people faced in their daily lives were acknowledged and reviewed regularly.

The environment was clean, hygienic and well maintained. Medication systems were safe and staff responsible for administering medication had been trained to do so and had had their competency assessed.

Staff were trained in their role and received supervision to ensure good care practice was being provided. People's nutritional needs were met, with particular attention paid to those who faced risks of malnutrition. The environment enabled people to mobilise freely both inside and outside and provided signage aiding people's orientation.

People were supported in a caring and dignified manner with particular attention paid to respecting their wishes and preferences.

Work had been done to ensure information was presented to people in a person-centred way. Peoples' support was reinforced by personalised care plans. Where people had reached the end of their lives; attention was paid to ensure that people experienced a dignified death and that relatives were supported.

Managerial oversight was effective with all stakeholders being involved in expressing their views about the overall quality of the service being provided. Effective quality monitoring systems were in place and when action was needed; steps were taken in a timely manner.

Staff, people and relatives were complimentary about the management team. They were approachable, supportive and informative and had created a culture of effective teamwork which people using the service benefitted from.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 March 2019).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 well led.
Details are in our well led findings below.

Good ●

New Milton House Residential Care 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 Health and Social Care Act 2008.

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

An inspector carried out this inspection.

Service and service type

New Milton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. New Milton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided as well as 5 relatives. We spoke with 17 members of staff including the area manager, manager, deputy manager, care team leader, care workers and ancillary staff. We reviewed a range of records. This included 6 people's care records, risk assessments and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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.

After the inspection

We looked at various documents and continued to seek clarification from the provider to validate evidence.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has for 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 were protected from abuse through the systems and procedures within the service.
- People and their relatives told us that they felt safe living at New Milton Hall.
- Clear processes of reporting abuse were in place and these were acted on when appropriate.
- Staff had a clear understanding of the types of abuse that could occur and had received training.

Assessing risk, safety monitoring and management

- People had the risks they faced from health conditions and the wider environment assessed and managed.
- All assessments were up to date and reviewed regularly.
- Actions were effective in preventing people from becoming malnourished, developing pressure sores or experiencing falls.
- People had individual plans to recognise the support they needed in the event of the building needing to be evacuated.
- All equipment people used was regularly serviced. Fire detection systems were tested regularly. Audits ensured the environment posed no risks to the people living at New Milton House.

Staffing and recruitment

- Staffing levels met the needs of people.
- Staff were available to respond to people's needs.
- People told us "There is always someone to help me" and, "They [staff] are very caring and take the time to talk to [name]."
- Staff rotas demonstrated staffing levels were maintained including a mix of skills and responsibilities.
- Recruitment systems were robust.

Using medicines safely

- Management of medicines was safe.
- People told us that they always received their medicines on time and that this was never missed.
- Medicines were stored securely and supporting records such as medication administration records (MARS) were accurate and up to date.
- Protocols for those medicines that were given when needed (such as painkillers) were in place to ensure these were consistently and appropriately given.
- Staff responsible for medication administration had their competency checked and had received training.
- Care plans included specific and person-centred actions for how people preferred to receive their

medicines.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

People living at New Milton House were able to receive visitors.

Learning lessons when things go wrong

- All accidents and incidents were recorded.
- Each event was analysed to identify patterns and to prevent re-occurrence.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were made available before people came to live at New Milton House.
- These were translated into care plans covering people's health and social needs, as well as individual preferences.
- People told us, "They [staff] know me very well". Individual preferences in respect of diet, activities and people's preferred communication were included in care plans and respected.

Staff support: induction, training, skills and experience

- Staff received training in mandatory health and safety topics as well as those which were linked to the needs of people, such as dementia awareness and supporting people with dignity.
- A process for the induction of new staff was in place. A recently recruited staff member confirmed this.

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

- People had their nutritional needs met.
- Regular assessments identified those people who were at risk of malnutrition and for these people regular weight monitoring and referral to dietitians was evidenced.
- Kitchen staff had information in respect of those who had special diets, for example, diabetic diets as well as information on likes and dislikes.
- Meals were prepared in a well-equipped, hygienic and well organised kitchen.
- People told us, "The food is very good" and "I am offered other food if I don't want what is on the menu".
- A dining room contained pictorial information on what meals were on offer each day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with other agencies to promote people's health needs. Staff commented there was effective teamwork within the service with a focus on providing a good quality of care
- People had regular access to other health professionals when needed.

Supporting people to live healthier lives, access healthcare services and support

- Records confirmed the appointments people had with health professionals and the outcome.

Adapting service, design, decoration to meet people's needs.

- The building contained all the equipment needed to support people effectively, as well enabling people to mobilise safely.
- The service was well decorated. The registered manager outlined plans for future refurbishment to the facilities within the home.
- There was sufficient signage to assist people in orientating themselves around the building.
- People could safely access the grounds which offered them privacy.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The capacity of people to make decisions about their lives had been assessed.
- Those who lacked capacity had DoLS applied for. These were current and in date. Conditions of these safeguards were upheld by the service.
- Staff had received training in the Mental Capacity Act.

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 our last inspection we rated this key question Good. At this inspection the rating remained as Good. 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 received good support from the staff team. They told us, "Staff are very kind" and "Staff are very caring". This view was echoed by relatives who told us, "Staff are professional and caring" and "staff adapt to [name's] needs all the time"
- Any religious or cultural needs were outlined in care plans.
- Staff took time to talk to people in a patient and unhurried manner.

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

- People were supported in making decisions about their care.
- Clear information was included in care plans about whether people could communicate their preferences or need more assistance. Details were in place about the role of accessible information to people ensuring they had the opportunity to influence their care.
- People were consulted about the care. Where people had limits to their hearing, other methods were used including pen and paper so people could express their views. A relative confirmed this.
- Some people had limited communication. Staff were able to pick up non-verbal cues as to what people wanted. During an activities session staff anticipated one person no longer wanted to pursue their one-to-one activity.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified manner with an emphasis placed on promoting their privacy and independence.
- People were encouraged to be as independent as possible, particularly with their mobility. Staff were still present to ensure that people did not fall.
- Staff always knocked on bedroom doors before entering and always ensured doors were closed when people were supported with their personal care.
- All people's sensitive information was kept confidential.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed 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 received person-centred care.
- Care plans outlined people's health and social needs. Short term care plans were available where people had acquired chest infections.
- All care plans were reviewed monthly to ensure people's needs were current.
- Care plans were accompanied by ongoing daily records of people's wellbeing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Significant work had been done to ensure that information was accessible to people and included them in their care.
- Pictorial information about meals provided and activities were displayed throughout the building. Signage enabled people to understand where key facilities were in the building.
- Care plans included details of the accessible information needs of each person. These were reviewed as people's needs changed.

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 were provided with meaningful activities to keep them stimulated, as well as reduce social isolation.
- The service employed two activities co-ordinators. Staff were mindful of ensuring activities were held at an appropriate pace for people and respected their choice when they had had enough and wanted to go elsewhere.
- Another activities co-ordinator sat with a group of people making arts and crafts. This was an information session and enabled people to chat and interact.
- A comprehensive list of activities were on display marking key events through the year.

Improving care quality in response to complaints or concerns

- A complaints procedure was available.
- Any complaints made were recorded with appropriate action taken and feedback provided to complainants.

End of life care and support

- People who had reached the end of lives were supported appropriately.
- Where people's health had deteriorated; arrangements were made to keep families informed, have anticipatory medications in place and to record their end of life wishes of people.
- One relative told us, based on their recent experience, that their loved one had been supported at the end of their life in a dignified manner and that staff had been "wonderful" with them.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. 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.

- Care provided at New Milton House was person-centred.
- People told us staff knew them well and were aware of their individual preferences.
- Staff supported people with patience and kindness and demonstrated they knew people well.
- Staff responded to the wishes of people and always respected these decisions.

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 registered manager demonstrated an understanding of the need to be transparent.
- Families told us the service always contacted them if there was any change to the health or needs of their relation in a timely manner.
- The rating from the previous inspection was on display and included on the provider's website.

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

- Effective systems to measure the quality of care were in place.
- The registered manager was clear about their role.
- A number of audits were used to measure the quality of care provided at New Milton House. These included performance audits conducted by the registered manager, deputy manager and area manager.
- Where actions were needed; these were addressed in a timely manner using action plans and feedback in staff meetings.
- The registered manager maintained a presence within the service and understood the needs of people individually.
- The service always notified CQC of any key events that adversely affected individuals

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

- The registered manager invited people and their families to give feedback about the quality of care received.
- Recent surveys had been returned concluding there was a positive view of the care offered. If any specific

comment for improvement was recorded; a plan of action was devised to ensure this would be addressed appropriately.

- Staff had regular meetings. Staff told us the manager and deputy manager were supportive and approachable. They told us there was good teamwork between all members of staff and this was confirmed by our observations of care practice.
- The religious or cultural needs of people were acknowledged.

Working in partnership with others

- The service continued to work with other health professionals and local authorities to ensure that peoples' needs could be met.