Strathmore Care

Milton House

Inspection report

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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

The unannounced inspection took place on the 04 and 06 July 2016.

Milton House provides accommodation which offers personal care to older people and those living with dementia. There were twenty seven people using the service at the time of the inspection.

The service is required to have a registered 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 home manager had been newly appointed in February 2016 and was in the process of registering as manager for the service with the Care Quality Commission.

The service is safe, clean and has effective infection control procedures however updating of the interior decoration is required to be more suitable for people living with dementia at the service.

An activities co-ordinator had been recruited in order to rectify the current lack of activities for people. People were provided support in a person centred way by staff who clearly displayed good knowledge of the people they supported.

Staff had good knowledge of their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Management applied such measures appropriately.

Effective support was delivered by staff. People's safety was ensured whilst personal choice and wellbeing was promoted by the staff providing the care. As part of a robust recruitment process staff were recruited and employed upon completion of appropriate checks. There were sufficient staff to meet people's individual needs. People's medicines were managed safely by trained staff.

People had enough to eat and drink and staff understood and met their nutritional needs. Staff and managers ensured access to healthcare services were readily available to people and worked with a range of health professionals to maintain good health of the people.

Privacy and dignity was valued by staff and were observed to be respectful and compassionate towards people. Staff understood their roles in relation to encouraging people's independence whilst mitigating potential risks.

The service was well led. Innovative plans were being developed to drive improvements of the services available to people. The service ran effectively using quality monitoring audits which the home manager and provider carried out to identify health needs and any improvements to the service. A complaints procedure

was in place and had been used appropriately by management. Systems were in place to make sure that people's views were gathered.

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.

There was enough staff to meet people's needs. Appropriate checks had been carried out to ensure a robust and effective recruitment process was in place.

People felt safe living at the service. People's safety was risk assessed appropriately. Care plans were in turn implemented to ensure peoples safety and autonomy.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Management and staff had good knowledge of legislative frameworks i.e. Mental Capacity Act 2005 to ensure people's rights were protected.

Staff received an initial induction. Staff attended various training courses specific to people's needs. Staff were able to apply knowledge to support people effectively.

People were supported to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff and people had developed positive caring relationships and responded to each other openly and respectfully.

Privacy and dignity was respected.

People's choices were listened to and people felt able to express their views, wants and needs.

Is the service responsive?

Good

The service was responsive.

An activities co-ordinator has been recruited in order to rectify the current lack of activities for people.

Plans were in place to improve inclusion of people in the review of care plans which contained detailed information required to meet people's needs.

Complaints were investigated and acted upon appropriately.

Is the service well-led?

Good

The service was well-led.

Management were respected by staff that aligned themselves with the values of the service.

There were quality assurance systems in place to identify and make improvements to the service.

The service had an open culture and they gained people's views of the service to continually improve.

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.

We inspected Milton House on the 04 and 06 July 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people, five relatives, nine members of staff, the home manager and the provider. We observed interactions between staff and people. We also contacted social workers and health professionals during the inspection. We looked at management records including samples of rotas, five people's individual support plans, risk assessments and daily records of care and support given. We looked at five staff recruitment and support files, training records and quality assurance information. We also reviewed four people's medical administration record (MAR) sheets.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Oh yes, I know they [care workers] keep me safe here."

Staff knew how to keep people safe and protect them from harm. Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. Staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One care worker told us, "I wouldn't have any hesitation in contacting the relevant people if I needed to." Safeguarding was part of the mandatory induction training programme which all staff had completed and refresher courses were completed periodically.

The home manager and care workers all had a good understanding of their responsibility to safeguard people and dealt with safeguarding concerns appropriately. The previous registered manager had sent a statutory notification to the CQC in October 2015 regarding safeguarding concerns within the location. The incident had been handed over to the newly appointed home manager who dealt with them appropriately, and all necessary steps were taken to ensure people were safe and protected from potential harm. The home manager also notified us of an incident which affected the running of the service for over 24 hours. Concerns about potential risks to people were quickly identified. Interventions such as extra staff to facilitate regular observations of people were implemented immediately until the issue was resolved.

Staff had the information they needed to support people safely. Care plans and risk assessments had been consistently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they are making choices involving risk. For example, in one person's care records we saw a smoking care plan and associated smoking risk assessments. These helped enable the person, despite potential risks, to pursue their choice to continue smoking. This documentation displayed how staff were to support the person and respect their freedom of choice. Where people had history of changes in mood and/or challenging behaviour, this was documented in their care plans with likely or known factors which may have been associated with this risk and how to manage them. In turn, staff undertook risk assessments which identified how people could be supported to maintain their independence. We saw other risk assessments covering areas such as use of the lift, access to kitchen areas, managing medication and supporting their personal care.

Staff were trained in first aid. If there was a medical emergency staff knew to call the emergency services. Care workers had requested an ambulance on the evening of the inspection due to one person's ongoing health problems which caused them to deteriorate. Staff also received practical training on how to respond to fire alerts at the service.

There were sufficient staff on duty to meet people's assessed needs. Care workers consistently reported to us that they felt there were enough staff to meet people's needs. People also told us they felt there were enough staff. One person told us, "If you want anyone you can just push this buzzer and they come quickly." The home manager showed us documentation which enabled them to analyse people's dependencies and

in turn appropriate staffing levels. The sample of rotas that we looked at reflected sufficient staffing levels.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out by the provider before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The home manager told us how the recruitment process is undertaken mainly at the providers head office although the home manager is involved in the interview process of applicants to ensure they will fit in to the service.

People received their medications as prescribed. Medication was clearly prescribed and reviewed by each person's General Practitioner (GP). Senior care workers who had received training in medication administration and management dispensed medicines to people. Care workers checked medication administration records (MAR) before they dispensed the medication and they also spoke with the person about how they were feeling. We observed a care worker who patiently spoke with a person about their medicines. The person was not rushed and they appeared calm and reassured to be able to take their medicines. We found care workers knowledgeable about people's medicines and they knew the importance of time specific medication. Information regarding prescribed medication was also documented at the front of each person's MAR for ease of reference and refreshment. This helped to ensure medicines were administered in a person centred way. The service carried out regular audits of the medication and addressed any errors to ensure people's medications were always managed safely.

Good

Is the service effective?

Our findings

People received effective care. Care workers were supported to obtain the knowledge and skills to provide continuous person centred care. One staff member told us how they were very interested in becoming involved with people's end of life care of which further external training had been provided. The home manager informed us that a 'Championing' system was being developed and care workers were being allocated a specific field relevant to the people at the service in order to drive improvements. For example, champions had been allocated for palliative care, nutrition and This is Me (a tool to aid care of those with Alzheimer's disease). Fourteen members of staff had completed nationally recognised qualifications in Health and Social Care. Staff received on-going training in elements specific to the needs of the people using the service such as dysphagia training provided by the local hospital.

Staff received an induction and a home orientation into the service before starting work. Staff files indicated that all staff had received an induction. Care workers told us they felt they had enough time to learn the skills they need as well as about the individual people themselves. One person told us, "They [care workers] know exactly what they're doing, they've been trained well." The induction incorporated training such as; basic first aid, food hygiene, dementia awareness, infection control, health and safety and safeguarding of vulnerable adults. Upon completion of their training staff then worked 'shadowing' more experienced staff. One member of staff said, "Although the induction process has changed over the years I feel it is our responsibility to teach newer staff the correct way to care." The home manager told us supervisions and appraisals of staff had not been regularly completed in the past as reflected in documentation. Although, the home manager told us a matrix had been devised to ensure supervisions and appraisals would continue to be completed every two months to ensure best practice.

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. The home manager told us they had identified the need and were in the process of reviewing capacity assessments for individuals where specific decisions were required in their best interests. This positively demonstrated their current understanding of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The home manager assured us that they had assured themselves, that freedom was not being inappropriately restricted. We saw that care records contained applications for DoLS and liaisons with the local authority were ongoing to apply DoLS where necessary.

People had enough to eat and drink and received good support with their nutrition and hydration needs. Mid-morning we observed people being offered choice for lunch. One person told us, "The food is good, you

always get a choice and can have whatever you want really." Another person told us, "The food is delicious; one cook makes meals that are out of this world." Information regarding people's specific dietary and healthy eating and drinking needs were clearly identified within the kitchen and in people's care records. Fluid and nutrition charts were documented appropriately where necessary. Monthly weight monitoring records were contained in care records and daily audits were carried out on pressure mattresses and cushions. One member of staff told us, "People's current weights are recorded in people's rooms so we can check mattresses are on and at the right settings." We spoke to a district nurse who told us one person pressure sores had healed well since arriving at the service.

People had access to healthcare professionals as required and we saw this recorded in people's care records. One person told us, "I remember being concerned about a cough I had and they [care workers] called the doctor for me." A care worker told us, "We contact the GP and keep records if someone has been refusing their medications." The home manager told us how they had actively supported people to access various specialists such as speech and language therapists, audiologists, community phlebotomists and the Dementia Intensive Support team whose involvement allowed care workers to manage individuals with regard to their specific diagnosis.

Good

Is the service caring?

Our findings

Staff had positive relationships with people who consistently reported that they felt very well looked after. One person spoke emotionally to us and reported, "I thought that was it for me when I was in hospital, I couldn't walk or anything. But when [home manager's name] came to assess me they told me 'you can come home with me if you want to' they have changed my life here, I want to keep living." Another said, "The staff are very, very kind and friendly they don't rush me." A relative told us, "Many of the staff have been there a long time and know [person's name] so well, even the girls who haven't been here as long are so kind and lovely."

Care workers showed concern for people's wellbeing in a caring and meaningful way. We saw one care worker walking through the garden and notice a person seated outside in the sun. The care worker immediately went over to the person and asked them if they would like some sun cream on for protection. The person was supported to apply the sun cream and all interactions were positive and good-humoured. We heard another person being spoken to kindly by care workers who were addressing the disappointment due to deterioration of health. The care workers listened to the person and responded with positive ways to help alleviate worries. We also saw one person become distressed after their relative left the premises. All care workers appeared to be aware of this person's response and told us, "We know to keep [person's name] busy immediately after [relatives name] leaves to reduce their distress."

People told us that they were able to make decisions and choices about their day to day lives. This included where to spend their time, what and where to eat and drink and when they went to bed. One person said, "I really enjoy sitting in my room listening to the radio. The girls come and ask me if I want to go downstairs all the time, but I really am happy in my room, but it's nice that they ask in case I change my mind." One person told us how he agreed to keep his cigarettes safe in the home manager's office. We saw the relevant care records in place which detailed associated risks. The person regularly chose to ask for cigarettes which they received whenever they wanted them. They happily told us, "They never let me run out."

People were supported to be as independent as possible. On the day of the inspection one person requested a walk to the shop in the afternoon to buy some cologne. We saw the person was supported to safely fulfil their needs on the same day as requested.

Staff knew people well, their preferences for care and their personal histories. One member of staff spoke of one individual, "They absolutely love their music and really love everything about New Orleans." We saw the person in their room which was decorated with pictures of their favourite musicians and festival passes. They were listening to their choice of music and wearing their favourite signed t-shirt. This demonstrated that staff understood how to care for and support people as individuals.

End of life decision forms were in place for those who it was currently required for. However, the provider and home manager had considered further developments to ensure people had a full end of life care plan in place in order to be equipped to support people's and relative's preferences and choices immediately. For example information on meeting their specific needs in relation to their faith and actions to be taken by staff

to support the person's pain management. The home manager told us of plans which included the palliative champion to aid in the development of these end of life care plans with people and relatives.

People felt their dignity and privacy was respected. One person told us in response to questions about personal care, "They [care workers] are patient and respectful when they help me." The home manager told us that one bedroom was a shared bedroom but the provider was considering making the room into a luxury single occupancy room to ensure people's privacy is not hindered by the environment.

People were supported and encouraged to maintain relationships with their friends and family. One person kept an IPad in the manager's office and every Sunday used it to contact their family in Australia. Staff confirmed people's relatives and friends could visit whenever they wanted. We saw the relatives who visited Milton House during the inspection were always greeted warmly and offered a drink by care workers. One relative told us, "That's not for your benefit they will always ask me if I would like a drink." Throughout the day there was laughter in the service.

Good

Is the service responsive?

Our findings

People's strengths and levels of independence were identified; however appropriate activities were not planned for them. People told us they were not happy with the lack of activities. The home manager told us the service had been without an activities co-ordinator for some time. However they happily informed us that a person had accepted the position having completed the recruitment process and would co-ordinate appropriate activities within the service from August 2016.

Before people came to live at Milton House their needs were assessed to see if they could be met by the service. People and their family members confirmed they were involved in the initial assessment of their needs and decisions regarding their care. One person said, "Yes I remember having a meeting with the manager about what was required of them." A relative confirmed that they had been involved in the assessment and decisions regarding the care of their family member. They told us, "It was such a huge decision to help [person's name] move from our home to Milton House but it couldn't have worked out better. We are all so pleased with the care." The home manager told us, "It is so important to assess whether people will fit into this home and with the other people that live here, it is a huge decision in people's lives so it has to be the right place for the individual."

People and their relatives told us they were involved in initial care plans being devised and when a change in need was identified. However, they also reported inconsistently about their involvement with regular reviews of their care to meet needs and preferences. One relative said, "We see the care plan regularly and had meetings with social workers to review care plans." One person told us, "I have had lots of changes to my care plan as my health has changed a lot." Although, several people and relatives told us they weren't aware of their care plans.

The home manager had identified this matter and showed us a letter that had been created to circulate to relatives. The letter invited relatives to participate in the process of reviewing care plans. The home manager also told us that since being appointed they had made improvements to ensure the quality of care plans. They said, "One care workers quality of reviewing care plans may differ vastly from another so I have created a system which ensures all care plans are reviewed to the same standard. I also audit care plans monthly or sooner if I feel is necessary."

Care plans did reflect how people would like to receive care. Although care plans had not been reviewed with the inclusion of relative's regularly, care records did contain personal history, individual preferences and interests. The home manager had implemented a 'This is Me' tool within people's care records that had been completed by people or relatives. This tool allowed care workers to understand people's detailed needs. People consistently reported how they felt staff knew them well. One care worker stated, "I care for these people like they are my family."

Staff expressed the importance of discussions with people, health professionals, relatives and each other, in order to monitor people's health together. We noted on the day of inspection that district nurses regularly visited to support people's health needs. One district nurse told us, "Staff here are very good at highlighting

things if people need our help." During a handover of information meeting, care workers discussed the specific needs of people during that shift to ensure everyone was aware of people's health. For example the home manager had arranged for one person to be visited by an audiologist to assess hearing needs. The outcome had been positive and everyone was informed of specific communication support the person required. We also saw that the person's relatives were contacted by phone immediately to update them of their family member's progress.

People's needs were also shared appropriately when they moved between services. The home manager expressed to us the importance of ensuring that other services work with them effectively for the health of the people. For example, local GP services had refused to register individuals due to catchment areas. The home manager had contacted organisations such as Healthwatch and NHS England which resulted in the registration of people at local GP services and access to medical services. A social worker also told us how their dealings with Milton House had been positive as the home manager had assessed and accepted a person as an emergency and in turn was quick to get the dementia team involved to diagnose the individual which improved the transition for the person. This demonstrated that the service was responsive to people's identified needs.

People told us they received care and support that was responsive to their needs. One person had told us that staff responded to their individual preferences about how they liked their meat sliced thinner. The person told us, "If you raise a concern they will put it right if they can." A relative told us how the home manger had identified the need for a specialised bed which was provided after appropriate referrals had been made. Additionally the relative told us, "They anticipate the needs of people extremely well, we are extremely happy with the care they provide." The home manager had informed and supported relatives to apply for NHS continuing healthcare funding due to the increased complexity of health needs. This demonstrated that the service understand who to contact regarding different aspects of care.

The registered manager had effective policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would notify their supervisor or manager to address the issue. Complaints were investigated and documented appropriately and used as learning tools. Details of how to raise a complaint were clearly available at main reception.

Good

Is the service well-led?

Our findings

Since February 2016 the service had a newly appointed home manager in place who was in the process of registering as manager for the service. Although the home manager had not been in post for very long it was apparent through observations and communications that staff respected them and people had a fondness for the home manager.

An open and positive culture was promoted within the service. We saw that people and staff within the service approached the home manager with ease. The provider and home manager expressed a vision to employ dedicated and committed staff to provide a warm and friendly home for people where they can live a full and active life. Staff shared the same vision as management. One member of staff told us, "We are trying to achieve high standards in care here and I feel we are doing that." Several relatives reported to us their initial apprehensions as they had a good rapport with the previous registered manager. However relatives consistently reported positively about the presence of the home manager. One relative told us, "[home manager's name] has completely surpassed our expectations." A person said, "They're a lovely person I'm so glad they are here."

The attitude adopted by management to enhance the wellbeing of the people that live in the service was reinforced by a robust induction process to recruit appropriate individuals. Also, the continued learning of staff in subjects specific to the people that live in the service facilitated person centred care. Staff felt very supported by the home manager. One member of staff said, "I feel very supported by [service manager's name], if there is something wrong they will put it right." One person told us, "The staff needed [home manager's name] at the weekend and she was here straight away to help them."

The management maintained transparency with staff. Staff meetings took place every two months and the home manager told us that they had implemented a suggestion box to ensure that care workers could raise concerns openly but anonymously. One relative reported although they are informed when an incident occurs they felt a lack of face to face meetings with the home manager. However, the home manager had tried to arrange a relatives meeting but everyone failed to attend. The home manager expressed how they would attempt regular relatives meetings again alongside a continued open door policy. Additionally, we observed the home manager discuss people's care needs privately with relatives when they visited Milton House. This demonstrated a positive culture which was open and inclusive.

Improvements were being driven by a home manager whose objective was to inspire staff to provide quality care. The service had a homely feel however the provider and home manager agreed the interior decoration was in need of attention. The home manager had identified the need to improve the environment, particularly for people living with dementia. Plans to create a sensory room in one of the three lounges were underway. Care workers had been inspired to actively raise money to contribute towards the sensory room and improve the environment for people. People had also been encouraged to participate in fund raising events to promote inclusion.

People and staff were actively involved in improving the service they received and provided. People's views

on the service were gathered by management not only through regular meetings with people using the service, but on a daily basis through their interactions with people and staff alike. The monitoring and auditing of the service and responsiveness to concerns raised, displayed good leadership by management. Annual quality audits were undertaken appropriately.

Questionnaires and satisfaction surveys were distributed yearly to gain feedback on the service from people, their relatives, and health professionals. Although not many responses were gained from questionnaires of people in 2016, the replies revealed positive feedback. Data is currently being compiled to produce this year's quality audit report. A quality audit report was produced from findings of questionnaires, satisfaction surveys and manager self-assessment audits to see if any improvements or changes were needed at the service in 2015. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The home manager also used further routine quality monitoring systems to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans, medication management, equipment, people's finances and the environment. The home manager expressed keenness to deliver a high standard of care to people and told us how robust quality monitoring processes keep the service under review. The home manager also told us of innovative plans to help people access medical assistance where appropriate. Discussions had taken place with a local GP service to implement a video phone session with the doctor. We were told this innovation would be used where appropriate to help people at the service receive doctor's advice quicker about minor ailments. This demonstrated how the home manager had used initiative to drive towards a high quality service.