Mr Anandutt Rucktooa

New Milton Nursing Home

Inspection report

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Date of inspection visit:
03 August 2023
07 August 2023

Date of publication:
04 October 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
New Milton Nursing Home is a nursing care home providing personal and nursing care to up to 24 people. The service provides support to older people and people who have dementia. At the time of our inspection there were 20 people using the service. People were supported in 1 adapted building and had access to communal areas consisting of a lounge and dining area as well as a conservatory and some outside space.

People's experience of using this service and what we found
Medicines were not managed consistently. Risks had not always been properly assessed. Lessons were not always being learned when things had gone wrong. Environmental and building checks were being completed regularly. Staff were being safely recruited. Staff used PPE appropriately which supported the infection control for everyone in the care home.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People had care plans although these lacked details and contained discrepancies. People received suitable balanced diets appropriate to their needs. Staff worked with a variety of organisations to ensure people accessed and received appropriate support when needed. The care home had been adapted and was undergoing redecoration.

Systems were not always robust or effective in driving improvements. The registered manager had not been notifying CQC of certain events and changes in line with regulations. New systems were being put in place to monitor and support management oversight, which included an electronic recording system. Management was approachable and promoted communication with people, relatives and staff. People and relatives were involved in their care and staff worked in partnership with other professionals and agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 29 June 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

The provider plans on applying to CQC to change their legal entity. This application will be reviewed when it is received.

Why we inspected
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.

The inspection was prompted in part due to concerns received about medicines management, training, staffing and care planning. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New Milton Nursing Home on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to people's safe care and treatment, consent and the overall governance of the service at this inspection.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

New Milton 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 1 inspector and an Expert by Experience who made telephone calls to relatives following the inspection visits.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
New Milton 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. New Milton 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 a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 3 August 2023 and ended on 21 August 2023. We visited the location's office/service on 3 August 2023.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection
We spoke with 2 people living in the home. We spoke with 13 relatives following the inspection visits. We spoke with 6 members of staff including the registered manager, deputy manager, nursing and care staff. We reviewed a range of records, including 3 people's care records and multiple medicine records. We looked at 3 staff recruitment files in relation to safe recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

Requires Improvement

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 requires improvement. The rating for this key question has remained 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.

At our last inspection the provider had failed to ensure robust environmental and building checks were completed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection improvements had been in relation to the building and environment. However, the provider was still in breach of regulation 12 during this inspection. We found medicines not being well managed which placed people at risk of harm.

Using medicines safely

- People's medicines were not always safely managed.
- Medicines were not always managed consistently. For example, 1 person's medicine for a specific health condition had recently been reviewed. The medicine name and doses had changed. However, the medication administration record (MAR) had not been updated to reflect the correct doses and the medicine names on the MAR chart and medicine blister pack differed. This meant there was a risk of the person not receiving their medicines as prescribed.
- Medicines audits had not always been completed in line with the home's own policy and were not always robust enough to identify areas of concern. For example, we found stock discrepancies upon inspection which had not been identified by staff. This meant the provider could not be assured people were receiving their prescribed medicines appropriately.
- Some 'as and when' medicine protocols were not in place and some 'as and when' protocols were lacking in detail. This meant people were at risk of not having their medicines when they needed them.
- There were limited assurances around nursing staff having completed medicines training and competency checks. In addition, nursing staff were not receiving clinical supervision in line with the care home's own policies. This meant there was a risk of staff not having enough training to perform their job effectively.

We found no evidence people were harmed. However, robust systems were not in place monitor medicine stock levels, 'as and when' protocols were not always in place or detailed enough and new medicines had not been checked when they had been received from the pharmacy. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us how they planned to address concerns. This included; addressing concerns with the pharmacy, weekly medicines stock checks, and ensuring staff received relevant training and supervision. We will check the effectiveness of actions when we next inspect.

● Despite this, people and relatives told us they felt satisfied with the management of medicines. One person told us, "Yes, I get what I need." A relative told us, "I have no idea what medication [person] is on. I assume that [person] gets the right medicines. I know the nurses who sort the medication out and I trust them to do it right."

Assessing risk, safety monitoring and management
● Systems had not always been robust in assessing, monitoring and reducing risks to the health, safety and welfare of people using the service.
● People's care plans and risk assessments needed more detail to guide staff. For example, we found 1 person's care plan lacked details around signs and symptoms relating to aspiration. This meant this person was at risk of not receiving swift support when needed by appropriate staff and therefore this placed this person at increased risk of harm.
● People's care folders contained inconsistencies which had not been identified because these were not always being reviewed. This meant there was a risk of people not being supported in line with their care needs. Staff knew people well and agency staff had not been used for a long time. This reduced the risk, however, there was a risk if new and unfamiliar staff were to support people.
● A recent infection control visit had been completed by external professionals which highlighted some actions which the service was working towards.
● Environmental checks were being completed. For example, the fire system was tested weekly and staff had been involved in fire training and drills. Fire system tests and drills were documented and staff spoken with confirmed this.
● People had Personal Emergency Evacuation Plans in place to support staff to safely evacuate the home in the event of an emergency such as a fire. Staff knew where the plans were kept if they needed to access them.

Systems and processes to safeguard people from the risk of abuse
● Systems to safeguard people from the risk of abuse were not always robust.
● Most relatives felt people were safe. One relative told us, "[Person] is safe. If they were not, I would be speaking to [registered manager's name] or [deputy manager's name] in the office." Although 1 relative did report they had always felt their relative was safe until a safeguarding concern had been raised with the local authority. This was still on-going.
● Although staff knew where the safeguarding policies were kept and who to report their concerns to, safeguarding training had not always been effective. Management had not always been referring safeguarding concerns to the local authority safeguarding team and had not been notifying CQC, which they are legally required to.
● We saw management were completing analysis of concerns, this had led to some measures being put in place to reduce risks for people, such as contacting other professionals for additional support.

Learning lessons when things go wrong
● Lessons had not always been learned when things had gone wrong.
● The local authority had conducted their quality monitoring visits and identified areas where improvements were needed, however, improvements were not always being made swiftly.
● The deputy manager completed analysis of accidents, incidents and safeguarding concerns to identify patterns and trends. This was having a positive impact on people as some additional support had been requested which had been highlighted through analysis.

Staffing and recruitment
● People were supported by enough safely recruited staff, although there were areas where improvements

could be made in line with best practice. For example, we identified some staff had gaps in their employment history. The provider had carried out other checks to make sure staff were appropriate for the roles.

● Relatives told us they felt there were enough staff. One relative said, "The staffing levels are high in my view."

● The registered manager carried out pre-employment checks to ensure only staff who were suitable to work with people were employed, this included obtaining references and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 responding effectively to risks and signs of infection.

● 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.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to have visitors throughout the day and there were no restrictions in place around this. Visitors saw their relatives in their own rooms or in communal areas. We saw relatives visiting people while we were there.

Requires Improvement

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.

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People did not have decision-specific mental capacity assessments and best interests' decisions in line with the principles of the MCA. This meant people had not had the opportunity to be involved in decision-making or for a formal best interests decisions to be made with all relevant parties involvement.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● DoLS applications had been submitted and DoLS authorisations were in place for people where necessary.

Staff support: induction, training, skills and experience
● Staff received an induction although there were limited assurances around staff training due to poor training records being kept.
● Some nursing staff had not completed their medicines training and the registered manager was not

completing supervisions with nursing staff to ensure they were competent in administering medicines. This meant there was a risk of people's medicines not being safely managed by staff.
● The registered manager told us they planned to start supervision with nursing staff, and the deputy manager confirmed they were completing regular supervisions with non-clinical staff which care staff we spoke with confirmed.
● Staff we spoke with told us they were completing their training and this was kept up-to-date through an online training system.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had care plans in place, which included their preferences, to meet their assessed care needs.
● Care plans contained discrepancies and lacked details necessary to guide staff in how best to support people with specific health conditions. This meant there was a risk of harm to people. However, consistent staff knew people well, and the service did not use agency staff, which reduced the risk to people.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff supported people to have a balanced diet and to drink enough fluids.
● People we spoke to said they were generally happy with the meals and felt they could tell staff about what food they wanted.
● Most relatives were satisfied with people's meals. One relative said, "I think the food is lovely. It is all fresh. [Person] has 2 hot meals a day and has to have everything pureed. I feel that it is very nutritious, and I don't think [person] misses out." Although 1 relative told us, "I feel that there has sometimes been an issue over choice, and they have given [person] something without really asking whether [person] would like that or something else."
● People received modified diets in line with professional recommendations and we observed staff supporting people who were unable to eat themselves.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked with other organisations to ensure people received timely and appropriate support to achieve positive outcomes for people.
● A relative told us, "They have a doctor or nurse practitioner in every week to review all the residents. Usually if myself or a nurse thinks [person] is developing [an illness] they get them seen by the doctor who will provide antibiotics."

Adapting service, design, decoration to meet people's needs
● The service had been adapted to meet the needs of the people in the service and there was on-going refurbishment to up-date the care home décor.
● People we spoke with told us they were generally happy with the décor. One person told us, "It's a big place. Some of the doors want some repairs. The room I was in needed decorating as there were knocks [to walls from equipment], but I'd rather it be slightly untidy and be comfortable."
● Relatives told us they felt the home was kept clean. One relative told us, "It is a bit old fashioned, and the décor could do with a bit of paint around. It needs bringing up to date a bit."

Supporting people to live healthier lives, access healthcare services and support
● People generally had access to health care services when they needed it.
● One person told us, "If I need to see the doctor, they come here. They [Staff] took me to the dentist."
● Healthcare professionals regularly attended the home to provide support to people in the home. However, the deputy manager was finding it difficult to access dental and hearing support for people who were not able to attend appointments outside of the care home, as these professionals no longer visited the home to

provide this support.

Requires Improvement

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 requires improvement. The rating for this key question has remained 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

- The provider had not ensured all systems and processes in place were effective in keeping people safe.
- Medicines and care plan audits had not always been thoroughly or regularly completed in line with the care home's own policies.
- Staff recording was inconsistent and this meant there was a lack of oversight and assurances that people were being supported in line with their assessed care needs.
- The registered manager had not been notifying CQC of certain events as they are required to do so by law. However, retrospective notifications have since been submitted.

Effective quality assurance systems were not in place to mitigate risk of harm to people in the care home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Lessons had not always been learned. This is the 2nd time the care home has been rated requires improvement and swift and sustainable improvements had not been made.
- The registered manager started to implement new systems, such as an electronic recording system, to drive improvements. This had not been fully implemented and staff were having training on the new system at the time of our inspection.

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

- Management promoted an open-door policy and invited people, relatives and staff to speak with them whenever they wanted to.
- People were asked for their feedback and we observed this during a residents meeting on the day of our inspection.
- One relative told us, "I think from a management point of view both [registered manager's name] and [deputy manager's name] are approachable. There is always an open door to their office, and anyone can go and speak to them."
- Questionnaires had recently been sent to relatives and their responses had been received and analysed.

We will review the effectiveness of this when we next inspect.

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 registered manager understood the importance of being open and transparent with people and relatives when things had gone wrong and acknowledged improvements were needed going forward.

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

● People felt included in their care planning and equality characteristics were considered. One person told us, "[Nurse's name] did my care plan [with me] and added the funeral information as well as risk assessments."

● Most relatives told us they had input in their relatives' care planning. One relative told us, "Just the other day they have computerised their record keeping, so I reviewed the care plan with [a nurse] who is dealing with the electronic records."

Working in partnership with others

● The service worked with other professionals and agencies.

● One person told us, "A lot of different people come in. We have had physiotherapists, chiropodists, opticians, and the Church come in."

● Relatives told us other professionals came into the home to support their relative. One relative told us, "They seem to be very proactive in keeping on top of any issues with [person's] health. For example, they got in touch very quickly with dermatology over problems [person] had with their skin."

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to complete decision-specific Mental Capacity Assessments and Best Interests decisions in line with guidance and legislation.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure people were safe from the risk of harm through ineffective systems and processes.

The enforcement action we took:

Warning Notice Served.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure effective systems were in place to drive improvements and provide management oversight.

The enforcement action we took:

Warning Notice served.