Ross Healthcare Limited

Milton Ernest Hall Care Home

Inspection report

Milton Ernest
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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

Milton Ernest Hall Care Home is a residential care home and provides accommodation, nursing and personal care for up to 29 people, including people living with dementia. Milton Ernest Hall Care Home opened in December 2010. The home has four double bedrooms, which were each occupied by a single person.

This inspection took place on 31 October 2017. The visit was unannounced and at the time of this inspection there were 24 people in residence.

At our last inspection the service was rated as good. At this inspection we found the service remained good overall.

The service continued to keep people safe because staff understood their roles and responsibilities in relation to keeping people safe from harm and abuse. Potential risks to people had been assessed and staff had the information they needed on how to minimise risks. Medicines were managed safely. There were enough staff on duty to meet people's needs and staff recruitment ensured that only people suitable to work at the home were employed.

The service was effective because people's needs were met by staff who were trained and supported to do their job well. People were supported in the least restrictive way and were given as much choice as possible. People were helped to eat and drink enough. People's health and wellbeing was maintained and provided through a range of health and social care professionals who visited the home.

The service was caring because staff treated people with kindness, compassion, dignity and respect. People had choices in all aspects of their daily lives, were supported to be as independent as possible and knew that the staff created a homely atmosphere.

The service was responsive because staff knew people's care needs and helped them to make the lifestyle choices they wanted. People and their relatives were involved in their personalised care plans. These gave staff the information they needed to provide the care each person needed. People were given opportunities to take part in a wide range of activities to keep their minds and bodies healthy. Any complaints were recorded, listened to and addressed to people's satisfaction.

The service was well led because there was a registered manager in post who was dedicated, approachable and provided good leadership. Quality assurance systems were in place to check that the service provided quality care and make improvements where necessary. People, their relatives and other people visiting the home were encouraged to share their views about the service being provided.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Milton Ernest Hall Care Home

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 checked 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 unannounced inspection took place on 31 October 2017 and was carried out by one inspector.

We reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the registered persons are required to send us by law. We also looked at information we held about the home. We requested information from a variety of health and social care professionals. We reviewed the information to assist us with our planning of the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people living in the home and two relatives. We also spoke with the registered manager; deputy manager, care co-ordinator, two members of care staff, two life enrichment and activities members of staff and one volunteer.

We spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly. This was because some people were living with dementia.

We looked at two people's care records, resident and relatives meeting minutes, staff meeting minutes and audits. We checked records in relation to the management of the home such as health and safety audits.

Good

Is the service safe?

Our findings

People told us they felt safe in the home and relatives agreed. One person said, "When I first came here I was nervous as I'd never been anywhere [had not been away from their own home before] but I feel safe here now. There are people [staff] here [all the time] and they lock up at night time." A relative said, "[Being safe is] to do with the care she gets. I can go away; I can relax."

Staff knew how to recognise if people were at risk of harm and what they would do. There were posters in the home which explained what abuse was and telephone numbers to ring should anyone suspect any abuse was going on. The registered manager and staff told us, and records confirmed, that staff had completed training on the computer in relation to safeguarding people from harm.

People and relatives told us that staff had discussed any potential risks to themselves or others. One relative told us that their family was at risk of getting lost if they left the building or grounds. As a result of those risks staff had, "Put things in place to keep her safe. For example someone [member of staff] takes [family member] out each day." Another relative told us that their family member had a fear of choking but also liked to eat alone in their bedroom sometimes. The relative said, "They [staff] accommodate her to eat safely in her [bed] room." Staff told us, and information recorded in people's files showed, that potential risks for each person was documented and staff were provided with the necessary guidance to keep people safe. Potential risks included developing pressure ulcers, falls, choking and the use of bed rails. This meant staff were able to minimise the risks for people, but ensured people were enabled to take risks if they wanted to.

People living in the home and their relatives, told us that there were enough staff on duty to meet their needs in a safe and timely way. One person said, "If you want anything you just ring your buzzer [emergency call bell] and they [staff] are here [very quickly]. There are enough staff and you more or less see the same ones."

Staff confirmed that all pre-employment checks had been completed before they started work. One new staff member said, "All the checks were in place and I was kept informed during the process. I had to provide six references. They check that you're OK [to work with vulnerable people]." This meant only suitable staff had been employed at the home.

The provider had developed an action plan in case the building had to be evacuated in an emergency. Staff we spoke with knew that the information was kept at the reception desk as well as in people's individual files.

People told us they had their medication, prescribed from the GP, administered by nurses in the home. One relative said, "[Family member] has to have medication on time. Here they [staff] make sure it's on time." One person told us that if they were ever in pain they "just call the nurse and you can have it [medication for pain].

We checked and found that people were kept as safe as possible because staff managed, administered and recorded medication appropriately. We found that any errors/issues relating to medicines had been noted in the audits that had been undertaken. Where errors in recording had been made the registered manager provided evidence that these had been, or were in the process of, being dealt with to try to ensure that no further errors occurred.

Good

Is the service effective?

Our findings

People and their relatives made positive comments about the staff and confirmed that they felt staff knew what they were doing. One person told us, "I think they are well trained. They do it [hoist the person to transfer] nicely." A healthcare professional described staff in the home as "professional."

New staff completed an induction as well as completing the provider's mandatory e-learning computer courses and working with a more senior member of staff. Staff confirmed that they were then offered further training and refresher courses in a wide range of topics relevant to their role. For example life enrichment and activities personnel told us they were about to complete training on movement and exercises in residential care. One member of staff said they completed observations for some staff to 'back up' the training they had learned in the e-learning. Champions in certain areas, such as dignity and falls had been appointed and undertook additional training, which they cascaded to other staff. One health professional told us that they had provided training in areas around diabetes and that "staff appeared interested and asked a lot of sensible questions." Another health professional told us that the staff took part in their audits and training sessions with the dietetic team.

Staff told us that they felt very well supported by the management team and the other staff in the home. This was through shift handovers, daily head of department meetings, staff meetings, one-to-one supervision and appraisals. One member of staff said, "We have the freedom to try anything. The management has a 'we can do' attitude, not a 'we can't do'." Another staff member told us that the registered manager had supported them to complete Level 5 in Management and Leadership. Information in the provider's information return showed that other staff had completed management courses, which meant staff had been supported and encouraged to improve and develop themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA.

People's mental capacity to make decisions had been assessed and recorded. Where necessary, applications for DoLS authorisations had been made. Staff understood how the MCA and DoLS affected the way they worked with people living in the home. One staff member said, "We [staff] assume everyone has capacity unless they have had a capacity assessment that shows there are areas they do not. Some people's capacity varies and on one day they have the ability [to make a decision] but on other days they do not. Every day is different for each person."

People told us they had been involved and had provided information to staff about their eating and drinking needs or support. One person told us, "The food is beautiful. You pick what you want on the menu. They [staff] tell us what's on the menu every day. There's plenty of it [food]. I've just had a cup of tea but I might have a little sherry at lunchtime." We saw that information was provided to staff at handover if there were any concerns where a person was not eating or drinking and what had been put in place. This included any

people who needed fortified foods and fluids. Records were then completed to ensure that all staff knew exactly what each person had eaten and drunk.

People told us about the range of external healthcare professionals who visited if they needed them. These included GPs, community dieticians, community diabetes nurses, podiatrist and optician. This meant people were supported to maintain or improve their health and wellbeing. Two healthcare professionals told us that staff refer people to their services "appropriately" and "in a timely manner".

Good

Is the service caring?

Our findings

People and their relatives made positive comments about the staff. One person said, "Everyone [staff] is so helpful. I'm as happy as a lark." One relative said, "I get on with all the staff – there's a lovely feeling here. I have nothing but praise for the staff here; they are always proactive [in the care for family member]. My [family member] is very happy."

We sat with one person and went through their care records. The records contained detailed information about the person, including their life story, likes, dislikes and preferences. Staff were able to tell us about the person and knew how to provide the care they needed. Staff were able to tell us about other people in the home and knew them well too. We saw that staff sat with people and chatted about their lives and tried to engage them in discussions about interests such as flower arranging (an activity taking place at the time) and the 'ghost train' that had been driven round the evening before. As a result a number of people laughed and told us about the activities that took place for Halloween.

One relative told us that because of the support they themselves had received from staff, they had become a volunteer in the home. We saw how several people living in the home 'lit up' when that person went to sit and chat with them and there was much laughter and frivolity.

People told us that the staff were caring and respectful. One person told us, "It's a very cheerful place and that doesn't always apply in other care homes." One relative told us, "It's a homely home; it doesn't feel like a nursing home." Throughout the day there were staff available and they attended to people when necessary. There was lots of witty conversation as well as moments when staff passed by a person and just called out to check the person had everything they needed. This meant the opportunities for people to interact with staff were numerous.

People told us they made choices in all aspects of their lives. One person said, "You can get up and go to bed when you like. I had a shower at [time] it's what I wanted. I'm an early bird." Another person told us, "I like to sit here. I do sometimes choose to go to [activity]."

People told us that they were encouraged to remain independent as far as possible. One person said, "I do what I can but I can't walk and need a hoist [to transfer]." Two other people said they did as much as they could and only asked for help from staff if they needed to. Both agreed that staff were always available when they requested help.

People and relatives told us, and we saw, that staff treated people with respect. Staff spoke quietly to people and made sure the person had heard what was said. We saw that staff respected people's privacy and dignity and always knocked on a person's door and waited to be invited in. Staff were also able to provide examples of how they kept people's dignity and respect when providing daily living activities such as washing or bathing. We spoke with the staff member who was the 'dignity champion' in the home. They told us, "I watch to ensure people are well presented, like their hair is brushed and so on. I also had to speak to the nurse who was doing flu jabs and wanted to do it in the lounge. I said they should ask people and either

do it in the person's bedroom or use the movable screen to give people some privacy."

Visitors were welcome to visit their relatives and friends at any time. People told us their family members visited and some said the family members were involved in aspects of their care and wellbeing in relation to plans and reviews. Compliments had been received and they showed that staff had cared for people well and that relatives were treated with the same level of kindness and compassion. Information about advocacy services was available and on view in the home if people wanted or needed an independent person to act on their behalf.

Good

Is the service responsive?

Our findings

People told us they had been assessed before they came into the home. We saw that the pre admission information was used to create care plans based on people's needs, likes and dislikes. We saw that people, their relatives as well as health and social care professionals, were involved in the care plans and the review system used within the home. Information in the Provider Information Return (PIR) recorded that 'people are involved in care review meetings to ensure they get the best quality of life. We listen, review and make changes if required'. We found that to be the case. A relative told us that a meeting had been held recently to review the care plans and risk assessments for their family member. They went on to say that outside agencies and health professionals had been involved to look at the care. Any changes and actions to be taken had been recorded.

People told us that there were three life enrichment coordinators, who plan and provide individual and group activities. Staff and relatives told us activities now took place seven days a week. One person said, "There are an exceptional number of activities during the day. There is football, song and dance people and general entertainment." Another told us, "The grounds are beautiful and I get outside when I can. There are activities inside and there are many more activities now." We saw that there had been a 'ghost train' the evening before the inspection and flower arranging on the day. People, relatives and staff told us they had enjoyed it and that local children had taken part. A volunteer told us that they were going on a training day to complete 'music and movement' classes that would be used in the home if suitable. A relative told us, "Someone [staff] takes [family member] outside each day. They do trips out and activities in the home."

We saw weekly schedules of activities displayed throughout the home. One life enrichment coordinator told us, "I asked some residents [people living in the home] if they had ever been to a [hamburger chain]. They hadn't so asked if they wanted to go on the 'drive through', so that's what we are planning soon. We have had cockney sing-along and I was amazed at how many songs I knew and the residents loved it as they were singing and clapping along. They [people in the home] love Elvis [lookalikes]. We also go to people who stay in their [bed] rooms. If we have done certain activities, like chocolate tasting, then we take it round the rooms. We have a trolley so that we can do that sort of thing." The local community visit the home and so provides outside links for people. For example the local school will be coming to sing carols before Christmas and the home have sponsored Bedford's under 10's football team who will visit the home to show people the kit they have provided.

One person found they preferred being outdoors. Work between the person, their relatives, the registered manager and health professionals meant the home hoped to be able to accommodate the person's choice through a dedicated agency member of staff to take the person out more frequently. This meant the person would be able to get outside and walk in the gardens as well as visit other places of their choice.

People and their relatives told us they knew how to raise a complaint or concern. One person said, "I have no complaints at all and would get my daughter to deal with it if I needed." One relative told us, "I would speak to the [registered] manager. I have made one complaint and it was resolved and dealt with [to their satisfaction]." During meetings for people living in the home and their relatives, people were invited to raise

any concerns or comments so that the staff could improve the service provided. Staff told us what they would do if anyone raised any issues with them. We saw that the provider's complaints procedure was displayed around the home. The manager told us that any complaints had been addressed to the complainant's satisfaction. This was confirmed in the records we saw.

Good

Is the service well-led?

Our findings

People and relatives were very happy with the service provided by the staff at Milton Ernest Hall Care Home. One person told us they had been very concerned before they came because they had never been away from home, but went on to say, "It's beautiful here, I couldn't wish for anything better. I wouldn't want to go anywhere else." A relative said, "It's a really good home. They [staff] really listen. They [staff] phone me [when they need to]."

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was aware of their responsibilities to send notifications to the Care Quality Commission (CQC) as required by the regulations.

People and relatives told us the registered manager was always available to speak with and made comments such as, "…she is very nice and wishes me a good morning", and "…is so easy to get on with; it makes a big difference. It makes me relax more." One member of staff said, "I get support from [name of deputy manager] who is always helpful with any questions I have. [Name of registered manager] has given me confidence and shows appreciation for what I do." Another member of staff said, "We take people out to places like the garden centre and people [members of the public] comment to us and see that we are out. In the home there is a really happy atmosphere and visitors have said to me that the place seems so happy. I think it's because of the registered manager. She is a brilliant boss and the carers [staff] are like a family."

The registered manager said their door was always open and staff agreed. One staff member said, "The registered manager, deputy manager and care coordinator are fantastic. They will talk to you if you have a moan or groan." Another staff member said, "[Name of registered manager] is always willing to sit down with you [to talk about anything]." People, relatives and staff were confident that their views would be listened to and action taken whenever possible.

People, relatives and staff were asked their views about the home in a number of different ways. For example, we saw minutes of all the different meetings that took place in the home. These meetings included residents and relatives meetings, nurses meetings and full staff meetings. These meetings were held regularly so that everyone knew what was going on in the home and therefore had the opportunity to make any comments. One member of staff told us that they arranged resident and relatives meetings at weekends for relatives who work during the week. Minutes of the last residents and relatives meeting showed that people had been informed of the improvements that were being made in the home and garden; as well as individual questions from people, which were answered at the time. Staff told us there were daily meetings for the heads of each department. These were used to discuss anything and everything about the running of the home.

People and relatives told us there was a monthly newsletter which provided people with a great deal of information about a wide range of topics. For example information in the October newsletter was about the

lounge refurbishment grand opening; a Macmillan coffee morning; shoebox appeal (donations for items such as pencils, crayons or toiletries); Gold Standards Framework details for care, for people nearing the end of their life; new optician details; planned entertainment and 'Ladder to the Moon' monthly activities box with tasks for the next month. This meant people were kept up to date about the home and any changes or improvements being made.

The registered manager said that the home was in the process of becoming accredited under the Gold Standards Framework. This framework ensures that people who are nearing the end of their life are provided with an exceptional level of care.

People, their relatives and staff were all encouraged to put forward their nominations for 'staff member of the month'. We saw the last recipient's details displayed in the foyer and there was a box so that new nominations could be collected. The registered manager said it gave staff a boost, a small remuneration and showed that their work had been recognised. Staff told us they were also valued because they were part of 'Perkbox', which is a reward scheme that provides money off a wide selection of goods and services on-line.

Staff understood what whistleblowing meant and said they would always report any poor care practices or abuse. They felt they would be listened to and taken seriously. One staff member said, "Whistleblowing is where I need to raise an issue about anyone's [staff] performance, but not necessarily with the manager. We have the whistleblowing numbers and can email anonymously if we want."

The provider had systems in place to check the quality of the service being provided. People, their relatives and staff were offered the opportunity to take part in surveys. There was evidence that the registered manager had responded to any issues or comments raised and actions had been taken. The registered manager and the homes management team were proactive in moving the service forward to improve things for people who lived there.

A range of audits of the service was carried out and any issues found were actioned. Staff told us, and records showed that incidents or accidents were recorded in detail and thoroughly investigated. Staff said the registered manager audited the forms and any action was used to keep the person safe as well as lessons learned from the experience to improve the service. Information was recorded in individual people's care plans and risk assessments and the information was shared at handover meetings to try to ensure that the same incident did not happen again.