Care Quality Commission

# Care UK Community Partnerships Limited

# Milner House

## Inspection report

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Date of inspection visit: 14 January 2015,16 January 2015
Date of publication: 01/05/2015

## 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 |

## Overall summary

This inspection took place on the14 and 16 January 2015. The first visit was unannounced.

We last inspected on 20 November 2013 where no concerns were identified

People told us they felt safe. Relatives told us they felt their family member was safe. They also told us the staff were kind, knew their relatives needs well and there was a nice happy atmosphere at the home.

People were supported in a way that promoted their dignity by being spoken to kindly and being supported with care discreetly. Staff were caring in their approach to people, giving them attention and not rushing them with support. Staff knew people well and clearly understood their individual needs and preferences.

The provider had systems in place to make sure people were protected from abuse and avoidable harm Staff had appropriate safeguarding training and knew how to report concerns.

Assessments were undertaken to identify people's health and support needs and any risks to people. Plans were in

# Summary of findings

place to reduce the risks identified in assessments. Care plans were developed with people to identify how they wished to be supported and these were regularly reviewed and updated.

People were supported by enough suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were provided with a choice of healthy food and drink to make sure their nutritional needs were met. People and some of their relatives that ate at the home all said the food was good and they enjoyed it.

People and their relatives were involved and consulted about all aspects of the service including what improvements they would like to see.

There was a complaints process available. Relatives all said they never had any formal complaints but they knew how to complain if they needed to. One person told us if they were not happy they always spoke to the person involved first but if that didn't work they could always talk to the manger. A relative told us people are encouraged to 'speak up' here.

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 registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. We found the home to be meeting the requirements of DoLS and the Mental Capacity Act 2005.

# 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. Staff had received training in safeguarding and knew how to report any concerns regarding any possible abuse and their responsibility to do so.

Staff were recruited appropriately with the required checks to ensure their suitability to work with people. Staff had the skills and knowledge to safely care for people.

People were protected from risks because risks were assessed and managed well. Where there were accidents they were investigated to see how people could be better protected in the future.

**Is the service effective?**

Good

All the people and relatives we spoke to told us the food was good and they enjoyed the meals.

Staff were effectively trained to care and support the people who used the service. Staff were supervised regularly to ensure people were cared for by staff with up to date information and knowledge.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and knew how to ensure the rights of people without capacity to make decisions were respected.

**Is the service caring?**

Good

The service was caring. All the people and relatives we spoke to told us the staff were happy, caring and kind.

Staff were concerned for people's wellbeing and supported them to maintain relationships with people they cared about.

People were cared for by staff that supported people's privacy and dignity. This was demonstrated for example by staff knocking on peoples doors before entering and making sure personal care was carried out in private.

Care plans were person centred and reflected people's wishes and interests.

**Is the service responsive?**

Good

The service was responsive. People and their relatives told us that if they had a complaint they felt it would be listened to and action taken.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people and their relatives where appropriate. People's plans had been updated regularly. People, their relatives and the professionals involved were encouraged to provide feedback.

People had care plans that reflected they would like to receive their care, treatment and support. These also included their personal history and individual preferences.

**Is the service well-led?**

Good

The service was well-led. People, their relatives and staff all told us the home was well led, had a good atmosphere and staff were always happy.

# Summary of findings

People and their relives told us they had the opportunity to raise quality issues through regular conversations with the staff and registered manager.

The manager carried out audits to assess whether the home was running as it should be and took action where identified by these audits. There were systems in place to make sure the staff learnt from events such as accidents and incidents.

# Milner 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the14 and 16 January 2014. The first visit was unannounced and the second was announced. The inspection team consisted of two inspectors.

Milner House is care home with nursing that provides accommodation and support for up to 46 older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before this inspection we reviewed our other records about the service to gather information. For example we reviewed the last inspection report, information received from the public, healthcare professionals and notifications that the provider is required to send us A notification is information about important events which the provider is required to tell us about by law.

We spoke with eight people who used the service and 11relatives. We spoke with the registered manager, the deputy manager, the maintenance person, the lead nurse and four members of care staff. We had feedback about the quality of the service from one social worker care manager and two other health care professionals that visited the home.

We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We looked at all areas of the home including people's bedrooms, the laundry, kitchen, lounge and garden. We spent some time looking at documents and records that related to peoples care and the management of the home.

We looked at five people's support plans and carried out pathway tracking for them. Pathway tracking is where we look at a person's care plan and check that this is being followed and their needs met. We did this by speaking with the person, the staff that cared for them and by looking at other records relating to their care.

We also looked at staff training and supervision records, four staff recruitment records, health and medical records, medication records, risk assessments, accident and incident records, and maintenance records.

We last inspected the service on 20 November 2013 where no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe at the home and either said they would talk to the manager or a relative if they did not. One person said they would always speak their mind and say something. Relatives told us they thought their family member was safe at Milner House. One relative said this was because ''there was enough staff'', another said ''because I visited every day and observed how well staff interacted with people''.

All the health care professionals we spoke with said they had no concerns about people's safety or said they were not aware of any concerns. A care manager told us the registered manager had dealt well with previous safeguarding concerns over the last few years by taking a positive attitude and taking appropriate action.

There were systems in place that ensured safeguarding concerns were reported appropriately. Staff received training in safeguarding adults and this was refreshed as necessary. Staff we spoke with demonstrated a good understanding of their own responsibilities in reporting any abuse they suspected and knew how to do so. Staff told us that if they suspected abuse was taking place they would report to the manager, the local authority and by notifying the CQC. This was in line with the homes safeguarding policy. The manager told us they had 'policies of the month meeting' where they met with staff and explored a chosen policy. They told us these had a focus on safeguarding, whistle blowing and other connected polices. These meetings helped ensure staff were familiar with policies, and were kept up to date with any changes.

Assessments were undertaken to identify any risks to people's safety. These provided clear information and guidance to staff in how to keep people safe. All risk plans were regularly reviewed and updated. For example, there were risk assessments to identify risks with falling, using the stairs, choking, nutrition and hydration and the risk of pressure areas. Staff were able to tell us the particular risks for individuals.

Staff investigated and took appropriate action following incidents and accidents to see if they could be avoided in the future. Staff made records following an incident to help identify any patterns or trends and amended the care plan to reduce the risk of them reoccurring. Staff told us they always met with the manager after an incident to look at the possible causes and how to avoid them in the future.

People told us there were enough staff and they did not have to wait for care. Relatives told us that they thought there were enough staff and their family member never had to wait for support. One relative told us "Nothing is ever too much to ask". The manager told us they were re assessing the staffing levels and mix of staff due to the changing needs of people. They told us they would do this by using a dependency tool to assess the number of staff on duty with skill mix on each floor depending on the dependency levels of the people.

There was a safe recruitment process in place and the required checks were undertaken prior to staff starting work at the home. Recruitment files included evidence that pre-employment checks had been made, including checks with previous employers and satisfactory Disclosure and Barring Service checks (DBS). This was a service that provided checks to help ensure staff were safe to work with adults. We also saw records of health screening and photographic evidence of their identity had been obtained. There were copies of relevant qualifications and training that staff had. This demonstrated they were appropriately qualified and had the necessary knowledge, skills and experience to meet the needs of people. There were procedures to report staff to the appropriate professional body if they were no longer fit to work in health or social care.

Medicines were stored safely and securely and were administered by appropriately trained nursing staff. Staff were aware of what medicines people needed and when. Relatives told us that where their family member had needed support they had been informed and involved in the medicines they were taking. Where people managed their own medicines a risk assessment had been carried out to ensure they were safe to do so. Medicine Administration Records (MAR) charts were used to record if people had taken their medicine or not. There were no omissions and recent records were clear. This meant that people were receiving medicines safely. There was appropriate guidance for staff with information about what bad reactions to medicines would look like. There were appropriate return procedures for unused medicines and that there were none out of date in storage to remove the

# Is the service safe?

risk that they be used in error. Monitoring of medicines was in place where required for such medicines that needed that such as Warfarin. (Warfarin is used to reduce the clotting of blood and needs to be checked regularly to ensure the dosage is correct.

The provider had sufficient arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. For example during extreme snow or flood. This included personal evacuation plans and a place of safety should the home become unusable for care. We asked staff about these plans and they were able to tell us about them and what to do in an emergency.

# Is the service effective?

## Our findings

The relatives and all but one of the people we spoke with told us they felt staff knew their job. One person said the level of staff knowledge varied, but they could talk to the staff member, or if not the manager to resolve any issues.

Staff knew people's needs when asked. We spoke staff members. Staff were able to describe people's needs and preferences, this was confirmed when we looked at care records. Some specific and individual examples were, one person not liking to use flannels and one person having reversed sleeping habits This showed is that people's needs were recorded and that staff knew people's individual needs well.

New staff received an induction which included for example, health and safety, handling and lifting, safeguarding and whistleblowing. Staff were up to date with training and refresher courses were booked to ensure they continued to build upon their skills and knowledge. Staff had had additional training where required for individuals conditions, for example phlebotomy training which is training to draw blood safely Staff received regular formal recorded supervision on an eight weekly basis and appraisals regarding their performance, conduct and training needs. Staff told us they felt they felt supported and they had good access to training.

Where people lacked capacity to understand certain decisions, best interest meetings occurred to make these decisions on their behalf to ensure their rights were maintained. These involved family members, independent mental capacity advocates where needed, and social workers.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager was meeting those requirements. Staff had been trained on the Mental Capacity Act (MCA) 2005.The provider and staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves were not unlawfully restricted. Staff asked people before providing support to ensure the person agreed. Some people had restrictions placed on them to keep them safe. The provider had followed legal requirements and made applications to the supervisory body.

Menus showed a variety of food was on offer which included vegetables and fruit and we saw these were available in the home. Throughout the day people were offered hot or cold drinks. Records of risk assessments regarding food and healthy eating and associated management plans were in place. Staff showed knowledge of people's dietary needs for example they told us about one person's dislike of pork.

Peoples and their relatives told us the food was good and they got enough. Relatives told us their family member's food was good and they enjoyed the homes food themselves. A relative told us ''the chef has a good relationship people and talks with us about what food we like and how we like food prepared.

People were supported to maintain good health. Care records showed that when needed, referrals had been made to appropriate health professionals. When a person had not been well, their doctor had been called and treatment had been given. Relatives confirmed that their family member was seen by doctor when they needed to and had good access to health care and check-ups such as the community dentist and opticians. Relatives told us that their family member was able to access medical services with ease and their health was well maintained. Another person told us they had no worries about the levels of medical support provided by the service and staff.

# Is the service caring?

## Our findings

People and their relatives all told us the staff were very caring and spoke kindly to them. Two relatives told us the staff always ensured everyone got a present at Christmas so that no one was left out. The staff were happy and spoke to everyone. One relative told us the staff were always willing, happy and caring towards their family member. Another told us that they were surprised how much staff wanted to be friendly with them and their family member because they had not experienced it to that degree at other homes before.

One person told us that their husband joined her every day for lunch and sometimes tea. The manager confirmed this and told us that the home made all the arrangements to ensure that the meals were available for the couple, (at no charge to the husband).

We spoke to other relatives who confirmed they also had been offered meals at the home. The manager told us that they supported this because it created a pleasant caring environment that benefited everyone.

The staff were very welcoming and encouraged relatives' to visit and stay as long as they liked to support people's relationships. One relative told us that some relatives were supported to continue to visit and support the home after the passing of their family member because they had got to know other people there well.

When a person got lost on the way to the dining room a member of staff gently directed the person to go the way they needed to by placing gentle hand pressure in the small of the back which she responded to confidently. The staff member showed excellent empathy with the person they were supporting.

Relatives said their family members were always treated with respect and dignity and always had their care in private. People had suitable sized rooms with en-suite facilities so people could have personal care support privately and did not have to use communal facilities. Staff supported privacy by knocking and asking if they could go in and ensuring peoples room doors were closed while providing support. Two care professionals we spoke with told us they had never seen any problems around maintaining people's dignity.

Care plans were person centred and reflected people's wishes. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, from the persons own perspective and explained how they preferred care to be carried out. The information covered all aspects of people's needs and gave clear guidance for staff about how to meet people's needs. Staff knew the personalised care details of the people they supported and were able to tell us what people's likes and dislikes were. Staff were able to give us examples of a person's preference for how they liked to be supported. Staff gave examples which showed they did take time to get to know about people's preferences in the care plan and get to know the person they were supporting well. One example they gave of this was where one person they supported liked to wake up with the radio on low volume and have a coffee before they showered.

People told us they were involved in their care plans. Relatives told us that care plans and care planning were always discussed with them and their family members to support their involvement in decisions regarding care.

# Is the service responsive?

## Our findings

People and their relatives all told us they had no complaints and would feel able to raise any and would be listened to by the staff. Relatives told us there was good communication with the registered manager and if they raised any minor concerns they would be resolved before they needed to become a complaint. One person told us that They told us the staff would normally listen to their wishes, but if not they would talk to the manager and it would be resolved. There was a formal complaints procedure with response times. This included a response time limit of twenty eight days. Where people were not satisfied with the initial response it also included a system to escalate the complaint to the provider.

Assessments were undertaken to identify people's care and support needs. Care plans were developed from these, detailing how people's needs should be met and were written with the involvement of the person and their relative. These included peoples cultural needs and people confirmed these were met. For example with their cultural food preferences. Care plans were reviewed as people's needs changed so that staff knew what support people required. Relatives told us that if their family member's health or needs had changed staff always informed them. One relative mentioned their family member wanted their care provided differently and the manager listened and immediately arranged this.

Relatives told us their views about their family members care were listened to by staff and acted on. People were supported to make their own decisions and choices. Staff did this by supporting people to make their own decisions and consulting with relatives to get to know the persons preferences better. A relative told us that they were always involved in the care plan and reviews and the staff always supported their relative to make their own choices.

They told us one example of this was that the manager supported a group of these people to set up and run regular bingo sessions for people at the home. This meant that people were supported to maintain and make new relationships and were provided with activities they wanted.

People and their relatives were invited to initial care planning and reviews. Relatives told us the staff communicated well with them and always informed of changes to their family members health or care. One relative told us ''I were worried at first but the staff had put their worries to rest''. They told us the staff did this by explaining everything and kept them involved and informed.

All the health care professionals we spoke with said the staff responded to the issues they identified quickly, positively and took prompt action.

People were able to give feedback about the service at a number of different regular meetings. .

People and relatives told us there were enough activities they liked. People engaged in group and individual activities. Individual activities were agreed with the person as part of their assessments and reviews. People were supported to follow their own interests. For example a piano was provided for people to practice on and oil painting equipment was provided.

# Is the service well-led?

## Our findings

Relatives told us the home was well managed and had a relaxed and happy atmosphere. They also told us they had one to one meetings with the manager where they could raise quality issues and have them addressed. Staff told us they were happy, the manager was open and approachable and that they felt supported. Staff had a happy demeanour and the manager's friendly and humorous, but genuine approach was well received by them. All the people we spoke to and their relatives' only had positive comments about the manager. One relative said, 'This is a good place and a lot better than the previous homes'. One relative told us that at first they were depressed that their family member had gone into care and sometimes didn't want to visit for long. They told us that the staff had created a positive atmosphere by ''always being happy'', ''welcoming'', ''willing to listen and do anything to help''. They said this had made them feel better and want to stay at the home for longer visits than they had imagined.

All the health care professionals we spoke with told us the home had improved a lot over the last year and a half due to new management.

The manager told us they had worked hard at improving the culture at the home. They told us one way they had done this was to set up, a weekly open surgery where people could bring concerns directly to the manager. They told us that most people still came anytime, which was good.

The manager had supported people to have good access to the community. They did this by developing positive links in the community, for example links with local charities and the local church. This involvement included things like raising funds and the Harvest festival and Christmas events like carol singing.

There were staff meetings that discussed the running of the home. Staff told us they did feel involved and their ideas were listened to. The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, end of life support, compassion, dignity, independence, respect, equality and safety. These were regularly reviewed to ensure they contained the most up to date information and best practice guidelines. Staff showed an understanding and ownership of the organisations values, for example. There was a grievance and disciplinary procedure and sickness policy. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The home was in line with their CQC registration requirements, including the submission of notifications to us. This meant that we could monitor incidents in the home

There were processes in place for reporting incidents and accidents. Incidents were reviewed by the registered manager to identify any patterns that needed to be addressed and these were being followed up.

There were records of audits to assess whether the home was running as it should be. There was an annual audit by a senior manager that covered the home including peoples care records, reviews, complaints and the homes running, recording, and maintenance of records. The manager did a weekly audit called the 'weekly home check' where they audited finances, and water temperatures. They also did other audits on an annual basis, for example, complaints. These audits were all evaluated and action plans were produced to drive improvements.

Peoples care records and information was kept securely and confidentially in the office. These were easily and promptly located by staff when requested. Records were in good order and easy to navigate so as to find information efficiently.

Relatives said they were very happy with the quality of care their family member received.

The home sent annual quality assurance questionnaires to people who use the service, their relatives and advocates, and health care professionals. Relatives told us they had quality questionnaire where they could raise quality issues and could always raise anything with the staff at the home if needed. Action was taken following feedback from quality questionnaires. One example of action following this was where people had raised a query about why the annual holiday was at the same time every year? This was then changed to individual times. Another example was a bistro area was set up to improve visiting areas and access to the pond was being set up. This showed the service had listened to and responded to feedback from people.