

Surbiton Care Homes Limited

# Milverton Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Milverton Nursing Home is a care home providing personal and nursing care to 28 people at the time of the inspection. The service can support up to 30 people.

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

The home was not as well run as it could be. A manager was in place but they were not registered with the CQC. Audit systems were not always effective in identifying areas of improvement and corrective actions taken. The provider assured us they took our feedback on board, however time was needed to ensure these processes were embedded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received a safe service, with enough staff to meet their needs. Potential risks to people were assessed and people received their medicines safely. Staff had access to personal protective equipment (PPE).

People, relatives and staff were positive about the management team. The provider worked alongside other agencies to support people's care needs.

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

### Rating at last inspection

The last rating for this service was good (published 14 January 2021).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Recommendations

We have made recommendations in relation to recruitment processes and the duty of candour.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our 'safe' findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our 'well-led' findings below.

**Requires Improvement** ●

# Milverton Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Milverton Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Milverton Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used intelligence on our system to inform us of important events that had occurred at the home. We used all this information to plan our inspection.

### During the inspection

We spoke to 2 people living at the home and 1 visiting relative. 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 6 staff including care workers, nurses, the deputy manager and manager. We reviewed the care files of 4 people living at the home and 4 staff files. We looked at range of documents in relation to the management of the home such as audits, premises records and incidents. Following the inspection, we received feedback from 11 relatives.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement.

This meant 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.

### Staffing and recruitment

- People did not always receive support from staff that had undergone robust pre-employment checks to ensure their suitability for the role.
- During the inspection we reviewed the staff recruitment files and identified, one staff member did not have a current Disclosure and Barring Services [DBS] check or suitable references. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A second staff member had a DBS check dated 2013. This meant the provider could not be assured staff employed were suitable. However, the manager assured us this was an oversight and that they would seek to renew staff DBS in line with best practice recommendations.

We recommend the service review their recruitment processes in line with current guidance and update their practices.

- We shared our concerns with the manager who told us she would address this immediately. After the inspection they sent us updated record templates to ensure the above information was promptly captured.
- Notwithstanding the above, staff recruitment files contained photographic identification, proof of address, suitable references and a completed application form.
- People received care and support from adequate numbers of staff deployed to meet their needs.
- Relatives said, "Staffing at the home seems fairly stable which is really helpful for [people using the service]" and "More caring staff now than ever before during the week."
- We reviewed the staff rotas and found the staffing levels provided were flexible in responding to people's changing needs. A staff member said, "We go through phases but genuinely very constant [staffing levels] here." At the time of the inspection we identified the service used minimal agency staff to cover staff absences. However, agency staff deployed were familiar with the people using the service.

### Learning lessons when things go wrong

- Incidents and accidents were recorded, detailing who was involved and any injuries sustained. However, not all incident forms detailed what medical intervention was carried out or the action taken to mitigate repeat occurrences. We shared our concerns with the manager who told us, "We do log it but not in the same place, it's not been correlated." Following the inspection, the manager sent us updated records.

- There was insufficient evidence at this inspection to confirm lessons were learned when things went wrong. We will review this at our next inspection.

#### Assessing risk, safety monitoring and management

- People had risk assessments in place to record the areas where people may need additional support, and the measures staff needed to put in place to reduce the likelihood of the risk occurring.
- We did identify that the providers electronic care system did not always provide enough detail on how to respond to risks under the risk management section. However, this was clear within care plans. Following the inspection, the manager sent us updated risk management plans to show that this information had been included. We were satisfied with their response.

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

- People and their relatives told us they were safe living at Milverton Nursing Home. Comments included, "[Person] is definitely safe and well looked after, always clean and looking well", "When I use the buzzer, they come quickly" and "Certainly feel [person] is safe at Milverton."
- Staff had a clear understanding of how to identify, report and escalate suspected abuse. Staff told us should the manager not take sufficient action, they were confident in whistleblowing to external healthcare services, for example the local authority safeguarding team.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's consent to care and treatment was sought wherever possible.
- Staff had an understanding of their responsibilities in line with legislation.

#### Using medicines safely

- People continued to receive their medicines as required by the prescribing GP. One person told us, "The nurses administer my [loved one's] medicines and are well trained. Everything is documented clearly."
- We reviewed the Medicines Administration Records (MAR) and found these had been completed with no gaps or omissions. Only qualified staff were permitted to administer and record medicines. Where care staff were administering medicines, this was done under the supervision of a registered nurse.
- Medicines audits were regularly undertaken to ensure any issues were identified quickly and action taken to minimise the impact on people using the service. However, medicines audits were generic and did not clearly identify who the audit referred to. This meant we could not be certain who's MAR had been audited and when.
- After the inspection the manager sent us records of updated audit records. We were satisfied with their response. We will continue to monitor their progress at the next inspection.

#### Preventing and controlling infection



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was not registered with the CQC. Although there were plans for the manager to register, they had managed the home unregistered for a substantial period of time.
- Governance systems would have benefited from some improvements. Prior to our inspection the provider had not recognised that incident and accident records did not always state the action taken. Nor had they ensured DBS checks were renewed in line with best practice; and audits required more detail to confirm the records that had been reviewed.
- The manager's knowledge of the duty of candour required improvement. The manager was unable to tell us what the duty of candour meant and how this was relevant to their role.

We recommend the manager update their knowledge of the duty of candour and ensure governance systems are clearly embedded.

- The manager had a clear understanding of their responsibilities in relation to notifying CQC of reportable incidents.

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

- People and their relatives spoke positively about the management of the service. Comments included, "The management team are switched on and direct, gives confidence that the home is very well run", "I think highly of [manager], she is very approachable, and runs the organisation well." and "I would thoroughly recommend Milverton to anyone with a relative with similar needs to my mum."
- Throughout the inspection we observed staff seeking clarification and guidance from the management team, which was readily given.
- Staff were positive about the rapport and morale across the home. Comments included, "[Manager] is very much an open-door policy. When you get frustrated you can be really honest with [manager], and we can discuss how to fix problems. She is very supportive and [deputy manager], they work very well together."

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

characteristics

- People and their relatives' views were regularly sought. Friends and Relatives groups were held regularly where people could provide feedback and raise any issues.
- Surveys were sent to relatives and staff regularly to assess their satisfaction with the provider. We reviewed the most recent results and found them to be positive.

Continuous learning and improving care; Working in partnership with others

- The provider worked alongside other agencies to ensure continuity of care for people's health needs. Relatives said, "Any deterioration in [person's] state of health is noted quickly and the impact team called" and "I receive regular consent forms for vaccinations and any updates from doctor's visits."
- The provider worked alongside the Impact team, Speech and Language Therapy (SALT) and the mental health team. The manager said, "Everyone has experience in those different sectors and they have experience to help us and give the right support to the residents."