

Wessex Care Limited

Milford Manor Care Home

Inspection report

Milford Manor Gardens
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Milford Manor Care Home provides accommodation and personal care for up to 30 people who have mental health conditions and/or dementia. At the time of the inspection there were 20 people living at the home. Accommodation is provided over two floors accessed by stairs and a lift. There are communal areas such as lounges, dining areas and a conservatory. The building has enclosed gardens with a large decking area for people to access from the ground floor.

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

Visitors to the home were screened prior to being able to go inside the building, this included a lateral flow device test (LFD). Only those with a negative result for COVID-19 were permitted to visit. Personal protective equipment (PPE) was provided for all visitors. The home had a 'visiting pod' in the garden which had been used for visiting in addition to garden visits. Indoor visiting was being planned during the inspection but had been paused due to an outbreak of COVID-19.

The provider had invested in specialist equipment for use during the pandemic. This included an 'Ultra-V' machine which was used to decontaminate areas of the home and an air purifier which helped to filter the air. Following the recent outbreak, the provider had arranged for the whole home to be professionally cleaned and had replaced all pillows and linen. A visit from the local authority environmental health officer had taken place and resulted in a '5' rating for the kitchen. This meant there was 'very good' hygiene standards.

Staff had engaged with weekly testing as per the government guidance and been provided with PPE throughout the pandemic. Staff had collectively decided to wear scrubs which were laundered on site. Staff had been given training on safe use of PPE and infection prevention and control procedures. Staff we spoke with felt well supported generally but also felt safe working during the pandemic.

Staff had been trained to administer medicines and had checks on their competence. People had an electronic medicines administration record which demonstrated people had their medicines as prescribed. During a recent COVID-19 outbreak staff had used un-prescribed oxygen for people to help them breathe more easily. Whilst this action had not caused people harm, the provider investigated this concern in full and worked with the local authority and other agencies to review this action.

Staff were aware of the different types of abuse and how to report any concerns. They were confident the provider would take appropriate action in response to any concerns raised. There were sufficient numbers of staff deployed which the provider kept under review.

Risks had been identified and recorded and there were management plans in place. Staff reviewed them regularly and made referrals to healthcare professionals if needed in a timely way. Regular servicing and maintenance checks ensured equipment and the premises was in good repair. Accidents and incidents were

recorded and reviewed to identify any action to take to prevent reoccurrences.

Relatives and staff told us the home was well managed. Staff enjoyed their jobs and told us there was opportunity for them to share their ideas which helped staff feel valued. We were told by relatives and staff that the home had a "family" atmosphere which was important to them. Staff knew people well and the care provided was personalised.

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

Rating at last inspection

The last rating for this service was good (published 27 November 2017).

Why we inspected

We received concerns in relation to the use of un-prescribed oxygen for people during a COVID-19 outbreak and concerns about a visiting 'pod' at the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

Follow up

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Milford Manor Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

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. A medicines inspector and an assistant inspector supported the inspection virtually.

Service and service type

Milford Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We observed some care and support that people received and were able to observe social interactions between people and staff. We spoke with one member of staff and the registered manager. We reviewed six people's care records and multiple medication records.

After the inspection

Following the site visit we organised to carry out telephone calls to five relatives, seven members of staff and were contacted by three healthcare professionals to share their views of the service. We spoke with the operations director, business director and the two founding directors virtually. We also reviewed a range of evidence which included safeguarding and complaints logs, three staff files in relation to recruitment, quality monitoring records and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong

- This inspection was prompted in part due to concerns received about the use of un-prescribed oxygen during a COVID-19 outbreak. The provider had carried out a comprehensive investigation and found there had been occasions where staff had used oxygen prior to agreement with a clinician.
- The provider worked with the local safeguarding team to review this incident and found there was no indication this action had caused people harm. They had however, identified there were lessons to be learned across the health and social care system. These lessons will be taken forward in conjunction with the local Clinical Commissioning Group. The provider has reviewed their systems and processes to prevent reoccurrence.
- People's medicines administration records had the required information recorded and there were no gaps in recording.
- Staff had been trained to administer medicines safely and had competence checks carried out to check for safe practice.
- The medicines storage room had been re-decorated to provide a more effective working space. Temperatures of the room and medicines fridge were monitored daily and recorded. Records seen demonstrated temperatures were within a safe range.
- Systems were in place to make sure all incidents and accidents were reviewed to identify immediate action to take and to identify any patterns and trends.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us people were safe. One relative told us, "The last year has been very difficult we all know that. I am really pleased with the staff, they look after [relative] the best they can. Never had any cause for concern."
- Staff knew what signs of abuse to look for and knew how to report any concerns. Staff told us they would not hesitate to report anything they were concerned about.
- Systems were in place to make sure safeguarding concerns were shared with the local authority and notified to us if needed.

Assessing risk, safety monitoring and management

- Risks to people had been identified and were recorded in their care plans. There were assessments in place to mitigate risks and give staff guidance on how to support people safely.
- Where people needed additional support to manage risks staff had made referrals to specialist professionals. For example, people at risk of choking had been seen by the speech and language specialist, people at risk of developing pressure ulcers had been referred to the community nursing teams.

- Systems were in place to make sure maintenance and servicing of equipment was carried out regularly to ensure it was safe to use.

Staffing and recruitment

- The provider used a dependency tool to calculate staffing numbers. This was based on the needs of the people living at the service. The registered manager told us they updated the tool regularly to keep staffing numbers under review.
- We observed there were sufficient numbers of staff working during our inspection and relatives and staff we spoke with told us there were enough staff to meet people's needs.
- Staff had been recruited safely. Pre-employment checks had been carried out to make sure staff were suitable for their role.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff and the registered manager demonstrated a person-centred approach and knew people and their needs well. Relatives told us the care people received was of good quality. One relative told us, "The staff are a lovely great bunch of ladies, cannot fault them, it takes special people to work with people with dementia and they are all special people at Milford Manor."
- Relatives and staff spoke about the home feeling like a "family". They appreciated this style of approach. One relative told us, "There is nothing officious about them [staff] at all, they are all very much like family to [relative], it is super."
- Staff we spoke with told us they were well supported by the registered manager and the provider. Comments included, "I feel like I am always supported, from the first day I came in, from starting the job as it can be nerve wracking. I was instantly welcomed, if there is a problem, they reassured me I can be in contact" and "Brilliant, can't fault them [management] would not wish for a better boss, all very supportive and available to speak to at any time. They are always willing to help you, they will do anything to help us."
- Staff we spoke with all told us they enjoyed their work. Comments included, "I love my job, I love the residents they are funny and kind. I also like to assist the staff, if they need my help I will be there" and "I just love caring for people, they become your second family, I love making people happy, learning new things, I am happy working in 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

- There were two registered managers in post. During our inspection we spoke with one registered manager who was clear about their role and responsibilities. The other registered manager was a founding director of the provider and available to people, relatives and staff if or when needed.
- Staff understood their responsibilities and knew who to approach in the organisation for any guidance or support.
- The provider had notified CQC of events that had occurred as required by law. The provider had a good understanding of their legal responsibilities and were open and transparent with people, relatives, staff and external agencies.

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

- We observed care and support during our site visit and saw people were involved in decisions about their care.
- People were supported to lead their lives as they wanted to. The registered manager told us, "We let the person be the person, we give people time to be them. People need to walk, we support them to do that, we don't tell people what they can't do. We support people to use the stairs, we let people take risks, we don't stop them doing things and being who they are."
- Staff had opportunity for supervision and felt able to share their views. One member of staff told us, "I feel happy saying anything, they [registered manager] always listen, you feel part of the family, valued and listened to."
- Relatives told us communication with the home and the provider was good. They felt updated with COVID-19 information and with updates on how their relative was.
- The provider sent out newsletters and briefing notes by email and kept their website updated with all developments. One relative told us, "They [provider] have kept me informed with quite some detail."

Continuous learning and improving care

- Quality monitoring systems were in place to check all areas of the service. Actions were taken to make any improvements needed. The provider had plans to refurbish areas of the home that were dated.
- Staff had carried out a piece of work to switch from paper-based records to an electronic care planning and monitoring system. The registered manager told us this was an ongoing piece of work to make sure all information required was stored on the electronic system.
- The registered manager told us they could already see improvements to monitoring of care as the electronic system alerted staff to any missed activities. This helped to make sure people had the care they needed in a timely way.

Working in partnership with others

- People living at the home had complex health needs so staff worked with a range of professionals to make sure people's health needs were met. One healthcare professional told us, 'The people we place with them have complex and sometimes challenging needs, and they [staff] have always looked after them well. One of the most important factors in this home is their [staff] genuine empathy, respect and care they give – plus they always make sure people have a little fun'.