Surbiton Care Homes Limited

Milverton Nursing Home

Inspection report

99 Ditton Road
Surbiton
Surrey
KT6 6RJ

Tel: 02083994663

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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
Milverton Nursing Home is a residential care home providing personal and nursing care for up to 30 older people, some of whom had dementia. At the time of the inspection 27 people were receiving a service at the home.

Milverton is a large domestic style house in a residential area, with accommodation on three floors. Many but not all bedrooms were en-suite, there were separate bath and shower rooms. There was a large lounge/dining area which led to a new bright and airy sun room and extensive gardens. All areas were accessible by lift or stairs.

People's experience of using this service and what we found
Risks to people had been assessed and regularly reviewed. People were protected from avoidable harm, discrimination and abuse. Appropriate staff recruitment checks were made. Procedures were in place to reduce the risk of the spread of infection. Medicines were administered and stored safely. The provider kept records of any incidents and accidents that occurred, and took appropriate steps to mitigate the risk of further accidents.

Staff were suitably trained and supported. 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. People were supported to maintain a healthy balanced diet and to stay healthy, with access to health care services as and when required.

People received support from staff who were kind and compassionate. Staff treated people with dignity and respect and ensured people's privacy was always maintained. People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

People's communication needs were met. The provider had effective systems in place to deal with concerns and complaints and to assess and monitor the quality of the service people received. People were supported to receive the end of life support that met their needs and was of their choice.

The home was very well run with a positive and visible management team, led by a hands-on registered manager.

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 Good (published 21 June 2017).

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

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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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.

Inspection team
The inspection was carried out by one inspector, an Expert by Experience and a Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Specialist Advisor was a registered nurse with expertise in older people living with dementia and people with mental health needs.

Service and service type
Milverton Nursing Home 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
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.

Before our inspection visit, we reviewed information we held about the service in the form of statutory

notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

During the inspection
We spoke with 11 people using the service, six relatives, the registered and deputy managers, two registered nurses, four care staff and three ancillary staff. We also spoke with two professionals, a hairdresser and physiotherapist. We reviewed a range of records. This included five care records, five staff files, and policies and procedures relating to the care of people living in the home.

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 were supported safely by staff. The registered manager took appropriate steps to protect people from abuse, neglect or harm and knew they had to report abuse to the local authority and CQC.
- All the people we spoke with talked about feeling safe because call bells were answered promptly, staff were always available, even at night, the front door was locked, and they had a locked drawer in their room for any precious items.
- Two people said, "It's safer here than being home alone" and "There are plenty of staff you can call on." Relatives commented, "I feel that my relative is safer [here] as there are more people than just me and I was feeling out of my depth" and "I know that staff will always call me if there are any concerns and there are always so many other people around that there are 'eyes on' all the time."
- Two staff members commented, "We are very caring here and do everything to ensure that residents are not harmed. I report anything I find wrong immediately and make a record of it. Whenever we have agency staff we always make sure that they work alongside permanent staff" and "If I notice anything unusual about a resident for example bruising, money missing or somebody shouting I always report it to my seniors straight away."

Assessing risk, safety monitoring and management

- People were assessed prior to living at the home to identify any risks and measures were put in place to manage these risks. People's care plans contained detailed risk assessments and management plans which explained clearly the measures staff needed to follow to keep people safe.
- Appropriate risks assessments tools were used, which identified the level of risk and the measures in place to mitigate the risks. Records confirmed that risks were evaluated monthly or sooner if required.
- All residents had a manual handling assessment to identify the level of assistance they require for each activity. Staff told us there were enough hoists at the home and staff had received training in manual handling and were both knowledgeable and skilful in the use of hoists during transfers.
- The home was free of hazards and obstructions and people were free to move safely from one area of the home to another including an outdoor secure garden.
- Risks in the home environment were well managed by records of weekly, monthly and quarterly checks of the environment including, water temperatures, emergency lighting and the emergency call bell system.

Staffing and recruitment

- The provider followed appropriate recruitment procedures when employing staff. Recruitment files were clearly laid out and included job application forms, CVs, professional and/or character references, proof of identification and address and Disclosure and Barring Service (DBS) checks. A DBS is a criminal record check

that employers undertake to make safer recruitment decisions.
● Overall, we observed there were sufficient staff on duty to meet the needs of people and to deliver all the support people needed.

Using medicines safely
● We observed the administering of medicines and saw this was undertaken in accordance with the National Institute for Health and Care Excellence (NICE) guidelines by staff who had undergone medicine management and competency training. People's medicine administration records (MAR) were well organised, fully completed and up to date.
● We saw there were robust processes in place for the ordering of medicine and checking that all medicines were in place for all residents. Medicines were safely stored including controlled drugs (CD).
● People told us, "I can't say their names [of medicine] but I know what they are for and the staff remind me to take them," "If I am in pain I can ask for some medicine outside of the usual times, they never want me to be in pain" and "I am happy that they manage my tablets, that was always a worry."
● There was a provider policy on the management of 'pro re nata' (PRN) or 'when necessary' medicine but it was not always attached to the medicine administration record (MAR). This was rectified by staff before the end of the inspection. However records did show records showed that PRN medicines were administered safely.
● The Abbey Pain Scale was used to record the level of pain for people on analgesia. The Abbey Pain Scale is used as part of an overall pain management plan to assist in the assessment of pain in people who are unable to clearly articulate their needs.
● All the requirements for the administration of covert medicine were in place.

Preventing and controlling infection
● We observed that the requirements of the control of substances that are hazardous to health (COSHH) were met by staff. Clinical waste was segregated and disposed of correctly. Laundry was separated and dealt with correctly. These processes helped to prevent and control the spread of infection.
● We observed the home was clean with no adverse odours. People's rooms, the toilets and bathrooms were all fresh and suitably stocked for people's personal hygiene needs.
● The Food Standards Agency had inspected the kitchens in July 2019 and awarded the service a score of three, where one is the lowest score and five the highest. Since then a deep clean of the kitchen had taken place, which would help to keep people safe from any food related infections.
● At lunch time we observed the staff wore appropriate protective clothing for serving food, but they did not at supper time. We spoke to the registered manager about this and they assured us that staff would wear appropriate protective clothing when serving food.

Learning lessons when things go wrong
● The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults. The provider took appropriate steps to mitigate the risk of further accidents.
● A relative commented "When there was a problem, [relative] climbed over the bed rail and fell they told us immediately and then took action to keep them safer. They lowered the bed and have put a soft mat alongside the bed."
● One staff member told us "After each fall we complete an incident and accident report. We also have a debriefing to learn from the situation. We also review the care plan and the risk assessment following an incident."

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 Good. At this inspection this key question has remained the same. 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

- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
- Staff were aware of people's individual support needs and preferences and had sufficient information to meet an individual's needs and wishes. This helped ensure people received the care and support that was in line with their identified needs and wishes.
- We observed that the cumulative effect of good management of nutrition, incontinence care, fluid intake, repositioning, the use of appropriate equipment such as an air mattress, mobilising, regular personal hygiene, good skin care helped to minimise the risk of pressure ulcers. This was evident in the care of the people we reviewed.

Staff support: induction, training, skills and experience

- People were cared for by staff who were experienced and who received appropriate training and support. Staff spoke positively about the training they received.
- Staff told us they had regular supervision and an annual appraisal. One registered nurse told us, "I believe that I have all the skills I require to practice safely. I find it easy to discuss any subject personal or professional with my manager. If she feels she is not qualified to help me she puts me in touch with the relevant person."
- Generally people we spoke with were not aware of the individual training that staff undertook but commented "Staff all know what they are doing," "New staff are supervised for the first few days as they get to know the people here," "It helps that they all know how to use the horrid hoists – they chat and take my mind off it" and "Staff have to go to a senior care worker or a registered nurse and ask if they are unsure of anything."

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

- Records we looked at showed that the Malnutrition Universal Screening Tool (MUST) was used to identify the level of risk from malnutrition. For example, a person with the risk of losing weight and choking was referred to the dietician and speech and language therapist (SALT). Their recommendations were incorporated within the care plan.
- We observed that people had received the correct textured food and were positioned correctly to help avoid the risk of choking. Staff also ensured the person had swallowed one spoonful of food before putting the next one in.
- People commented about the food, "I like having my breakfast in bed, I think we all do that, it's a gentle start to the morning," "This juice jug is a size that I can manage to pour a drink without asking for help," "The

soft diet became very monotonous, not much imagination but when I raised it they are now doing things like a poached egg. It's a great improvement" and "I enjoy the food and the chef is smiley."
● We asked to see what was available for people to eat after supper and before breakfast the next day and were shown one sandwich, cut into four squares on a plate, which was not sufficiently covered and not date stamped.
● We spoke with the registered manager about this and they explained a new chef had recently started (September) and was making the necessary changes so that people could have a better choice of food and snacks, outside of meal times. We also spoke about the use of two handled plastic beakers for people to have their tea from. We were told this was a safety measure to avoid spills, but it would be looked at on an individual basis and changes made where possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The home had good communication links with the local GP service and other healthcare professionals when they needed them, such as the district nurses, a NHS dentist, or chiropodist and a private physiotherapist visited people on request weekly.
● People commented "I go out to the hospital to see a specialist but have my regular optician come here for glasses which is convenient," "It's great having a physio come here – she comes every Tuesday," "The physio gets me walking down the corridor," "There's a G.P that comes here regularly and they link in with a family member who is a Doctor" and "We changed to the homes G.P and they are good at communicating with me. It's gone better than I thought it would."
● Staff received training in oral healthcare to help ensure people's teeth, mouth and gums were kept as healthy as possible.
● People commented "They [staff] help me to clean my teeth which makes my mouth feel fresh," "The nurse suggested a special gel for my gums and that's helping, "It's a real help that they will put the sticky stuff on my top teeth for me and if I need more they will do it again after lunch" and "We were able to see an NHS dentist who came here."
● We observed electric toothbrushes on charge and appropriately sized toothbrushes and toothpaste were in bathrooms. When required people had a named denture pot in their room.

Adapting service, design, decoration to meet people's needs
● Milverton was a very large old house with individual rooms, some of which had en-suite facilities. Bath and shower rooms were adapted to meet people's mobility needs.
● Rooms were homely and decorated and furnished to people's personal preference. Some people had chosen to take their own furniture, and this was accommodated where possible.
● The main lounge and dining room were bright and airy with doors leading into a new garden/sun room, which led onto a patio and accessible garden. People had full access to the garden at any time.
● At the time of the new garden/sun room being built, four new en-suite bedrooms were also developed out of existing space. The registered manager said steps were taken to ensure people were disturbed as little as possible with the building works. One relative commented "They did a lot to make the residents comfortable when the building work was happening, things were put up to cut the noise down and to keep the dust down. The benefits are huge with this lovely conservatory and the accessible garden."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

● We found that staff were knowledgeable about the guiding principles of the mental capacity act. Staff told us they had received training on the MCA. Documentation showed that people's capacity had been assessed consistently. Relatives and those close to the person had been involved in decisions. There was also evidence of meetings involving the person, their representatives and health professionals. For example, before a person who lacked capacity had their medicine given to them covertly, the doctor, the pharmacist, the relative of the person, who had power of attorney (POA), and the staff had been consulted to ensure that it was in their best interest to receive the medicine covertly.

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 spoke warmly of the care staff, "They [staff] know that I like to have my feet uncovered in bed and they all make sure that I am settled as I like to be" and "It's always a lady [staff] helping with my bath or shower, I wouldn't like it to be a man."
- We found the atmosphere in the home to be calm and friendly, and people were well dressed and appeared well cared for with clean glasses and nails
- One person told us "I don't eat beef [religious observance] and they are very good about that, they always make me an alternative if the meal that day has beef in it, I just don't know what it will be." We observed this to be true when the daily menu, which was beef was delivered to this person, with no alternative showing. We spoke with the registered manager about this and they said since the new chef had started changes were being made and they would ensure people knew what alternatives of food were available.

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

- One person said, "I have trouble finding the right words and the staff take their time, they don't rush me, and they let me say what I want to, they are very patient,"
- A relative commented "One of the staff used to live in the same area as us and she is able to talk about the area which helps my relative to have a meaningful conversation, it's something they can share."

Respecting and promoting people's privacy, dignity and independence

- During our visit we could see that people's privacy and dignity were respected by staff. We observed that people were nicely dressed and had been appropriately supported to maintain their personal appearance. One person said, "Having the hairdresser who can keep beards and hair under control makes me feel better" and a relative commented "I like that the care staff all know to put my relative into leggings or trousers even if she's wearing a dress, to help preserve her dignity."
- We observed in the morning most of the people had been supported with their personal care and were in the communal areas. Staff encouraged people to participate in the activities of daily living as much as possible by helping people to choose their own clothes and helping them to mobilise. We observed staff supporting people to mobilise by walking besides them to ensure they were safe and by helping them to use their zimmer frame.

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 Good. At this inspection this key question has remained the same. 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

- We saw that care plans were person centred and informative, helping staff to support people in the way they wanted to be supported.
- People commented, "I don't know if things are written down but everything they do is to help me," "Someone came to talk to me about it and it's all done with my key worker" and a relative said "I have been very involved with the care plan for my relative."
- The care notes were well organised and easy to follow. The process of care was well defined to identify people's needs. The information was comprehensive, and the provider involved the person and those close to them, where possible.
- All the notes we reviewed showed that care plans were being implemented regularly and consistently. The recordings on some of the care given could be traced from admission to date. For example, we could trace one person's continence care for the last two years, which demonstrated the reasons for the person's improvement.
- Care plans were reviewed on a regular or as-required basis, dependent on people's healthcare needs.

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.

- The provider was exploring ways of ensuring they were meeting the AIS. The registered manager explained that currently the systems they used for communication were sufficient for the people living at Milverton, but they would make necessary changes as and when they were needed. Staff took their time to explain situations to people, wait for a response and act on the response.
- We saw staff bring the phone to one person, so they could speak with their relative. Staff told us the relative calls every day. We also heard of other relatives who live aboard phoning and staff were happy to pass the phone to the person.

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

- During our visit we sat and chatted to people, who were happy to talk to us but not everyone was able to answer our questions. We saw that when time permitted the majority of staff also did the same, sometimes just sitting holding a person's hand.
- The home had a full-time activities coordinator, who knew people well and organised activities that suited

people.
● Several people told us about the Milverton staff, residents and relative's choir and the upcoming Christmas show, saying, "The choir is something that we can share and do together" and "I like the chair exercises for the same reason [as the choir], both things give us a lift."
● Other comments, "I like to be down in the lounge by 11am as there's usually something happening." We saw the person was and taking part in the bingo game. "I enjoy the quizzes and the bingo, but it can be difficult to hear, and it helps if there's someone around to help and there usually is in the morning." We saw a microphone was used for calling out the numbers, which made it easier for people to hear. "I love the craft times, we painted pottery poppies" and "The new garden and patio has meant that I can go out and I loved that in the summer. The summer party was lovely."
● We observed people, reading, doing crosswords, listening to music, chatting and staff had also given some people colourful twiddle mats and muffs, or tactile animals. We saw these gave people pleasure and were calming when a person became agitated. Another person was folding the napkins for the meal time. People also spoke to us about going out and about to the shops and the garden centre, which was a favourite place to go.

Improving care quality in response to complaints or concerns
● When asked about complaining about their care, the home or food, people said, "I would speak to the member of staff," "I would go to the senior nurse who sorts most things out," "It never gets to a complaint as they always talk with you about any issues" and "Most of our issues are medical things so I always go to the clinical lead and she's able to explain and/or sort it."
● The home had a complaints policy and procedure, which was followed by the registered manager and staff.

End of life care and support
● Staff were able to give us examples of when people who were nearing the end of their life, had received compassionate and supportive care. This included adhering to people's religious or non-religious preferences.
● Anticipatory medicines were prescribed and available for people in anticipation of the deterioration of a person with palliative care needs. The registered nurse told us they worked together with the hospice when formulating care plans for palliative and end of life care.
● People's care plan did not always clearly state if they wanted to be resuscitated. The registered manager explained that a blank copy of the do not attempt cardio pulmonary resuscitation (DNACPR) was included in all new care plans as part of the admission bundle and it was there to show that the home had gone through the admission process of ensuring that they had checked whether the person requires a DNACPR. We pointed out that a blank form may cause confusion and had the potential of leading to a delay in resuscitating a person who was for cardio pulmonary resuscitation (CPR). The registered manager said they would review this practise but also showed us a separate list was kept in the office of those people who had a signed and agreed DNACPR.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- The registered manager was aware of their responsibilities to send CQC notifications about changes or incidents that affected people they supported and had a good knowledgeable about their responsibilities with regard to the Health and Social Care Act 2008.
- People spoke positively about the staff and senior management, "So long as I have my key worker then it's run ok," "There's a steady team at the top," "They [managers] are approachable and the office is open if you want to pop in" and "I asked the person who does the admin for a new TV bracket and she organised it straight away."
- The staff team were clear about their roles and were committed to supporting people to live good lives.
- The registered manager demonstrated a good knowledge of the needs of people they supported and the staff team.

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

- The registered manager had good links with the local authority and community health and social care professionals to help ensure staff followed best practice. When required staff were in regular contact with people's GPs or other healthcare professionals.
- This ensured staff received all the external health and social care professional guidance and advice they required to meet the needs of the people they supported.
- Staff, people and relatives had three monthly meetings, which were followed up by a meeting of the Milverton friends' group. This was run by a relative and supported by the provider and gave the opportunity to follow up on any points that had been raised in the other meetings.

● The registered manager also had an anonymous 360-degree feedback survey about themselves from staff. Comments we saw included, "I am happy you are there for me," "I like the way you communicate with me," "You listen well" and "You are a highly organised leader." All the staff we spoke with were positive about the registered manager. One staff member said, "I think that she is a good manager because she knows everything that goes on in this place. She listens and makes sure that everybody has the training they require. You can talk to her at any time, you don't have to make appointment. This place has improved mainly because of her. I think she is well liked by the staff."

Continuous learning and improving care; Working in partnership with others

● The registered manager had systems in place to monitor the quality of the service that they provided. These included, checks on the environment and the care and support people received.

● The registered manager told us about they had recently completed a pioneer programme, 'Health Innovation Network, My Home Life,' this was sponsored by the NHS. The purpose was to support care home managers in their role, enhance their personal development and to build a support network of other home managers. From this course the registered manager had developed several tools to enhance peoples experience of living at Milverton, including 'What works well,' 'What more could we do together to improve your experience.' People, family and friends could all comment on the questions and so far, they had received four comments, three positive and one negative, which they were able to action and amend quickly.

● The registered manager had established and maintained good links with the local community and with other healthcare professionals which people benefited from.