Care Quality Commission

Surbiton Care Homes Limited

Milverton Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	Good
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

This inspection took place on 10 February 2015 and was unannounced. At the last inspection on 18 September 2014 we identified that the provider had breached six regulations. We found the provider had not ensured people's consent was always obtained, or acted in accordance with; the planning and delivery of care and treatment did not always ensure people's welfare and safety; people were not protected against identifiable risks of acquiring an infection and were not always protected from the risks of unsafe equipment. In addition the provider did not have effective arrangements to ensure that only suitable applicants were chosen to work in the home and their quality assurance systems were ineffective.

At this inspection we found improvements had been made in relation to the breaches identified previously. However, during this inspection we found breaches in relation to good governance and supporting staff.

Milverton Nursing Home provides accommodation and personal care with nursing for up to 30 older people some of whom have dementia. The home accepts a number of people who require end of life care, although this is not a specialism of the home. On the day of our visit there were 27 people living in the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There was no clear programme in place to ensure staff received a suitable induction to enable them to meet people's needs. Staff were supported by the registered manager and received appropriate training to carry out their roles, except for induction training. Staff knew how to recognise if people were being abused and how to respond to keep them safe.

The registered manager understood their requirements under the Deprivation of Liberty Safeguards (DoLS). These safeguards are there to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

Where decisions needed to be made in people's best interests, there was not always suitable guidance for staff to deal with these. For example the medicines policy did not cover covert medicines administration which meant there was no clear, consistent process for staff to refer to, to ensure medicines were only administered in this way when it was in people's best interests.

The registered manager was gathering people's views, or the views of their relatives, as to how they wanted their care to be delivered and what was important to them where possible. In this way staff would have the necessary information to refer to, to provide care in the ways people preferred.

Risks to people were well managed with care plans and risk assessments in place to minimise these. Staff understood people's individual needs and preferences.

The premises and equipment were clean and safe, with regular health and safety checks carried out. Specialist equipment such as pressure relieving mattress' and cushions and hoists were used appropriately.

Staff treated people with dignity and respect, kindness and compassion.

People's health needs were met and people received the right support in relation to eating and drinking. Referrals to specialists were made when necessary. For example referrals were made to speech and language therapists when people had difficulties swallowing, and staff followed their advice.

There were enough staff to support people effectively, and recruitment procedures were thorough to help protect people from staff who were unsuitable.

The manager listened to suggestions to improve the service and acted upon them. People knew how to make complaints and were confident the registered manager would respond appropriately to any issues they raised.

The registered manager and staff were aware of their roles and responsibilities. The registered manager ensured a range of audits were carried out to check the quality of service, taking action where issues were identified. Regular meeting involving people using the service and their relatives took place so they could feedback on the quality of service.

Records in relation to staff supervision, wound management and Mental Capacity Act assessments were not always accurate or able to be located promptly when required.

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?

Good

The service was safe, including medicines management.

Most staff knew how to safeguard people from abuse except a new staff member who may not recognise or take the right action if people were being abused.

Risks to people were assessed and action taken to reduce the risks.

The premises and equipment were clean and safe, with equipment available and used appropriately.

There were enough staff to meet people's needs, and recruitment checks ensured only suitable staff worked in the home.

Is the service effective?

Requires Improvement

The service was not always effective. There was no clear and consistent induction for staff to give them the necessary training and support to understand people and meet their needs when they started working at the home. We could not evidence how frequently staff received supervision as record systems were inadequate, although staff confirmed they received regular supervision.

Applications to deprive people of their liberty under DoLS were made appropriately to help protect people's rights.

People received the necessary support in relation to their nutritional and health needs.

Is the service caring?

Good

The service was caring. Staff treated people with kindness and compassion, dignity and respect and knew the people they were caring for.

People received suitable support at the end of their lives.

Is the service responsive?

Good

The service was responsive. People were provided with a range of activities they were interested in.

People's views, or the views of their relatives, on their care were recorded in their care plans. This meant staff could refer to this information to ensure they delivered care as people preferred.

People and relatives were encouraged to make suggestions to improve the service and had confidence the registered manager would investigate and respond to any complaints appropriately.

Summary of findings

Is the service well-led?

The service was not always well-led. Records in relation to staff supervision, wound management and Mental Capacity Act assessments were not always appropriate.

The registered manager had put in place actions to improve in relation to the breaches we found at the last inspection.

The registered manager and staff understood their roles well. The registered manager encouraged open communication with people, relatives and staff and listened to their views.

Requires Improvement

Milverton Nursing 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 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 inspection took place on 10 February 2015 and was unannounced. It was undertaken by an inspector and a specialist advisor, who was a nurse with experience in wounds management

Before our inspection we reviewed information we held about the service and the provider. We also contacted the local authority commissioning team to ask them about their views of the service provided to people.

During the inspection we spoke with seven people who used the service, eight relatives the registered manager and four members of staff.

We also used the Short Observational Framework for Inspection (SOFI) because some people could not tell us about the service they received as they could not always communicate with us verbally. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at six people's care records to see how their care was planned, three staff recruitment files and records relating to the management of the service including quality audits. We also spoke with a visiting dental hygienist and a physiotherapist.

Good

Is the service safe?

Our findings

One person told us, "I feel safe here." Another told us, "The staff are nice, they never shout". A relative told us, "[my family member] is definitely safe." Most staff understood the signs to observe if someone was being abused and how to respond to these situations to help keep people safe, except for a new staff member who had been employed for a month who had not yet received training. This staff member told us they were sure that no abuse would take place in this home and were not aware of how to report concerns to the local authority safeguarding team or CQC if they found the manager's response to issues raised inappropriate. This meant they may not be able to recognise abuse occurring or take the necessary action to keep people safe.

Each person had individual risk assessments which contained information on risks specific to them. Since our last inspection the registered manager had improved care plans and risk assessment to ensure they contained adequate information to guide staff. For example, people's moving and handling care plans now contained information about the type of equipment people required to help them to reposition, as well as the required sling size and how staff should support them. The information in risk assessments and care plans was up to date and regularly reviewed. This meant staff had access to current information about the people they supported and the best ways to care for and support them.

Accidents and incidents were recorded clearly to enable analysis and to identify patterns so action could be taken to prevent similar incidents or accidents. The registered manager had responded to advice from the local authority to include the times accidents and incidents occurred to enable better analysis. For one person reports of incidents when their behaviour challenged the service were recorded in detail. This was at the request of the local authority challenging behaviour team who were providing support to help understand what was being communicated by this behaviour and how staff could support them better.

The provider had arrangements to ensure people were protected against the risks associated with medicines. We checked medicines stocks and confirmed medicines had been given as indicated on Medicines Administration Records (MAR). There were accurate records of medicines administered to people providing a clear audit trail. Medicines were stored securely.

The premises were safe due to efficient systems for maintenance and checking health and safety issues. A housekeeper worked full-time who carried out minor repairs as they arose and contracting out more specialist work. We saw records of repair requests made by staff and action taken to resolve them which showed repairs were made in a timely manner. We observed the house to be in a good state of repair.

Cleanliness was of a high standard with staff following good practices with regard to infection control and hygiene. A relative told us, "It's always clean and tidy." We observed the kitchen, communal areas and bedrooms were clean as were equipment such as hoists and wheelchairs. We observed that staff wore gloves and aprons appropriately to reduce the risk of infection. Cleaning schedules were in place with records showing that cleaning was carried out periodically.

Equipment in place for people was suitable for their needs and systems to ensure they were safe were in place. The right type of pressure relieving mattresses had been supplied for people, and these were referred to in care plans. People who remained seated for long periods in armchairs and wheelchairs were provided with pressure cushions to reduce the risk of pressure ulcers. Pressure relieving mattresses were set to the correct settings in relation to people's weight, providing the necessary support. Procedures were in place to check these periodically. Bed rail risk assessments were in place and we saw mattresses were at the correct height, with no gaps between them and the bedrails. This meant the risk of people becoming trapped or falling out of bed due to unsafe use of bed rails was reduced. We observed several people being supported to transfer using hoists and other equipment. We saw this was done safely, following the guidance in their care plans.

Safe recruitment procedures were in place that ensured staff were suitable to work with people as they had undergone the required checks before starting to work at the service. The service ensured gaps in employment histories were explored and relevant checks were completed before staff worked unsupervised at the service.

Good

Is the service safe?

This included considering applicants' health conditions, obtaining suitable references and completing a criminal record check to help ensure staff were safe to work with people living at the home.

We observed there were enough staff to meet people's needs and people, relatives and staff told us this too. One person told us, "Staff come when you need them." Another person said, "Staff answer call bells". One relative told us, "There is very little turnover and staff are consistent and it is rare that there are unfamiliar staff". Staff had time to sit and talk with people and play games and were not rushed.

Staffing levels were reviewed according to people's needs, and recently staffing levels had increased to enable staff to provide personal care more promptly to people in the mornings. Staff told us this change had been a positive change. Rotas showed the registered manager increased staffing levels such as when staff supported people on appointments outside the home. Staff told us they would cover outstanding shifts within the team of permanent and bank staff and the home did not use agency staff. This meant people benefited from continuity of staff who knew them.

Requires Improvement

Is the service effective?

Our findings

The provider did not ensure people were protected against the risks of receiving unsafe care and support from staff who have not received a clear induction programme. The induction for new staff was inconsistent with unclear training goals. For a new care worker it was unclear what training they would receive as part of their induction and the registered manager was unable to confirm this. The chef and kitchen assistant were also relatively new. While the chef had a background in catering and we observed good food hygiene practices, neither had recently completed food hygiene training. There was no evidence of plans to offer this training to ensure they update and refresh their knowledge to handle food safely, although they had been offered training in nutrition. This meant staff may not receive an induction effective enough to meet people's needs. When we raised our concerns with the registered manager they showed us an induction programme they planned to use in the home and told us they would put in place a training schedule for new staff as soon as possible. These issues were in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager monitored staff training requirements through a matrix highlighting gaps, although the need for comprehensive induction training had not been identified. Staff received training in relevant topics to enable them in their role. Many staff had recently attended a dementia awareness course. Some staff were participating in further dementia training as part of a project arranged by Leeds University and the Bradford Dementia Group. The home accessed end-of-life related training from a local hospice. Training was arranged for staff via e-learning and in groups. In addition, staff were encouraged to access more in-depth training courses via distance learning in end of life care, nutrition and safeguarding.

Staff were aware of the Mental Capacity Act 2005 (MCA) and how to use it ensure people could consent to their care and support. One person received medicines covertly, hidden in food. We saw evidence their capacity to agree to this under the MCA had been assessed and of the involvement of their relative and GP in making this decision. However, the medicines policy did not address covert medicines. This meant people could have been at risk of medicines being given to them when it was not in their best interests. The registered manager told us they would review the medicines policy to ensure it contained sufficient guidance for staff on this topic.

The registered manager understood their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) and had applied for authorisation to deprive several people of their liberty as part of keeping them safe. They had also notified CQC of the outcomes of these as required by law.

People were supported with their health needs. A relative told us, "[My family member] often sees the GP [receives dental care]." Records showed people had frequent access to healthcare services such as the GP, dentist and chiropodist. A dental hygienist visited some people regularly. They told us they found peoples oral hygiene to be well taken care of in the home which indicated people were receiving the right support. The home contracted a physiotherapist to visit people weekly, carrying out physiotherapy with individuals to help their mobility and any other issues.

People's nutritional needs were met. Comments from people about the food included, "The food is really good and hot" and "The food is alright." A relative told us, "The food is fine. Staff take their time to [help people to eat], they're not rushed." Another relative said, "Staff have time and patience to [support my family member to eat]." Another different said, "The food is good."

We observed the lunchtime meal and saw people were given sufficient food to eat which they enjoyed. People were provided suitable support to eat and drink where necessary. Staff explained to people what the meal was beforehand using pictorial menus which helped them to understand what they were about to eat. The chef was able to tell us about people's dietary needs, such as who needed high calorie foods to help them put on weight. The chef followed guidance from speech and language therapists in preparing meals so that was easier and safer for people to swallow. We saw staff checked this guidance again before serving food to ensure people received food presented in the best way for them. The chef was present throughout the meal, asking people's views of the meals. The chef had recently started and was reviewing the menu.

Requires Improvement

Is the service effective?

People were given a choice of food although only one main meal was prepared. The chef told us if people indicated they did not like the food they would prepare an alternative. The chef said they planned to cook two meals so people could choose what they wanted to eat at the point of serving to increase choice.

Staff regularly reviewed nutritional risk assessments for people to check whether their risk had changed and they were receiving the right support. People's weight and nutritional status were monitored at least monthly, and more often if there were concerns. Where staff had concerns they referred people to specialists such as dieticians and speech and language therapists and followed their advice.

Good

Is the service caring?

Our findings

Staff treated people with kindness and compassion. One person told us, “I like the staff, they look after me.” Another person told us, “I’m happy here, the staff are nice.” A relative told us, “The staff are very caring and do a jolly good job, it couldn’t be better.” The dental hygienist told us staff were always helpful and were kind and caring. The physiotherapist told us how they often saw staff sitting with people when they became agitated and this helped to reduce their anxiety, and we also observed this. A relative said, “Staff are kind, several times I’ve seen staff just talking with people.”

We saw several interactions which highlighted staff kindness. When two people fell asleep repeatedly at mealtimes staff gently encouraged them to wake up and eat their meal. One person remained asleep and so staff put their meal in the hot trolley to keep it warm. Later in the day staff returned to support this person to eat their meal. A relative said, “When people don’t want to eat the staff understand.” During lunchtime we observed staff sitting at the same level as people making good eye contact, talking with them throughout. Staff explained what they were about to do, encouraging people to eat.

Staff knew the people they were caring for and were able to tell us about their backgrounds, like and dislikes. A relative told us, “Staff understand [my family member’s] needs.” One staff member told us, “I spend time with people and the relatives fill in any gaps.” One person told us, “The staff know all about me.”

Staff respected people’s privacy and dignity. When people were supported with their personal care this was done by staff who spoke discretely to them. Staff knocked on people’s doors before entering. Personal care was provided behind closed doors. When staff supported people to transfer using hoists they took care to maintain their dignity, ensuring their clothes appropriately covered them.

People were supported to keep in contact with their relatives, some of whom told us there were no restrictions on them visiting. Several relatives were present for long periods most days. One relative told us, “We always get a good reception and we can come at any time.” Staff told us how birthdays were celebrated with a buffet and relatives being invited, and we saw photos of such recent celebrations.

The home was working towards the Gold Standard Framework (GSF) accreditation, a national programme enabling staff to provide high quality care for people nearing the end of their life. In one person’s file we saw evidence of discussions with them about what makes them feel happy, the elements of care important to them as part of GSF advanced care planning. Discussions included the person and their relatives.

Some specialist end of life equipment was in place, such as a newly purchased syringe driver to administer some medicines continually under the skin when a person was not able to take medicine orally. When required, the home had liaised with the local hospice end of life care team in providing care to people and for advice in regard to the management of people’s symptoms during end of life.

Good

Is the service responsive?

Our findings

People benefitted from a range of social and recreational activities that met their individual needs. One person told us, "I've got enough to do, I like to read books." Relatives told us there was enough for their family members to do. One relative told us, "There is lots to do." Another relative said there were, "…plenty of activities for example a monthly film show in the local church, visits to garden centres, trips to the golf club for afternoon tea." An activities officer provided individual and group activities most days. Day trips and activities outside the home were offered regularly. Some people regularly visited a film screening a local church. At Christmas school choirs and a newly formed staff choir entertained people. Relatives told us they shared their ideas for day trips with the registered manager based on what they knew their family member would enjoy. Relatives told us the registered manager usually arranged activities based on ideas they had put forward.

A keyworker system was in place to help people feel listened to and respected. A keyworker is a member of staff who works closely with a person, ensuring their needs are met in different areas of their life. A staff member explained the system to us, "I spend time talking with [my key client], making sure they have everything they needs, liaising with their family and checking their clothes are in order." There were also regular meetings for people using the service and their relatives. A relative told us these were set up and led by relatives, and the home hosted them. They told us how they discussed any concerns, made suggestions and offered emotional and practical support to each other.

People were involved in planning their own care. Some people's files contained care plans centred on how they preferred their care to be delivered, including their likes, dislikes, interests, aspirations and backgrounds. Although these were not in place for all people the registered manager was in the process of gathering this information through meeting with people or their relatives where appropriate. The registered manager told us this information should be in place for everyone in a few months.

Relatives made positive comments about the service and the support their family members received. A relative told us, "It's fantastic, the standards of care." The physiotherapist told us staff had been very responsive to their suggestions in supporting a person to improve their posture, following their guidelines. They told us how staff often contacted them with queries about how they could support people better.

There was a complaints procedure in the reception area in the home for people and visitors to refer to. Although there were no records of any complaints, people and relatives told us they had not had cause to complain, but if they did they had confidence the registered manager would investigate and respond to them appropriately. One relative told us, "I definitely have confidence in the registered manager if I complained."

Requires Improvement

Is the service well-led?

Our findings

People were not adequately protected against the risks associated with the management of records because the provider did not have appropriate systems in place. We were unable to evidence staff received frequent supervision as records were held in folders with no clear ordering system, making it difficult to locate records for individual staff. The registered manager was also unable to show us evidence staff were receiving supervision every three months. However, staff told us they had supervision every three months with their line manager. The registered manager told us they would change the recording system using dividers to make reviewing records easier. For the supervision records we did see, we found staff received guidance on aspects of their work and constructive feedback on their own performance.

The registered manager had introduced a new form to follow the principles of the Mental Capacity Act 2005 in assessing people's mental capacity for individual decisions. The form included every day decisions such as choosing clothes and consenting to medicines. However, several forms had not been completed to show how staff would support people in areas they lacked capacity. Some forms had not been completed at all, even though staff felt they lacked capacity in certain areas. This meant they may have received inconsistent support from staff in making decisions on their behalf which may not have been in their best interests. Audits showed the manager was aware of this. They explained this form had recently been introduced and completing them was an ongoing project.

Descriptions of the treatment and progression of people's wounds were detailed and regularly recorded which meant they could be used to track wound progression. However, photographs and body maps of wounds were used inconsistently. This meant that recording in relation to people's wounds did not enable the close monitoring of these.

These issues were in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A range of audits were in place, including of care plans and risk assessments, health and safety and equipment. Spot checks to ensure the quality of service at night time had also been introduced. However, these audits did not ensure that people's views as to their care were recorded and acted upon, that maintenance of records in relation to staff supervision were adequate and that staff induction was effective.

One person told us, "The registered manager is good." Another person told us, "The registered manager is always around…I feel listened to." The service enabled open communication with people and their relatives. Many people received regular visitors who told us the registered manager and staff updated them about anything they needed to know. There were regular meetings for people and their relatives which were organised and led by relatives which the registered manager attended. The co-ordinator of these meetings told us, "I find the manager listens and takes action where they can."

Records of suggestions people and relatives made were captured in the regular meetings. Relatives told us suggestions they had made had been considered favourably by the registered manager. We were given an example of a request a relative had made for a clock with a calendar to be put in a visible place in the lounge which we saw was in place. Records showed another relative had requested a named bag for washing small items, and these were now in place. Recently the registered manager had sent out questionnaires out to gather the views of people, their relatives and staff, and responses were being collated.

The registered manager and staff understood their roles. The registered manager told us they felt well supported by the provider, who they held a management meeting with each week to discuss issues related to the running of the home. They had managed the home for several years, becoming established in their position. They had received some training in leadership and had received authorisation for further training to enhance their skills. A senior nurse supported the registered manager in the day to day running of the home, including supervising and supporting staff. Each shift was organised by a shift leader who oversaw how the shift was run, ensuring all tasks were completed as necessary and people received the right support.

Staff told us they felt well supported by the registered manager and they were able to approach her with any issues. They said staff worked well as a team supporting each other. Staff were encouraged to raise concerns and

Requires Improvement

Is the service well-led?

were aware of the whistleblowing policy. Staff told us the registered manager dealt with incidents of conflict well, although these seldom occurred. One staff member told us about a recent conflict which the registered manager had resolved effectively by speaking with the staff involved, listening to and respecting all views expressed. Staff said the registered manager communicated well with them, keeping them informed through team meetings, daily handovers and their continual presence in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered people did not ensure that people employed by the home were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to people using the service safely and to an appropriate standard by receiving appropriate training. Regulation 18(2)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were not established and effective in ensuring accurate, complete and contemporaneous records for people, including records of care and treatment and of decisions taken in relation to their care and treatment. Other records relating to staff and were also not maintained securely. Regulation 17(1)(2)(c)(d)(i).