

Croftwood Care UK Limited

# New Milton House Residential Care Home

## Inspection report

New Milton House Residential Care Home  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: New Milton House is a residential care home that is registered to provide personal care for up to 39 people. Accommodation is provided over two floors. There are numerous lounges and dining rooms for people to use within the building. People also have access to secure outdoor space. At the time of our inspection there were 39 people living in the home.

People's experience of using this service:

There were three breaches at our last inspection and the registered manager was asked to submit an action plan on how they would address these shortfalls. We received this and we saw improvements at this inspection. However, there were still areas for continued improvement and we found two breaches at this inspection in relation to staffing and dignity and respect.

People and their relatives were positive about the home, its staff and the manager. They raised issues about staffing numbers, activities and the environment. People told us that staff were kind and friendly and knew them well.

People and their relatives felt that they received safe care. They received their medication at times they needed this and by staff who were trained to administer this safely. There was scope for improvement in the management of topical creams.

There were insufficient experienced, knowledgeable staff to meet the needs of the people living in the service. We noted times when people had to wait for assistance and staff lacked awareness of how to support people who were living with dementia.

Recruitment was managed safely. The necessary checks were completed prior to staff starting work, however there were no checks on staff's health and whether they needed any reasonable adjustments to complete their job.

Staff received inductions when they started work and received ongoing training and support and supervision to maintain and develop their skills and knowledge. However, this was not always effective as staff told us this was all on line and staff did not receive training on how to support people living with dementia even though there were two specific dementia units.

We noted that people were not always treated with dignity and their privacy was not respected as staff were often discussing people's personal issues in communal areas.

The home was clean, however there was scope for improvement as the home would benefit from adaptations for people living with dementia. Regular checks were completed on equipment to ensure safety and staff had access to personal protective equipment to reduce risks of infection control.

People had access to activities, however these were not varied and were limited for people living with dementia.

We received positive comments about the registered manager. However we saw the systems in place to make improvements to the service had not identified all the issues we found in this inspection. Improvements which had been identified had been actioned.

The registered provider was acting within the principles of the Mental Capacity Act 2005. Where necessary, people's capacity was assessed, and decisions were taken and recorded in people's best interests looking at the least restrictive options.

People's health needs were effectively assessed and monitored. Where people needed access to other health professionals, referrals were completed, and advice recorded.

People knew how to complain and were confident that their concerns would be listened to and acted upon.

More information is in the full report below.

Rating at last inspection: Requires improvement (Report published 13 June 2018).

Why we inspected: This inspection was brought forward due to concerns that had been raised with us.

Enforcement: This is the second time the service has been rated requires improvement. We have asked the provider to send an action plan of how they will address the breaches in regulation and improve the service to at least good. Full details are at the back of this report.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# New Milton House Residential Care Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by two adult social care inspectors and an Expert by Experience on the first day of the inspection and one adult social care inspector on the second day. An Expert by Experience is a person who has experience of using this type of service.

Service and service type: New Milton House is a care home. People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at on this 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: This inspection was unannounced.

What we did: Before the inspection, we looked at notifications received from the home, which tell us how events that happen in the home are dealt with by the service. We also requested feedback from the local authority. We used this information to help us plan how our inspection should be carried out.

During the inspection, we spoke to eleven people, three relatives and eight members of staff. This included the registered manager, the deputy manager, area manager, the chef, and four member of care staff. We also spoke with an advocate visiting the service. We completed general observations around the home and

completed a SOFI (Short Observational Framework for Inspectors). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We looked at six care plans, staff files, medicine administration processes, complaints and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.

There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- People, relatives and staff told us that there were insufficient staff to meet the needs of people living in the home. Comments included, "At the moment, they are a bit short staffed", "They could do with some help up here especially when one resident is unsettled" and "There is not enough staff just one carer and one cleaner". The upstairs unit had one carer and seven residents. We noted that this communal area was unattended for 15 minutes whilst the carer assisted someone in their room. We spoke to different staff members who confirmed this was common as one person needed lots of attention and staff often could not summon help as there were only two carers downstairs.
- We looked at call bells response times across the home and saw in the last week, on three occasions people had waited up to 20 minutes for a response to their calls bells. We noted on the downstairs unit that someone was calling out for assistance for 20 minutes and staff were busy rushing past and did not hear the person until this was pointed out by the inspector. Staff then attended immediately.
- Dependency levels were reviewed regularly by the registered manager and they agreed to review again following our comments as a number of people's needs had changed.

This demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment was safely managed. All the necessary pre-recruitment checks were carried out and recorded to check staff were appropriately qualified and fit to work with vulnerable people. We noted there were no health checks to see if staff needed any reasonable adjustments.

### Assessing risk, safety monitoring and management

- Risks to people were not consistently managed safely. Some risk assessments were clear and contained information for staff about potential risks and what steps to take to minimise these risks. However, where people challenged the service, we found risk assessments were not in place to provide guidance to staff on how to manage these situations appropriately. Risk assessments were regularly reviewed.
- Equipment was well maintained and checked regularly. Safety checks and audits were in place and the service had appropriate safety certificates for utilities within the home.
- Personal emergency evacuation plans were in place to provide guidance to staff in the event of a fire and regular fire drills took place. There was a business continuity plan to advise staff in the event of an emergency.

### Using medicines safely

- Staff administering medication were trained and underwent checks on a regular basis to ensure they knew how to administer medication safely. Medications were stored safely, and records showed people received their medication at the prescribed times. The registered manager completed regular audits to monitor medicine procedures and identify any areas for improvement. This was an improvement from the last inspection.
- There was scope for further improvement as staff did not mark when creams had been opened and there were inconsistencies in the completion of topical cream charts. When medicine was administered where necessary (PRN), some of the guidance for staff was detailed, but in other cases this was brief.

#### Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern. People told us they felt safe. Comments included, "I like the atmosphere, and everybody is so nice it makes you feel safe" and "I feel safe and secure here". Relatives shared this view. One person told us, "My relative is safe, they are happy and well looked after. The home has a lovely atmosphere".
- The registered manager appropriately reported any safeguarding concerns to the local authority and CQC as required.

#### Preventing and controlling infection

- The environment was clean, however it was described by people as 'tired' and in need of decoration. Staff had clear schedules to follow to maintain standards of cleanliness. We also raised some concerns with the registered manager about the cleanliness of external areas that needed attention.
- Staff received training in infection control and we saw them wearing appropriate protective equipment. The provider carried out regular checks and audits to see that effective infection control measures were safely followed.

#### Learning lessons when things go wrong

- All accidents and incidents in the home were clearly recorded along with the action taken.
- These were analysed monthly by the registered manager to look for trends to minimise future events. Records showed where patterns were seen, action was taken to see if lessons could be learnt or additional action needed to be taken.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff received an induction when starting with the service and received ongoing training, supervision and appraisals to support them in their roles.
- Staff told us that most training was on line and was not always that effective. The registered manager had identified this as an area for improvement. Dates were set for staff to receive face to face training some areas, such as moving and handling.
- We noted staff had not completed effective dementia training. This was evident in some of the interactions that we saw between staff and residents as there was a lack of awareness of the impact of living with dementia. The registered manager had sourced some additional training prior to the inspection and this was booked during our inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a choice of meals every day. We saw on one person's care plan that they preferred finger foods, however they had been served a main meal and staff were not clear that an alternative was available. We spoke with the registered manager and chef who both confirmed that if the person did not like the main meal, an alternative could be provided.
- Kitchen staff had clear guidance on people's special dietary needs and allergies.
- People living in the home were very positive about the food. Comments included, "The food is brilliant. Last week, we had Chinese food", "The staff know my likes and dislikes. The kitchen even cut my meat up for me as I struggle with cutlery" and "The food is delicious".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs and choices were recorded before entering the home. These were reviewed on a regular basis. Staff were aware of people's needs and the relevant guidance that needed to be followed to keep people safe.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Changes to people's health or wellbeing were recorded and appropriate referrals were made to healthcare professionals. Care records contained information about other healthcare visits in order that staff were aware of the outcomes of these visits.

Adapting service, design, decoration to meet people's needs

- The home had different areas where people could choose to spend their time, however the dementia units

were small and alternative quieter spaces were limited. Rooms were personalised and there was some pictorial signage around the home to help people orientate themselves independently.

- The staff had made some attempts to make parts of the home dementia friendly. Memory boxes were outside some people's rooms and there were plans to create these for everyone. However, there was scope for further improving the environment for people living with dementia.

We recommend the service look at good practice guidance in terms of dementia friendly environments and training.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The staff made sure that people had choice and control of their lives and supported them in the least restrictive way possible. Where necessary, mental capacity assessments were completed and best interest decisions involving the necessary representatives and professionals. This is an improvement since the last inspection.
- Paperwork in relation to MCA and DoLS was clear and could see this was appropriately completed and where DoLS conditions were in place, these were being followed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- We noted staff were not always respectful of people's privacy. Staff were seen on numerous occasions speaking loudly about other people in communal areas. For instance, one staff member shouted across a communal area that they were leaving the unit, but someone still needed help in the toilet. We saw one staff member assisting someone with food in an infantile manner. This interaction lacked dignity. We raised this with the registered manager. They had sourced additional training and reminded staff of the importance of confidentiality.

This constitutes a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to retain as much independence as possible. For instance, someone living in the home had independent access to a greenhouse to follow their interests in gardening. They also had access to one of the coded areas of the home where their relative lived.

- People's information was now kept confidentially in locked cupboards within the units. This is an improvement from the last inspection.

Ensuring people are well treated and supported; equality and diversity

- People felt they were treated with care and kindness. People told us, "The staff are very, very good – you can trust them" and "I am well looked after".

- Relatives told us that people received a good level of care and felt staff knew their loved ones. They told us, "The girls are all really nice".

- People's needs were assessed and identified prior to moving into the home. Protected characteristics (such as age, gender, disability, cultural and religious support needs) were identified. We saw some people wanted to continue to practise their religion and this was supported as the home had links to the local church.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their care and given choice daily. One person told us, "The plan for my care? Oh, we did that when I came to live here".

- Staff were familiar with people's individual needs and could tell us about individuals' preferences within the home.

- People were supported to maintain relationships and relatives were welcomed into the home. One relative told us, "I try to vary my visiting times".

- People who did not have any family or friends to represent them could request an advocate.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and reflected the needs of the individual, however we saw there were inconsistencies or conflicting information in some plans where needs had changed. This had been identified by the provider's quality assurance processes and plans were in place to review and amend all care plans. Some care plans did not contain detailed guidance of some health and wellbeing issues, for instance diabetes or where someone challenged the service. The registered manager put these in place during our inspection.

- Plans included details of the person's history as well as their preferences.

- All the plans we looked at were well maintained and were reviewed regularly, however some of the discrepancies had not been picked up.

- Additional monitoring sheets for instance for food or pressure care were fully completed, however we saw some staff completing these at the end of the shift rather than contemporaneously. We raised this with the registered manager and they spoke with the individual staff member.

- People had access to activities, however there was not much variety and few activities for people living with dementia. The activities information was difficult to read and not accessible. We spoke with the registered manager about this. They had already spoken to a company about obtaining better signage and agreed to review activities with the activity co-ordinators.

- Accessible Information Standard had been considered as people's communication needs were clearly assessed and highlighted in care plans. For instance, care plans highlighted when staff needed to speak slowly or in short sentences if people had communication difficulties.

Improving care quality in response to complaints or concerns

- There was a complaints policy and people were familiar with this and knew how to complain. People told us, "I would speak to the manager" and "I had to speak to the manager on the first day...and it was dealt with".

- The service had not received any complaints in the last 12 months.

End of life care and support

- People's end of life wishes were recorded in their care plans. The registered manager was in the process of arranging more training for staff in this area.

- There was no-one at the end of their life at the time of our inspection. We saw several thank you cards received by the service from relatives thanking staff for the care and compassion they had provided to their loved ones at the end of their life.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Quality assurance systems and processes were not always effective to ensure the care was safe, effective and responsive to people's needs. The issues around medication and care plans had been picked up, but the deployment of staff and staff training needs were not identified by the systems in place.
- Regular audits were completed and quality visits were completed by the provider each month. We saw where improvements had been identified, these were actioned in a timely manner.
- The registered manager was very responsive and addressed issues that were raised as part of the inspection immediately.

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

- We received positive feedback from people about the registered manager and they felt listened to by the manager and senior management as they were approachable.
- Staff were equally positive about how approachable the registered manager was. They felt that they were listened to and could raise issues.

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

- Regular meetings were held for people and their relatives and they had the opportunity to feedback their views. Leaflets were available in the foyer of the home encouraging people to feedback their views on an independent website.
- Surveys were carried out annually and the registered manager was in the process of collecting these. We saw the ones received to date were mainly positive and the registered manager planned to feedback on any issues at both staff and resident meetings as well as by newsletter.

Continuous learning and improving care

- The registered manager held regular meetings with staff and we saw issues within the home were discussed to encourage improvements.

The registered manager had already contacted several agencies to arrange training and gain advice for improvements to the environment for people living with dementia prior to our inspection.

Working in partnership with others

- The service had good links with the local community. For instance, local cubs and brownies had visited to

put on plays, the local round table conducted events, local churches regularly visited the home and they had an arrangement with the local library who donated books which were being decommissioned.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People were not always treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider did not deploy sufficient numbers of experienced, skilled and knowledgeable staff to meet the needs of the people living in the home.