

East Sussex County Council

Milton Grange

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Milton Grange is a residential care home providing short term rehabilitation, including personal care for up to 37 older people. During the pandemic the service had also provided accommodation to some people discharged from hospital who were waiting for other, longer term placements to become available or to return home with a package of care. At the time of the inspection there were 29 people using the service. The service was split into four areas covering those living with dementia, older people and those living with mental health issues. During the past 12 months, 377 people had used the service.

People's experience of using this service and what we found

Regular auditing was carried out and overseen by the registered manager. There had been a high number (34) medicine errors and near misses that occurred in the previous 12 months. Following the inspection, we were sent documents that confirmed medicine audits took place and any learning shared with staff. We discovered one medicine error on the day of inspection which was immediately addressed.

Care was person centred and this was reflected in care plans that had recently been updated and reviewed. The registered manager promoted a positive culture at the service. The service was welcoming and friendly. Staff we spoke to spoke highly of the registered manager, their support and visible presence throughout the service. People, relatives and staff were given opportunities to feedback about the service. Positive working relationships had been established with partner agencies for example, the hospital discharge co-ordinators.

People told us they felt safe. Staff had received training in safeguarding and were confident in reporting concerns. Staff told us that appropriate action was always taken quickly to protect people. Accidents and incidents had been reported, investigated and any learning shared with all staff. Risk assessments had been completed for all aspects of people's care and wound care management followed NICE guidelines. Medicines were stored and disposed of safely. Safety checks and reviews had been completed on fire, gas and electrical equipment.

We found the complaints policy had been fully updated and reviewed. Complaints had been recorded and investigated in a timely way with conclusion letters sent to complainants. People and relatives told us they were confident in raising complaints and issues, knowing that they would be dealt with appropriately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20th January 2020. A breach of regulation was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met regulations. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those regulations.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milton Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Milton Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Milton Grange is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection took place on 5 March 2021 and was announced. The inspection covered Infection Prevention and Control measures. The inspection was announced to ensure there were no infection risks that would prevent our visit.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at notifications we had received from this service. Notifications are information about important

events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to provide some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

Due to the Covid-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. To minimise the time in the service we asked the registered manager to send us some records for us to review prior to and following the inspection. This included documents relating to the management of infection prevention and control and policies relating to complaints, accidents and incidents and safeguarding.

During the inspection

We spoke to nine members of staff including the registered manager nurses, the practice manager, a senior support worker and a rehabilitation support worker. We spoke to four residents at the service. We spent a short time in the home. This allowed us to safely look at areas of the home and to meet people and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people.

We reviewed a range of records including care plans, medicine records, two staff files relating to recruitment and supervision and further records relating to the auditing of the service, safeguarding, accidents and incidents and complaints.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to three relatives of residents currently living at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure that there were systems in place to demonstrate safe care and treatment was always provided. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection, the management team had made changes to how they recorded people's specific needs. They had also introduced a 'this is me' document that was reviewed regularly and updated to reflect changes as they occurred. This had improved the quality of care records and risk assessments.
- Wound care management was clearly recorded and followed good guidance practice.
- Pain management risk assessments were linked to the individual person's key documents and stated clearly what the pain was caused by and whether the pain relief was effective or not.
- Support plans now reflected the impact of pain and any wounds on the person's reablement pathway. Support plans highlighted unique characteristics that would affect people's safety for mobilisation and reablement.
- People told us they felt care was good and safe at Milton Grange. One person told us, "I am very glad to be here, I needed help and I've had it here." Another person said, "Good staff, have really helped me feel better."
- We saw good examples of risk management that had been completed, such as risk of malnutrition and skin damage. For example, ensuring a person who was at risk of developing pressure damage had a pressure relieving mattress and regular positional changes.
- Staff demonstrated an awareness of how to keep people as independent as possible whilst protecting them from trips and falls. Bedroom and communal areas had call bell facilities and bedrooms were, where required, fitted with sensor mats and bedrails. To encourage independence, people were given personal alarms to carry which alerted staff in the event of a fall.
- There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported to leave the home safely in an emergency.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

- The service used a range of specialist equipment for example, bathing equipment, mobile hoists and slings. Equipment had been serviced every six months and there were stickers on the equipment to indicate when the next service was due.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and systems were in place to safeguard them from abuse. People were able to tell us they felt safe. People told us that if concerns were raised, they were dealt with promptly and feedback provided.
- In the event of something happening, staff knew exactly what processes to follow and who to report things to. Staff told us they felt confident to report concerns and that their concerns would be thoroughly investigated. A staff member said, "We have training in safeguarding and receive updates and refreshers." Another told us, "Very good training."
- Another staff member said, "I've raised safeguarding's. It's a straightforward process. They have always been dealt with and I've seen immediate changes to protect people."
- Staff knew about the service whistleblowing policy. Whistleblowing enables employee's anonymity when notifying the authorities about incidents.

Staffing and recruitment

- Staff had been recruited safely. We were shown personnel files which contained check lists and documentation confirming safe recruitment. Checks included photographic identification, employment history, references and Disclosure and Barring Service (DBS) checks. DBS checks ensure people have no police convictions or cautions that would prevent them from being employed by the service. Similarly checks had been completed for nurses using the Nursing and Midwifery Council.
- A daily staffing risk assessment was completed by managers to ensure that all four units at the service had enough appropriately skilled staff. In the event of staff absence through sickness, gaps were filled first by offering additional hours to regular staff and then by using agency staff. Agency staff used worked exclusively at service, when needed, during the pandemic.
- Sufficient trained nursing and care staff were available for every shift. We were shown shift rotas which confirmed this. During the inspection we saw nursing and care staff in all parts of the service in sufficient numbers.

Using medicines safely

- All staff who administered medicines had received the relevant training and competency checks that ensured medicines were handled safely. They had regular refresher training and were subject to spot checks and unannounced supervision of practice.
- Medicines were stored safely in a locked room with regular temperature checks to ensure medicines were kept within the correct temperatures. Medicine fridges were functional and checked twice daily by staff.
- Medicines were given safely. Medicine administration records (MAR) were completed correctly showing the date, time, quantity of medicines and the signature of the staff member giving the medicines. An external pharmacist worked alongside staff and reviewed all medicines throughout people's stay.
- A separate protocol was in place for 'as required' (PRN) medicines. These included, for example, medicine provided for occasional pain relief.
- Medicine errors had been recorded. It was confirmed that staff involved had a one to one meeting with their line manager after an incident. Further training was provided for staff if needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw accidents and incidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had several falls. Staff looked at the circumstances and had tried various things to reduce risk such as sensor mats, personal alarm bell and monitoring.
- The management team had used the last inspection findings as reflective practice of lessons learnt. Wound care management was discussed at supervisions and at staff meetings and staff confirmed that this had been helpful to drive improvement.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider consider current guidance to ensure that complaints were recorded in line with their service policy and that their complaints policy was updated and made accessible to people.

- Following our last inspection, the service complaints policy had been revised and updated. The policy was reviewed yearly. A copy of the policy was available to people and written advice about how to make a complaint was in everyone's bedrooms. People and relatives told us they were confident in raising issues and complaints if needed. A relative said, "I would know who to contact if I needed to complain."
- We were shown a complaints file which had a summary sheet for each month with outcomes highlighted. Each complaint raised had been dealt with within the timeframe the policy stipulated. We saw that issues had been investigated and where necessary written statements taken from those concerned. Letters were written to those who raised the complaint.
- Complaints were audited monthly by the registered manager and any common themes and lessons learned were highlighted and shared with all staff. For example, following a complaint about lack of staff engagement with relatives concerning support for a person, a process was put in place to ensure relatives were always consulted. Other examples include improving the wi-fi coverage at the service.
- A minor incident and concerns folder were used to record issues that did not meet the threshold of a complaint but still needed recording for audit purposes to avoid recurrence. For example, small items of property that had been mislaid but later found.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

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

- The registered manager maintained oversight of the service by completing a regular program of auditing. The audits identified 23 medicine errors over the past year and 11 near misses, most of which related to medicines. Following the inspection the registered manager sent us documents that confirmed that medicine errors were recorded, investigated and any lessons learned were shared with all staff.
- We highlighted medicine errors including one we found during the inspection, where a medicine had been prescribed for one day on discharge from hospital but had been given for seven days. This issue had not been identified during the medicine audit. This was acknowledged and addressed by the service pharmacist during the inspection. The registered manager investigated after the inspection and found this was a recording issue.
- We highlighted several falls that had occurred in the past 12 months. The registered manager was able to show us some analysis completed in relation to the falls and the steps they had taken to try and reduce falls, for example, introducing sensor mats and increasing the frequency of staff visits.
- Care plans had been improved since the last inspection. Care plans were easier to use and contained a quick reference section to highlight the key care, support and rehabilitation goals of people. A staff member told us, "I've worked here for several years and the care plans are so much better now. You can quickly get to the information you need and they are easy to update."
- The service had a clear communication strategy which incorporated auditing, lessons learned and a meeting structure to share that learning. Effective communication was described as the 'golden thread' running through the service. Staff told us that they felt informed and up to date with significant developments and they had an opportunity to discuss when things went wrong. A staff member said, "We are always kept up to date with everything."
- The service was complex in that four separate units provided care, support and rehabilitation to people with varying needs. To maintain oversight the registered manager had the support of a practice manager, a deputy and an operations manager. This management structure was robust and ensured all aspects of the service were managed but with overall governance maintained by the registered manager.

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

- The registered manager was an experienced manager although they had only been in post at the service

for a year. The registered manager was knowledgeable about people and their staff and was described by staff as being a regular, visible presence at the service. A staff member told us, "Very approachable and supportive for work and for my own welfare." Another said, "They have an open-door policy. I feel I can offload if I need to."

- The service had a positive culture and the registered manager displayed a willingness and drive towards continuous improvement. The practice manager told us that the service was keen to learn from past mistakes and was constantly looking to improve. An example of innovation during the pandemic was inviting people who were isolating in their bedrooms to become pen pals with other residents and write letters. People found this a nice way to spend some time when isolating and it helped people to make friendships and feel less isolated.
- Staff understood people's rehabilitation needs and adapted their approach according to their needs and wishes. A staff member told us, "We have time to sit with people, to ask questions and find out about personal goals." Another said, "Support plans are easier to read now and handovers are always full. I have the knowledge to focus on people's needs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest with us throughout the inspection and was aware of their responsibilities under the duty of candour. A legal obligation exists where registered managers must inform CQC and other professionals about significant events that happen at their service. We had received notifications from the service relating to such events. These events included for example, falls, people who had passed away and any incidents relating to the Covid-19 pandemic.
- The previous CQC inspection report and ratings were displayed in a communal area and was shown on the service website.

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

- Feedback was sought from people. When leaving the service people were encouraged to provide written or verbal feedback about their stay at the service. A staff member told us, "We are just re-starting our client forums again. During the pandemic we got feedback one to one." Some relatives we spoke to had been asked to contribute to feedback about the service. One relative said, "I was contacted about a team meeting about (service user). I was asked for my feedback."
- Feedback was found on the service website and other websites associated with care home quality. The feedback was mainly from relatives and was very positive about the service and the care provided to their loved ones.
- Staff told us that they had opportunities to speak to and feedback to their managers regularly. Supervision meetings were held every month and team meetings continued to be held whilst observing social distancing. Staff told us they were confident in approaching managers and that action would be taken with issues raised. A staff member said, "I can raise any issues with my managers." Another said, "Our views count." A supervisor said, "Supervision meetings are more important now than ever as some staff have been anxious about the pandemic and it's a chance to talk and reassure."
- The registered manager had introduced a monthly newsletter for staff which contained details of where additional welfare support could be found, updates relating to the latest government guidelines as well as lighter issues and photographs. A welfare officer was available every day for confidential conversations with staff if needed.
- People's equality characteristics had been explored and were promoted. For example, people's cultural wishes, dietary requirements and faith were all discussed at a person's pre-assessment. These details were recorded in support plans which were accessible to all staff.

Continuous learning and improving care

- The registered manager attended forums and webinars to keep themselves up to date with changes and developments in adult social care and with the latest guidance relating to the Covid-19 pandemic. The registered manager also kept up to date with bulletins sent out each week from the local authority and CQC and received support from Public Health England (PHE). PHE is a government department supporting adult social care services with the management of the Covid-19 pandemic. Key messages from these updates were shared with all staff.
- The service was further supported by a local authority quality compliance officer who visited the service regularly to ensure that the service was working in line with their 'vision and values.' These values included, listening to people, respect, tolerance and understanding, effective communication and staff being patient and caring.

Working in partnership with others

- The service worked closely with the discharge coordinators from the local hospitals through whom most of the service's referrals came. Twice daily, virtual meetings were held and a positive working relationship had been established. Similarly, the service worked well with their local GP surgery. For example, if new residents arrived who had not yet received their Covid-19 vaccination then arrangements were immediately made with the GP for this to be done.