Milestones Trust

# Humphry Repton House

**Inspection report**

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## Ratings

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|---|---|
| **Overall rating for this service** | **Requires Improvement** |
| Is the service safe? | Requires Improvement |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

## Overall summary

The inspection took place on 07 April 2015 and was unannounced. At our last inspection in January 2014, the service was meeting the requirements of the regulations.

Humphry Repton House is registered to provide accommodation for persons who require nursing or personal care for up to 45 people. On the day of our visit there were 44 people at the home.

There was a registered manager for the service. 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.

Staffing levels were not assessed in a way that ensured the numbers were always correct to meet people's needs. This meant there was not enough staff on duty at certain times. Staff expressed concerns about the numbers of staff and the mealtime experience for some people on the day of our visit was disorganised. Some individuals were not receiving their care at the time they needed it.

# Summary of findings

**We have made a recommendation around staffing levels for people with dementia.**

There was a system in place to try and ensure that the requirements of the Mental Capacity Act 2005 was followed when people were identified as requiring their medicines given to them covertly. Best interest meetings were being carried out. However the system was not fully effective as information from these meetings was not communicated effectively to the staff who needed to know it. This meant there was a risk peoples legal rights were not protected.

People were supported by staff who had a varied understanding of the Mental Capacity Act 2005. Some staff clearly understood what their legal responsibilities were while other staff were not sure.

**We have made a recommendation around implementing the requirements of the Mental Capacity Act 2005.**

We found there was a lack of documented evidence to show that care plans had been fully evaluated. This meant information about how to meet people needs may not have been up to date

The provider had a quality monitoring system in place to ensure checks were undertaken on the service people received. However, the audits and checks that the registered manager was required to do were not done as often as the provider's policy required. This meant there were risks that people could receive unsafe and unsuitable care.

There were safe systems when new staff were recruited. All new staff completed thorough training before working in the home. Staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual.

People had an individual plan of care in place that set out what support they needed and how they wanted this to be provided. The staff understood people well and knew how to support them to make choices about the care they received.

People were treated with kindness and care by the staff who supported them. The staff engaged positively with the people they assisted. Staff were able to communicate effectively with people who were not able to verbally express their needs.

People were supported to eat a choice of meals, snacks and drinks to stay healthy. Care plans included guidance to support people with complex nutritional needs to ensure they stayed healthy. Care plans were reviewed regularly but the information recorded lacked detail.

Consideration was given to ensuring stimulating activities were available that were relevant to people's needs. A lively gardening group took place on the day of our visit. There were also a variety of other groups and sessions suited to the needs of people living with dementia.

People were able to see their friends and families whenever they wanted. There were no restrictions on when people could visit the home. All the relatives we spoke with told us they were made welcome by the staff.

People were supported to make a complaint and where people could not make their views known their relatives or representatives knew how to raise concerns.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

Some aspects of the service were not safe

There was not always enough staff to provide the support people needed and there was a risk people could receive unsafe care.

Staff were recruited safely and trained to meet the needs of people who lived in the home.

People's medicines were managed safely in the home.

Staff in the home knew how to recognise and report abuse. There was a current policy and procedure in place to help people to report concerns correctly.

**Is the service effective?**

Requires Improvement

Some aspects of the service were not effective

Information needed to ensure staff knew how to follow requirements of the Mental Capacity Act 2005 was not kept readily available. Best interest meetings were held around decision-making. However staff were not all aware of the relevant information.

People were supported to eat and drink enough to be healthy. However, on the day of our visit the mealtime service was not a relaxed experience for everyone.

People were supported with their physical health needs. They were able to see other healthcare professionals, such as the GP, opticians, chiropodists and the physiotherapist when needed.

Staff understood how to meet the needs of people they supported. Staff were observed providing people with the care and support they needed to ensure their needs were met.

Staff received training and supervision to help them to care for people and meet their needs.

**Is the service caring?**

Good

The service was caring

People were cared for by staff who were caring and treated them in a kind and compassionate way.

The staff spent time with people and engaged and spoke positively with them.

People and their families were involved in making decisions about their care. The staff were knowledgeable about the needs of the people living at the home and how people wanted their care to be provided.

# Summary of findings

**Is the service responsive?**

Good

The service was responsive

Appropriate social activities were available relevant to people's needs.

People's needs had been assessed and support was provided as agreed in their care plans. People received support in the way they needed it.

People and their relatives knew how to raise complaints or concerns. The registered manager responded to these properly.

**Is the service well-led?**

Requires Improvement

Some aspects of the service were not well-led.

Audits and checks on the quality care and service people received were not always being done as often as the provider's own policy required. There were risks that people could receive unsafe and unsuitable care.

The staff felt supported by the registered manager. There were systems in place for staff to discuss their practice and to report concerns about other staff members.

People and their relatives were asked for their views and these were acted on to improve the service.

# Humphry Repton 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.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 07 April 2015 and was unannounced. The membership of the inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We met 25 people using the service, and six relatives. We spoke with 11 staff, we looked at the care records and the care of five people.

We used a SOFI, observation (this stands for short observational framework for inspection). This was to capture the experiences of people who use services who may not be able to express their views for themselves.

We checked the systems for the management of medicines. We looked at staff rotas, staff recruitment records and staff supervision records. We also checked a number of different records relating to how the service was managed and run.

Requires Improvement

# Is the service safe?

## Our findings

There were times when staffing levels were not meeting the needs of all people at the home. Lunch was served to some people in a way that was disorganised and meant people did not always receive support at the time it was needed. One person had to wait for one hour after their main course before they had their dessert offered to them. We also saw that another person did not have their meal for over for an hour after they had sat down in the dining room. This was because they needed a member of staff to help them and staff were assisting other people and not available. Another person needed one to one support due to their particular needs and they were left unsupervised for a number of minutes. The person was at risk of psychological harm if left unsupervised due to the impact that their dementia had on their behaviour on themselves and others around them.

The registered manager said they felt there was usually enough staff to meet people's needs. However, they had identified a need for extra staff to be trained to assist the nurses with medicine administration. This was due to the burden on the time of the nurses to undertake this task. This meant that nurses were not able to provide as much direct care and assistance as they would like to people .It also meant if peoples had other specific nursing needs it was harder for nurses to find the time to ensure these were undertaken. The registered manager told us there were plans for senior support staff with specific training in medicines administration to be employed at the home.

The registered manager told us they used a dependency tool recognised by the Royal College of Nursing to assess how many staff were needed at any time to meet people's needs. However, the tool was not specific to the particularly complex needs of the people who lived at the home as it was based on the needs of older people. This meant it may not accurately ensure that the right numbers of staff were on duty at the right times for people who gave dementia type illnesses.

Staff expressed concerns about the staffing numbers and how staff were deployed in the home. They told us that caring for 45 people with complex needs could be challenging for them because people's needs fluctuated. When someone became unwell or upset it was harder to ensure everyone's care needs were fully met. This was because the person or persons then often needed extra staff support, such as one to one support to stay safe. Nurses said they had to sometimes rely on reports from care staff about people's health, and could not always directly check each person's health and wellbeing themselves.

People we spoke with who were able to express how they felt, said they felt safe and did not have any concerns about staff. The relatives we spoke to also said that they had no concerns about their relatives safety at the home.

Medicines were looked after safely in the home. There were suitable secure storage facilities for the safe keeping of all medicines. The medicine administration records were accurate and up to date. They showed people had been given the medicines they needed at the times required. There was a medicines profile that explained what their medicines were and how they preferred to take them. For example with water, with juice or with jam on a spoon.

Audit checks of medicines were done and staff did medicines administration training to keep them up to date about how to give people their medicines safely. There was a medicines fridge for the storage of certain medicines that had to be kept at a certain temperature. This was checked to ensure medicines were stored at the correct temperature so they remained suitable for use.

Staff said they had received training in safeguarding vulnerable adults. They were able to tell us how they would respond to allegations or incidents of abuse. They knew who to report an allegation to. The registered manager had informed the local authority and us about all safeguarding incidents as required.

The staff also understood what whistleblowing at work was. They knew this meant to report malpractice or illegal activities if they were concerned. There was a procedure to help staff to know how to do this.

There was a system to manage risks to people's health and safety. Information about any incidents and accidents that had involved people at the home was recorded in detail. There was evidence that incidents were being reported appropriately. Where actions were needed to prevent reoccurrences these were put in place. For example, where two people had become angry with each other they were supported in different shared areas in the home to keep them both safe. This information had also been written into both people's care records.

Requires Improvement

# Is the service safe?

The environment looked safe and properly maintained in all of the areas we viewed. There were regular quality checks undertaken to make sure that the premises was safe. The temperature in the premises was comfortable for people. Regular checks were also being done by external contractors on the electrics, water systems and a range of equipment people used including hoists, stand aids and slings.

**We recommend that the service consider current guidance around suitable staffing levels for people who have dementia.**

Requires Improvement

# Is the service effective?

## Our findings

Staff understood consent and the need to offer people choice, and gave examples of what they did in order to ensure people who were using the service were given choice. They told us "I will offer people a choice of what to wear, holding up different items of clothing" and "at mealtimes, I always ask people what they would like". However, the majority of the staff we spoke with were unable to fully explain to us the importance of considering consent and mental capacity when involving people in making decisions.

Mental capacity assessments were in place and best interest decisions had been held that were carried out in in relation to giving people their medicines covertly. Covert medicine administration means to give the person their medicines disguised, where a person lacked the capacity to decline medicines, to ensure the person took them. However the majority of staff did not know that the assessments had been written .This meant staff may not know how to ensure they maintained peoples legal rights .

The majority of staff were not aware that best interest decision meetings had been carried out for specific practices that related to people's care. The assessments were kept in a locked cupboard in the office. This put people at risk of not having their legal rights upheld if staff could not easily get hold of, or were not aware of the information. Information about best interest meetings for the use of pressures mats and bed rails was also locked away. Best interest decision meetings had been carried out correctly. However, peoples' care plans did not reflect this and we had to request this information after our visit.

There was a record on each of the all three units, which informed staff on which day people should be offered the choice of a bath or shower. When we asked staff about this, they told us "we can move people around on different days if they refuse". There was nothing noted within this file or in the care plan that stated that people had chosen to have a bath or shower on specified days. All of the care plans we saw had a section marked "mental capacity". Four files contained a mental capacity statement. All of these were dated from when the person moved to Humphrey Repton House and in one case this was 2012. The form did not appear to be an assessment and there was no documentation to support the statement. We asked staff how often mental capacity was reviewed and we were told it wasn't. It was unclear how staff formally assessed a person's ability to consent to care. Staff told us "you can just tell with most people, just by looking at them. We know the people so well, that just a look will tell you if they want to do something or not". However, this was not made clear within the care plans we saw.

Two of the care plans contained an assessment for the use of bed rails to prevent people falling out of bed. The assessments had been completed and in one case, we saw that a relative had signed to indicate their agreement. There was no evidence of an assessment of the person's capacity to consent to the use of bedrails, or any best interests decision. We also saw that some people had been assessed as needing a pressure mat in their rooms. This is a mat which alerts staff when a person gets out of bed or out of their chair. Although we were made aware that best interest decisions had been carried out appropriately care plans did not reflect them. We had to request this information after our visit.

Staff told us how they knew about the needs of people they were caring for. They told us "We get a handover at the start of the shift" and "As far as I'm aware all of the information is in the care plans. I haven't read them yet, but I know I can if I want to". One told us "I read the care plans when I do night duty because I have more time then; there isn't time to read them during the day". Another told us "I do read the care plans and the 'Getting to Know' you documents information in them". We saw that nursing staff documentation was kept at the front of the care plan files but support worker documentation was kept separately in the daily notes file. It was not clear how the two sets of documentation were used to ensure co-ordinated care.

One person told us the food was "lovely" at the home, another person pulled a face of distaste. The majority of people were able to make a choice of two meals at lunch. People who required a texturised meal were not offered a choice of dish at lunchtime. This meant they were not offered the same choices as other people in relation to their meals.

Lunch was a busy experience for the staff and this impacted on the overall experience for people eating their meals. Staff were clearly busy during lunch. There was minimal interaction heard between them and people during lunch service. One staff member was called away from one person to help another person who wanted a

Requires Improvement

# Is the service effective?

drink. Another staff member had to assist another person when they started to choke. They reassured this person and cut their food up into smaller pieces and returned to the person they were helping first.

Care records explained how to assist people effectively with their nutritional needs. Each person particular nutritional needs had been identified. An assessment had been undertaken for each person by using a recognised screening tool. This tool helps to identify people, who may be malnourished, at risk of malnutrition or obesity. For example it was identified when people needed extra assistance from staff with their meals. It had also been identified when people needed nutritional supplements to prevent them becoming underweight.

The registered manager told us a new piece of kitchen equipment had been purchased. This was to texturise food in a way that was appetising for people to eat. People were offered additional drinks and snacks in the morning and during the afternoon. In the afternoon we saw that fresh fruits and extra drinks were taken round to people.

People could see other healthcare professionals, such as an optician and dentist, and community mental health nurses. One person's records showed that staff had requested advice from a nutrition nurse and we saw that this had taken place and that the advice had been documented in the care plan.

One member of staff attended a hospital appointment with one person and we saw a visiting physiotherapist doing some exercises with one person to assist them with their mobility. One member of staff told us that the GP visited every week and would see anybody that staff felt needed to be seen. Relatives also told us they were satisfied that their relatives at the home saw a GP as often as they needed to and without delay.

Staff told us they had received training to be able to carry out their roles effectively. One member of staff told us they felt well trained and were able to fulfil their role. Another member of staff told us; "I have asked for further training on dementia". A staff member who was new in post told us they had completed part of their induction day and were due to findings it in the near future Other staff confirmed they had received all necessary mandatory training and annual updaters, although one member of staff added "Not all of the staff here have completed dementia training, but they definitely all need it". The registered manager showed us evidence that all staff who provided care at the home were now booked on or had completed dementia training

Staff told us that training was provided for them by external trainers, for manual handling and first aid and that other training was by e-learning. Training records confirmed the training staff had been on and were about to attend. The registered manager told us there had been some gaps in staff training. However, they told us they were in the process of booking staff onto course. They said they were ensuring all staff had undertaken dementia training in the near future.

Staff told us they had either recently had a supervision session with their line manager or that they were due one in the coming days. Staff told us that supervision sessions were an opportunity to raise any concerns if they had them about the service. Staff were unsure of the frequency of supervision sessions; one told us every six months and another told us "every couple of months". The provider's policy was flexible, but stated staff should be formally supervised around once every six weeks depending on the needs of the member of staff. One new member of staff said they had never had an appraisal, another told us they had them annually. The staff supervision information showed that staff were booked to have a supervision meeting in the near future or had recently had one. The registered manager said there had been some slippage in the frequency of staff supervision. They had identified this and taken action to address the gaps.

**We recommend that the service seeks guidance based on current best practice, in relation to implementing the requirements of the Mental Capacity Act 2005**

Good

# Is the service caring?

## Our findings

We saw there was information displayed on a notice board in a nearby corridor about a person who was about to arrive. This included some details of the person's life and medical histories were given, and information in respect of mobility and eating capability. The information was displayed as part of the 'Getting to Know You' initiative but could be seen as a breach of the person's right to confidentiality and privacy as the corridor was well used by people.

People living at the home looked happy and confident in the presence of staff. Two people told us" yes" staff were caring. One visitor said, "It's lovely here, I love it we're absolutely delighted about the way he's been looked after here". Another comment was "By and large all the staff are good but some are absolutely excellent, they're natural carers and very attentive to any change. They know when X is upset; they know exactly how they like to be treated".

Staff were kind and caring in their approach. They told us "to be a carer, you have to have something special in you; the residents here are like my extended family" and "This is a good home. It looks a bit lived in, but most of the time care is good".

One relative told us "All of the carers are so kind; it's the way they speak to people, they're very good". We observed two members of staff walking with one person and asking them where they would like to sit. They did not rush the person and were very calm. Other comments from relatives included "They never ignore you they always speak". Another person said "Staff are very approachable and X is really, really nice, they have been fantastic and keeps us up to date with what my relative needs".

Staff were able to tell us how they supported people who were not able to make their views known. Staff did this in a number of ways, they had got to know peoples families, their life history and how to understand their body language. They said this helped them understand the person. We saw staff engaged positively with people using body language, gentle humour and singing. People responded to the staff who used these approaches and looked animated.

Staff treated people with respect and in a way that was mindful of their rights for dignity and privacy. For example, one staff member discreetly spoke with a person who needed help with intimate personal care. Staff also discreetly offered people protective aprons before lunch. This was done in a way that maintained dignity.

A member of staff from the adjoining day centre brought their dog in to see people. People appeared to enjoy this; they were smiling and knew the dog by name. Gardening club took place during the afternoon and people took part in this. We saw a list of activities and staff told us there were visiting singers, cake making, and visits from a local church.

One member of staff told us "The activities team is really good; there is always something for people to do". A relative told us "There are lots of different activities here. There was a visiting zoo the other day with small animals, that X really liked, and staff will read books to people or look at photos with them".

Care plans contained notes called 'Getting to know me'. These notes explained in some detail about the person's history, including work and family information. There was also information about their preferences and their behaviour. We were told these were completed as part of the pre-assessment before people moved to Humphrey Repton House.

The registered manager told us that advocacy services were used when people needed support to make decisions in their daily lives .The information about advocacy services was able for people in the home and their relatives when needed.

Good

# Is the service responsive?

## Our findings

Peoples care records included guidance that explained what to do to support each person with their individual nursing and personal care needs. Where people had complex needs such as behaviours that may challenge others this had been clearly identified. How to support the person and keep them and others safe had been clearly explained. This was because the people concerned often misinterpreted what people said to them and they became very angry as a result The techniques to follow to deescalate people's anger had been set out in their care plans. Staff were observed following the guidance we read in peoples care plans.

Records were also kept where people needed to be assisted to move in case their skin broke down, as well as other physical care needs. There was some evidence that care plans were being updated by staff regularly who wrote that they were 'still current'. However there was no other recorded information to show how care plans were being evaluated to ensure they were an accurate reflection of each person's range of needs.

Care records included confirmation in them that people's known choices and preferences were recorded in care plans. The staff were knowledgeable about the people in the home and what was important to them. Care records included a 'life history' about people and their life before they came to live in the home. Staff told us this was used to get to know people and engage with them.

Staff were observed responding promptly to people's needs including physical needs and emotional ones, such as feeling agitated in mood. People were supported to maintain good health and had access to healthcare services. People had a full review by the GP every six months and this was documented in their care records. Records showed that the reviews were up to date. A chiropodist came to the home for appointments with people on the day of our visit. They reported positively to us about the care that people received. Staff assisted the chiropodist when a person needed extra support to have their feet attended to.

There was information on a notice board that staff were putting the 'Getting to Know You' initiative into practice so that people's interests can be supported. This is an initiative set up by the Alzheimer's Society to help to promote person centred care. A visitor told us about their relative's background and how this was considered when arranging activities. A gardening group took place in the afternoon. We saw a number of people engaged in this activity.

People were sat with their relatives in the enclosed outdoor garden area. Staff were sharing conversation with the people about a range of social topics. Visitors told us that the activities that were put on were enjoyable for their relatives. There was a varied timetable of social and therapeutic activities planned to take place in the home in the near future.

There were photos of recent social events displayed in the home. There were reminiscence items such as old household appliances like a vacuum cleaner, and old style television placed around the home. These were to help to stimulate people's memories.

Relatives said that they would speak to the registered manager if they had any complaints. One visitor told us that the registered manager had responded and acted promptly to a concern they had raised about their relatives bedroom. The registered manager ensured that all complaints were investigated and responded to under the provider's complaints procedure. They wrote to each person and they ensured they investigated all matters that were raised. A record was also kept of all the actions they had carried out as part of their investigations.

Requires Improvement

# Is the service well-led?

## Our findings

The provider had a system for registered managers to use to assess and check the quality of the service. Audits and checks on the care and service were to be carried out on a range of areas to do with daily life for people at the home. These included checking on people's view of their care, care plans, staffing levels, training and health and safety checks. However, this was not up to date as the last audit had been started in January 2015 and had not been completed. This meant there was a gap of three months in how often the service was formally checked and monitored by the registered manager. This meant there were risks people were receiving an unsafe or unsuitable service as the monitoring system was not being used to check the service quality.

A senior manager came to the home regularly and they undertook their own checks on the quality of service people received. There were records that showed the senior manager checked the quality of service at the home. Areas of the service that they were monitoring included the quality of care people received, and the food people's health needs, medicines, infection control, health and safety.

Staff told us the registered manager was available if they had any concerns. They said the registered manager was approachable. However, some staff felt they were not always kept informed of any changes to the way the home was run. This could impact on the overall services people received if staff feel they are not properly informed about matters

Team meetings took place although staff and the registered manager told us that recently this had not been as frequent as they would want them to be. The registered manager told us they had identified this and a meeting was planned to take place in the near future. Staff told us they were able to make their views known when meetings were held. Where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up.

The staff were able to explain to us what the provider's visions and values were. They understood they included being respectful and inclusive at all times in their work. They were able to tell us how they took them into account in the way they supported people at the service. One staff member told us about the value of caring for people in a person centred way as unique individuals.

The registered manager told us they made sure they stayed up to date in dementia care by going to regular meetings with other professionals in the same type of care. They said they shared information and learning from these meetings with the staff at team meetings. They also told us they stayed up to date with current practice in dementia care by reading journals about health and social care topics.

People's families were asked for their views of their care and the service. There was a carers group to seek the views of relatives of people who used the service. We saw that the registered manager had met with people to seek their feedback. At a recent meeting the subject of summer activities had been raised with the registered manager. Plans were being put in place for a range of events.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.