

Strathmore Care Milton House

Inspection report

58 Avenue Road
Westcliff On Sea
Essex
SS0 7PJ

Tel: 01702437222
Website: www.strathmorecare.com

Date of inspection visit:
21 November 2018

Date of publication:
16 January 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 21 November 2018. The inspection was unannounced. Milton House is a 'care home' for older people. 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. On the day of our inspection 23 people were using the service.

At our last inspection on 15 February 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good. We were aware of a complaint being investigated by the local authority. While we did not look at the circumstances of the specific complaint, we did look at associated risks at the location.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely and these were managed in line with best practice guidance. Staff knew what to do in the event of an accident and action was taken to reduce further risk.

People had their needs assessed and care and support was delivered in line with evidence based guidance. Staff received the training and support they required to meet people's needs. People were supported with their nutritional needs. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person. Care plans were in place for each identified need. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaint procedure and action had been taken to learn and improve where this was possible.

The service continued to be 'well led'. People and staff felt supported by and had confidence in the acting manager. There were systems in place to monitor the quality of service provision and these included seeking

the views of people and staff. There was an open and transparent and person-centred culture at the service.

Further information is in the detailed findings below

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Milton House

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 21 November 2018 and was unannounced.

The inspection team consisted of one inspector.

Prior to this inspection we reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. These are events that happen in the service that the provider is required to tell us about.

We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with five people who used the service for their views about the service they received. We spoke with the acting manager, the chef, a team leader, two care support workers, the activities coordinator and one visiting healthcare professional.

We looked at the care records of two people who used the service. The management of medicines and a range of records relating to the running of the service. This included audits and checks and the management fire risks, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

There were systems and processes in place to protect people from abuse. People told us they felt safe. They told us they would feel confident raising concerns with staff if they had any. Staff had received training about this and knew how to recognise abuse and how to report it. A care staff member was able to describe the correct procedure for reporting abuse and this included involving other authorities such as the CQC and local authority safeguarding team.

Risks were assessed and risk management plans were in place for staff to follow. For example, people had their risk of pressure sores and risks associated with moving and handling assessed. Staff were instructed about what they should do such as moving people's position to reduce the risk of developing a pressure sore. We saw that records were maintained of when staff had assisted a person to change their position. This meant that staff knew this care had been carried out and when it was next due. Records were maintained of all accidents and incidents and these were audited and action taken was recorded. Staff knew what action to take and had contacted emergency services where this had been required.

There were sufficient numbers of suitable staff to meet people's needs. One person said, "You can ring the call bell and the staff will come to you quickly." Staff told us that staffing numbers had recently improved and there were enough staff to meet people's needs. Staffing numbers were calculated in accordance with people's needs and reviewed by the acting manager. Recruitment procedures reduced risk for people because checks were carried out before employment was offered.

People received their medicines as prescribed and staff managed people's medicines in a safe way. One person told us how staff assisted them to take their eye drops. We saw staff assisting people with their medicines in an appropriate and sensitive way. Staff responsible for managing people's medicines had received training and had their competency assessed. Medicines were stored securely and in the correct way. There had been a delivery of medicines on the day of our visit. Staff told us how they carefully checked the amount of stock delivered and maintained records so that checks could be carried out to ensure people had received the medicines they were prescribed. Records of administration and medicines returned to pharmacy were also accurate and up to date. Medicine administration records were clear and detailed the way people preferred to take their medicine and what level of support was required.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to the protective equipment they required such as gloves and aprons. There were separate cleaning staff and two people told us their room was cleaned to a good standard and was cleaned every day.

Is the service effective?

Our findings

People had their needs assessed before they began using the service to check that their needs were suited to the service and could be met. People told us that staff 'treated them well and looked after them'. A visiting healthcare professional told us that staff always followed their instructions and were always helpful. Staff were provided with the training they required to meet people's needs. Induction training was provided to staff when they first commenced employment and the 'care certificate' was used to provide this. The 'care certificate' is an agreed set of standards that sets out the knowledge, skills and behaviour expected of specific job roles in the health and social care sector.

People were supported to eat and drink enough and maintain a balanced diet. We received mixed reviews about the meals provided. Some people felt the quality of meals could be improved and others told us they enjoyed the meals provided. People had their risk of malnutrition assessed and action was taken where risk was identified. The acting manager and staff told us that changes were being made to the menu as a result of what people had asked for. A recent audit had identified that improvements were required with the meal time experience, as a result of this staff told us they were encouraging more people to have their lunch at the dining room table and playing music so that the meal time experience was relaxed and sociable. We observed staff assisting people with the lunch time meal. People were able to clean their hands with wipes and staff assisted people in an appropriate and sensitive way. People were offered a choice of meal. There was a choice of soft drinks available in the lounge and people had jugs of water in their room which were refreshed every day. Where people were at risk of dehydration then the amounts of fluid taken were recorded and checked to ensure the person had had enough to drink. We saw staff giving out hot drinks in the lounge and assisting people where this was required. One person told staff their tea was not hot enough, the staff member made a fresh cup and the person was happy with this.

People had access to healthcare professionals when they needed them. For example, people had been referred to speech and language therapy and had seen their doctor when they were unwell. Staff knew how to recognise when people were unwell and told us they would always report this to the manager or person in charge.

Consent was sought before care and support was provided. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's capacity to make decisions was assessed and best interest decisions were made and recorded with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The premises and environment were accessible to people and there was an accessible courtyard garden which we saw people using. Signage was in picture form to assist people to find their way around easier.

There was a decorator refreshing paintwork at the service on the day of our visit.

Is the service caring?

Our findings

People were treated with kindness and compassion. People told us staff were kind. One person said, "I am at home here, they look after you." Staff knew about the people and things that were important to people. Relationships between staff and people were friendly and positive. A member of the care staff told us how much they enjoyed their job. They told us how much they enjoyed making people happy. Staff had time to spend with people and we saw that staff spent time chatting to people in the lounge areas. We saw staff assisting a person to get comfortable in their wheelchair before being supported to go out to the local shop. Staff offered support in a sensitive and caring way and the person was reassured by this.

People were encouraged to be involved in making decisions about care and support where this was appropriate. Communication was good and people were given information in accessible formats. People had access to advocacy services if they required support making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights.

Staff described how they involved people in making decisions about what they did each day and how they promoted people's independence. People told us how they were able to stay as independent as possible. One person told us staff assisted them to get their clothes out for the day then gave them privacy to wash and dress independently. People were able to move freely around the communal areas and courtyard garden. There was a wall of interactive objects in one of the communal corridors and there were reminiscence type pictures of the local area on the wall. These items are known to be beneficial to people living with dementia. One person told us they found the lighting in their room too dim, we informed the acting manager who immediately arranged for a higher wattage lamp to be fitted and this was done on the day of our visit.

People's friends and family were made welcome at the service. People told us about the different people who came to see them. A relative told us they were always offered a hot drink. One of the lounge areas was being converted into a family area where people could receive their visitors and have a meal together.

People had their privacy and dignity respected. People told us that staff always knocked on doors their doors and treated them with respect. They told us they knew what they were doing and protected their privacy during personal care.

Staff knew about respecting people's confidentiality and only shared information where this was appropriate to do so. Records were stored securely and in line with data protection laws.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were recorded in a care plan. The acting manager showed us the new documentation they were introducing. We looked at two examples of care plans completed in this way and saw they provided detailed information about people's needs and preferences. The acting manager told us they planned to introduce a new system for care plan review and this would involve a meeting with the person and their relative if this was appropriate held every three months. This was to improve person centred care and ensure it reflected people's current and changing needs.

People were supported to follow their interests and take part in activities they liked to do. One person told us how much they enjoyed listening to jazz. Some people preferred to spend time in their own room and this was respected. One person told us how they preferred to do this, they said they felt occupied and often spoke to family members on their mobile phone. Staff recorded people's life history and the things that were important to people. This meant that when people had difficulty communicating their preferences, staff knew about the things they were interested in. People were supported to follow their chosen religion and their cultural and religious needs were recorded. There was an activities organiser who had recently began working at the service. They told us they were getting to know people and finding out about the activities people wished to do. A care staff member told us how they supported one person to watch their favourite DVD's.

People received information in accessible formats and the acting manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Signage around the service was pictorial and the acting manager told us picture format menus were being developed. Written information such as the service users guide could be made available in large print or translated into another language.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. People and staff were aware of the complaints procedure and felt confident that their complaints would be investigated and action would be taken.

People's preferences and choices for their end of life care were recorded in their care plan. Staff had received training about end of life care. They told us how they had supported people and their families. People had been registered on a palliative care support register so that support from key staff in the community palliative care team could be accessed quickly when it was needed.

Is the service well-led?

Our findings

There was an acting manager in post, they had experience and qualifications in social care and leadership and had submitted an application to the CQC to become registered as the manager. 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.

The culture at the service was open and person centred. Staff were supported and respected by their manager. Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon. A suggestion box had been introduced to assist staff to share their views. Staff were proud to work at the service and felt they worked well as a team. They had confidence in the new manager and said he was approachable and would listen. Although new to the service the acting manager had worked at the providers other services and was known to some staff. A staff member told us they were very pleased and felt lucky to have them as their manager.

A quality monitoring audit had been carried out by an independent consultant. The audit was thorough and included action plans and areas to improve. Staff knew about the audits and action they needed to take. A staff member told us how they were making changes to improve the meal time experience for people. The acting manager was also carrying out audits on all aspects of the service on a monthly basis. They told us about planned improvements they had identified as part of the audit programme. They planned to fit a safety gate at the bottom of a staircase and were in the process of improving care planning documentation.

People were asked for their feedback during meetings and care plan reviews. The acting manager told us they planned to send out satisfaction surveys to people and their relatives, they told us they would analyse the results and take action where this was required.

The acting manager was aware of their responsibilities to share appropriate information with other agencies for the benefit of people who use the service. They knew about information they were required to send us such as notifications about serious injuries or other events that posed a risk to people. They informed the local authority safeguarding team about any suspected abuse.

Registered providers are required by law to display the ratings awarded to each service. We confirmed that the rating for Milton house were displayed at the service. Showing this rating demonstrates an open and transparent culture and helps people and visitors understand the quality of the service.