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# Milton Grange

## 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

### About the service:

Milton Grange is a care home that provides personal care for up to 16 older people. At the time of the inspection, there were 15 people living at the service.

### People's experience of using this service:

People who were able to communicate with us told us they felt safe and everyone was relaxed with the staff and each other. They were cared for by a consistent staff team who had received training to carry out their roles. People received assistance to take their medicines as prescribed.

People were supported to access health care services. People's dietary needs and preferences were assessed and where needed, people received support to eat and drink.

People received care that was compassionate, respectful and responsive to individual needs. Care plans were comprehensive and reviewed each month.

People and their relatives knew how to complain, although no complaints had been received in the last 12 months.

No people were receiving end of life care at the time of our inspection visit. The staff were proud of the care they provided at the end of people's lives.

The manager and staff shared a clear vision about the quality of care and service they aimed to provide. They worked in partnership with other organisations to make continuous improvements and develop best practice.

More information is in detailed findings below.

### Rating at last inspection:

Good (report published in September 2016).

### Why we inspected:

This was a planned inspection based on the rating from the last inspection. The service remained rated Good overall.

### Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# 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. 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 carried out by one inspector.

#### Service and service type:

Milton Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Milton Grange accommodates up to 16 people in one adapted building.

Most people who used the service were living with dementia. The service did not require a registered manager. The owner was the manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced so the provider, manager and staff team did not know we would be visiting.

#### What we did:

Before the inspection we reviewed information, we held about the service and the service provider. The registered 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with six people who used the services and two relatives to ask about their

experience of the care provided. We spoke with the manager and three members of staff. We also observed care practice and 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 reviewed a range of records that included three care plans, daily monitoring charts and medicines records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, policies and maintenance checks.

Before and after the inspection we received feedback from a social care professional to obtain their view about the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us they felt safe with comments including, "I feel very safe with the staff. They are all very good." and, "I feel safe because the staff are always around. If you can't see them, you can hear them."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. Written guidance, with contact details of external agencies was available.

Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. These included risks associated with falls, skin condition and mobility.
- Risk management plans clearly set out the support people needed to mitigate the risks identified. These included actions such as respectful and discreet supervision and the completion of monitoring charts.
- The premises were safely maintained, and regular checks were completed that included electrical, gas, legionella control and fire safety. Equipment, such as lifts and hoists were regularly checked by external contractors. Some maintenance work was necessary to ensure that all areas of the home could be kept clean. The manager assured us this would be actioned immediately.

Staffing and recruitment

- People, relatives and staff told us staffing levels were sufficient to meet people's needs.
- Support was provided by a consistent team of staff who were familiar with people's needs.
- No new staff had been recruited since our last inspection. At that time, we found staff recruitment procedures were safe. The manager explained their recruitment process remained unchanged.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that met their preferences. One person told us, "They give me my medicine when I need it."
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
- The medicine administration records (MARs) provided contained the detail necessary for safe administration.

Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed. One person commented, "It is very clean here. They are keen on hoovering."

#### Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- The manager analysed information to identify trends and themes with in the home. Appropriate actions were taken to help reduce future recurrences.

# 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. People's outcomes were consistently good, and people's feedback confirmed this.

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

- Comprehensive assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met.
- Assessment and screening tools were used to check people continued to receive effective care.
- The manager attended learning hubs to ensure that people received care that reflected current good practice.

Staff support: induction, training, skills and experience

- People and relatives told us their needs were met and that staff, "are good at what they do," and, "are very very good."
- Staff told us they were well supported with supervision and training. Refresher and update training was provided, along with training specific to people's needs. One staff member expressed how powerful and helpful dementia experience training had been in helping them to empathise with people.

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

- People received a healthy and nutritious diet. Feedback from people and visitors to the home was positive and included, "The food is delicious," and, "The food is very good, I have plenty to eat."
- People were supported as needed to eat and drink and there were systems in place to ensure any changes to people's eating were picked up and acted on appropriately.
- People were supported to eat in the place of their choosing. Staff prompted and encouraged people and provided assistance when it was needed.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to health services such as community nurses, GPs, social workers and mental health teams.
- Staff recognised the importance of seeking advice and guidance from community health and social care teams so that people's health and well-being was promoted and protected.
- The manager and staff team worked proactively with other agencies. They took part in initiatives designed to improve people's outcomes and were positive about the results they achieved. For example, they had taken part in a project focussed on ensuring appropriate care for people with contractures and this had led to improved support for a person.

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

- There was homely feel throughout Milton Grange. The standard of décor varied with some parts of the home showing signs of wear and tear. The manager told us they had a program of redecoration alongside works planned to improve the whole environment for people.



- Following our inspection visit the manager wrote to us and detailed work that had already been carried out and clarifying that the remainder of the work was scheduled.
- The environment reflected current understanding of good practice in environments for people with dementia. Signage was in place and people's bedrooms were identifiable to them.

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.
- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- 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). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.
- Where there were restrictions on people's liberty, these had been authorised or applications were being processed, by the local authority, Conditions placed on DoLS were being met.

# 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 were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People looked comfortable with the staff that supported them. The staff were friendly, respectful and attentive to people's needs. It was clear that staff enjoyed their work, and a member of staff told us, "I care about everyone here."
- People told us the staff were "lovely" and "kind".
- Staff supported people in a kind, calm way. They responded to requests and offered reassurance appropriately.

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

- Most people needed support to make decisions about their personal care and where they spent the day. Staff understood which decisions people could make independently and respected these.
- Staff told us how they encouraged people to make decisions and determine how they lived their life. People were offered choices about where they spent their time and staff explained how they responded if people did not want support.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted dignity in all their interactions with people; speaking respectfully and being attentive to people's wishes.
- One person and their relative told us how they had become more independent since they had lived in the home. They had needed help to eat but now did this independently. The relative spoke highly of the support their loved one received.
- People were supported to maintain their appearance and staff were discretely as they provided this support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

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

- A relative told us they were encouraged to make their views known and they, alongside their loved one, were actively involved in discussions and reviews about care and plans. An electronic care planning system was used. Care plans were personalised and provided details of how to support people to meet their individual preferences and assessed needs.
- Staff knew people well and kept up to date with any changes through discussion with each other and the manager. A social care professional explained that staff always understood the plan in place to support people and this had meant they had been able to support people with complex needs.
- Most people spent the day in the communal lounge area. People chose what was showing on the television and were actively watching a gardening program during our visit. People told us that they had plenty to do. One person told us: "We have music and do exercises." Another person made use of the garden. Staff dedicated to supporting people with activities worked most days, care staff also had time to spend with people chatting and singing.
- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people. Care plans reflected what was known about how people communicated and this was shared with visiting professionals.

Improving care quality in response to complaints or concerns

- The manager told us they had not received any complaints in the last 12 months. They told us they spoke on a regular basis with people who used the service and their relatives and this meant that small grumbles were addressed as they arose. The manager and staff had good relationships with people and their visitors. They actively and regularly engaged with people and their relatives, and asked how they were. Feedback was shared on a wall and this enhanced the sense that all feedback was welcomed.

End of life care and support

- The manager reflected their commitment to the Gold standards framework for end of life care in the PIR. Staff and the manager spoke with passion about people and their relatives receiving the highest quality of care and support at this time of their lives.
- The staff team had received compliments from relatives about the support they provided at the end of their loved one's lives.

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

Promoting person-centred, high-quality care and good outcomes for people

- The manager and the staff team had a strong commitment to learning and making improvements to the service people received.
- People who used the service and relatives all spoke highly of the manager and the team. Relatives had put the home and staff team forward for recognition as part of a local paper's care awards. They had been a runner up referred to as a 'hidden gem' with hands on managers of a home filled with love.
- Relatives and people told us the staff were well managed. Feedback reflected the fact that all staff listened to them and acted on their wishes. We observed this to be the case during our visit with staff being attentive to requests made verbally and those indicated by people's demeanour and behaviour.
- Staff were motivated, spoke positively and felt well supported. It was clear they had good relationships with the manager. They told us, "We are very well supported." And "The manager is very good they support us well. This is why we work here."

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

- The manager had a clear vision of a homely environment where people received high quality care that reflected their individual preferences and this vision was understood by the staff. Staff were committed to learning and implementing their knowledge to ensure people had the best experience possible.
- The manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.
- Policies and standard operating procedures were reviewed regularly and provided clear guidance and direction for staff.
- Systems were in place to monitor and evaluate the quality of the service provided. For example, accidents and incidents were reviewed and information used to reduce the risk and prevent recurrence.
- Regular audits were undertaken that included medicines management involving external auditors and health and safety checks.

Engaging and involving people using the service, the public and staff.

- The service actively encouraged open communication amongst everyone who used, worked in, and visited the service.
- Surveys and meetings encouraged regular feedback and actions were taken based on people's comments. Plans for the garden were in process and a larger TV had been purchased following suggestions made by people and relatives.
- Staff felt valued and confident their views and feedback were listened to and acted upon.

Continuous learning and improving care and working in partnership with others

- The manager and staff team had developed good working relationships with external professionals. We received positive feedback that reflected confidence in the capability and commitment of the whole staff team.
- The manager worked in partnership with others. They attended local provider forums and sought out professional input and guidance.