

Milkwood Care Ltd

Milkwood House Care Home

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

This inspection took place on the 22 and 23 January 2018 and was unannounced. During our previous inspection on 30 June 2016 we found 2 breaches, of which one was a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The other was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to write an action plan to show how they would address these concerns and the provider identified 30 November 2016 for the completion of these actions. During this inspection we checked whether the provider had completed their action plan to address the concerns we had found. We found the provider had made the required improvements.

Milkwood House is a 'care home'. People in care homes receive accommodation and 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.

Milkwood House accommodates up to 38 people including those who are living with dementia. The home is set in secure grounds near to the town of Petersfield. People are accommodated in either a bedroom with en suite facilities or have the use of a communal bathroom. Other facilities included a dining room and a lounge. At the time of our inspection there were 35 people living in the home.

The home has 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 2008 and associated Regulations about how the service is run.

There was guidance in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. The provider had an effective recruitment process in place to make sure the staff they employed were suitable to work in a care setting. There was a new electronic medicines management system in place and medicines were safely administered and as prescribed.

Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their need. Staff were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. People were supported to eat and drink enough and they had access to healthcare services, such as GPs and district and practice nurses when their health care needs changed.

Care workers had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support, and their views were listened to. Staff respected people's independence, privacy, and dignity. The care and support given was based on assessments and care plans which took into account people's abilities, needs and preferences. People were able to take part

in activities which reflected their interests and preferences. The provider had a complaints procedure in place, and any recent complaints had been responded to and actions taken to learn from them.

People said that they thought the service was well led and that the registered manager listened to them and acted upon what they said. Staff told us they felt the registered manager was good, supportive, and approachable and felt able to raise any concerns with them. The registered manager demonstrated a good understanding of the needs for the service.

Audits were used to drive improvements in the service. The operation manager's visits were used to identify areas of the service for improvement and these were actioned. People's records were accurate, completed in a timely manner and stored securely.

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.

Medicines were managed safely.

People were protected from harm and staff received training to be able to identify and report abuse.

There were sufficient staff to meet peoples' needs. Staff pre-employment checks had been completed.

The provider had assessed and effectively managed risks to people's safety and wellbeing

Is the service effective?

Good 

The service was effective

Staff receive appropriate training and ongoing support in in their role.

People had access to healthcare services as required.

People were supported with a diet appropriate to their needs and preferences.

Staff worked in partnership with other services to help ensure people received effective care.

The provider made adaptations to the service to meet people's needs.

Staff respected people's legal rights and freedoms.

Is the service caring?

Good 

The service was caring

Staff understood people's needs and were caring and attentive.

People were involved in making decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care in line with their needs and preferences

People's complaints and concerns were investigated thoroughly.

People received care in line with their wishes at the end of their life.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive culture that was open inclusive and empowering that achieved good outcomes for people.

People were supported by a service that used quality assurance processes to effectively improve the service people received.

The registered manager gathered feedback from people and relatives through feedback forms and resident meetings, feedback was used to make positive changes to the service.

Incidents were used as learning opportunities to drive improvements within the service.

The registered manager worked in partnership with other agencies to promote the health and wellbeing of people

Milkwood House Care Home

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 was to check 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.

The inspection took place on the 22 and 23 January 2018 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

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.

We spoke to the registered manager, the operations director, the providers, twenty four people, ten relatives, nine staff members and three health professionals. We observed staff interactions with people and responsiveness to their needs.

We looked at six care files which included initial assessments, risk assessments, care plans and any relevant information about the person. We also looked at policies and procedures; audits; infection control; medication management; activities programmes; staff rotas staff files including training and recruitment and minutes of staff meetings and supervisions.

Is the service safe?

Our findings

At our previous inspection in February 2016 we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to fully protect people from the risks associated with the unsafe management of medicines was a continuing breach.

At this inspection we found improvements had been made in this area to meet the requirements of this regulation.

Senior staff were trained to administer people's medicines, people received their medication as prescribed and PRN medication was given to people when needed. Following the breach from the previous inspection and the appointment of the new registered manager there had been a new electronic medicine management system put in place. This enabled the registered manager to log on and check on medication rounds, medicine management and disposal of medicines no longer required. The system was linked to the pharmacy to arrange return of unwanted medication and to order repeat prescriptions. There was a monthly medication audit which covered the recording, storage and administration of medicines.

People told us they felt safe at the home. One person said "Yes I feel safe, there's always someone around. Staff are always here for me." One relative said "I visit every day, [relative's name] seems safe here, it has a nice feel to it."

There were sufficient numbers of suitable staff to support people safely. People said there were enough staff, and staff told us their workload was manageable. We saw staff were able to carry out their duties in while ensuring people were safe. The manager told us that staff will work extra hours or work extra shifts to cover sickness and annual leave to avoid the home being short staffed although this is not often required. The registered manager said "I will go on the floor and help out where needed if we are short staffed."

Records showed that the provider carried out the necessary checks before staff started work. Staff files contained evidence of induction, training, and proof of identity, employment history, and references from previous employment. There had been checks made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

The provider had identified and assessed risks to people's safety and wellbeing. These included risks associated with falls, food and fluid intake, pressure area sores, dementia and mental health. Risk assessments and care plans were in place to manage these and staff carried out their work meeting the needs of people in a way which met people's individual needs.

The provider had in place suitable policies and procedures to protect people against risks of harm and abuse. Staff had attended safeguarding training and were aware of when they should report any safeguarding concerns. We discussed the management of safeguarding concerns with the registered manager who evidenced they had taken appropriate action to safeguard people from abuse, including identifying learning from these to improve practice. There was a whistleblowing procedure to follow and

staff felt comfortable in their knowledge to be able to carry this out if it was necessary.

The provider had taken steps to ensure people were kept safe in an emergency. Fire and evacuation procedures were in place and there was a fire test weekly to ensure all the systems were working. There was a fire test while we were there.

The home was clean and there were hand washing facilities as well as anti bacterial gel around the home. There were systems in place to avoid any contaminated clothing or bedding to be washed with anything else with good management of the laundry. Staff followed current best practice infection control guidance to effectively manage a recent flu virus outbreak at the service

Is the service effective?

Our findings

People told us they felt staff were competent and effective in their role. One person said, "Staff are lovely, friendly and very caring. They are very well trained in my view." Another person remarked, "The staff provide top class care."

Staff received a programme of training which was suitable for their role. New staff received training in line with the Care Certificate. The care certificate is an industry recognised set of standards designed to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. The service had recently appointed a training coordinator. Their role would be to deliver face to face training with staff, which was bespoke to the people living at the service. They told us, "We want to empower staff through training. We are looking at making training specific to the needs of people and staff by looking at people's needs and also how staff best learn." Staff received ongoing support and development in their role through supervision with their line manager, direct observation of their working practice and training updates. This helped to ensure that staff had the required skills to remain effective in their role.

The registered manager used a range of different assessment tools to assess people's needs and inform them of appropriate plans of care. These assessments helped to identify where people were at risk of not eating and drinking enough, pressure area injuries and helped the registered manager to calculate appropriate staffing levels to meet people's needs.

People had access to healthcare services when required. One person said, "I can see a doctor if I need to, the way they look after our health is second to none". A second person remarked, "They do all they can to look after us well, and would know what to do if I was unwell." One person's relative reflected, "Staff always call the GP in if necessary and always let me know too. I appreciate that." Each person had a file which documented their health needs, any upcoming health appointments or any actions from previous appointments which required staff to action. This helped to ensure that their changing health needs were addressed.

Staff worked with other services where necessary to ensure that people received the support they required. People had access to dentists, opticians, doctors and chiropodists. Where they required specialist interventions, staff made referrals to occupational therapists, speech and language therapists, dieticians and district nurses. This helped to ensure that they were receiving the appropriate input from services to promote their health and wellbeing.

People told us the food provided was of good quality. Comments included, "The food is good. It's very nice, we all have clean plates!", "I love the food, it's great, they put a choice on the board, so we can have what we like" and , "The food here is cracking, we are always being asked about the kind of things we like and provided the requests are reasonable, they often appear on the menu."

People at risk of poor nutrition were assessed using a malnutrition screening tool. Actions such as referral to the GP, food and fluid monitoring and higher calorie foods were provided to support people at risk. We observed people were regularly offered drinks and people told us there was always a drink available to

them.

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. The registered manager kept records of assessments and meetings that documented decisions that had been made in their best interests in relation to their care and welfare such as the decision to consent to support with personal care. We found the service was working within the principles of the MCA .

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We found the service was working within the principles of the MCA. The registered manager was aware of the procedures to follow and had obtained authorisations where necessary.

The provider had made adaptations to the home environment to make it suitable for people's needs. There was a passenger lift and a stair lift in place which people could use to access different floors of the service. Where people were at risk of falls around stairs, the provider had installed stair gates which meant that people could not access stairs without manually unlocking them. There were risks assessments in place for the safe use of these stair gates and they were easily retractable in the event of an emergency if quick access was needed. This helped to ensure that people could safely access the stairs.

Is the service caring?

Our findings

People told us that staff were kind, caring and compassionate. Comments from people included, "Staff go the extra mile. They're very kind, always", "Oh yes, [staff] are marvellous. They're very good to me. They always have time for me", "Staff are lovely here, beautiful, angels they are" and "It's such a good group of staff. They are so friendly."

Staff understood people's backgrounds, likes and preferences. They were attentive to people's needs and patient when encouraging them with their personal care. Staff were aware of people's preferred routines, where they liked to sit and who they liked to socialise with. Staff took the time to sit and talk to people about their day and were upbeat in their interactions, which people responded positively too.

People and their relatives told us staff were welcoming and friendly. Comments from visitors included, "We visit anytime. We even visited late one evening; we're always made to feel welcome", "I visit anytime with no prior warning. In fact, one time the whole family came, it was quite chaotic with us lot all here, grandchildren as well but they were really accommodating", "My son is visiting tomorrow, he comes quite a bit, he's always been keen on this place, he lives close by." One person told us, "I can go out when I want, if I'm invited by the family."

People told us they were treated with dignity and respect. One person said, "If I have to take my clothes off, [staff] are there to cover me up. Anything I can't manage, they do and they always close the curtains." A second person commented, "Staff are always asking me if what they've done is okay for me, whether there's anything else they can do. Very respectful but friendly at the same time." A third person reflected, "Staff always knock before they enter my room and they ask before they do anything." Staff told us how they promoted people's dignity by respecting their privacy when they chose to stay in their rooms and ensuring that people were supported with their personal care away from communal areas. One member of staff said, "Our attitude is treat people like how you want your mum to be treated. We teach all the new staff this and the manager is always checking that we do as we say."

People and relatives told us they were involved in making decisions about their care. One person said, "I am in charge of my care." A relative told us, "The staff here are amazingly caring and that they treat everyone kindly. I am involved in decisions about [my relative's] care and the manager has told me if I have any worries to let her or another member of the staff know and they would help." A second relative confirmed, "The staff are very good with communication now and I think I am kept up to date and involved in important decisions about my relatives care." A third relative reflected, "Communication is good with families now, they would notice if mum had a rash or something and whatever they thought needed doing would be done and they'd let me know too." One person told us how they were given a choice about the gender of the staff member who supported them with their personal care. They said, "I just didn't feel I would be comfortable with a man helping me wash and dress, not at my age. I told staff this and now I always have a lady to help me."

The service demonstrated a clear understanding through the planning and delivery of care about the

requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics. These are, age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person said, "I never have to wait very long for help and they don't make you feel you're a nuisance when you ask." A second person commented, 'It's brilliant here, I've got a buzzer on my wall if anything happens.'

People received personalised care and were encouraged to be as independent as they wished. One person told us, "They only do the things that I can't do for myself and that's good." Another person said, "I prefer a shower in the morning. That's my choice and they [staff] respect it. It makes me feel I'm in control of my own life here." A third person commented, "They let me do my own thing, sit where I want, do what I want. They're good, never unkind, nothing like that here." Details of people's preferred routines were captured in their care plans. These were regularly reviewed by staff to help ensure that they contained the most current information about people's needs.

The service was in the process of transferring to the use of an electronic care planning and monitoring system. The system enabled the registered manager to monitor key aspects of people's health and wellbeing from electronic recordings from staff about people's personal care, medicines, food and fluid or any incidents involving people. This would enable the registered manager to monitor people's care in 'real time', enabling them to quickly make interventions in response to people's changing needs. The registered manager told us they were planning to use this system throughout the service by April 2018.

People told us they were kept stimulated through an organised programme of activities. One person said, "I love the activities. When we have them, I enjoy trips out." Another person commented, "If there's anything going on, I join in. Life is for living and I like to know what's going on." A third person reflected, "There's quite a lot of activities normally, I love going out on the bus when there's trips out." The service had a designated activities coordinator, whose role it was to identify suitable activities for people. They told us, "I'm going to focus on finding activities for the people that stay in their rooms, it's their choice of course but I'm going to explore it'.

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. The registered manager ensured that all staff had a good understanding of people's individual communication needs by sharing this guidance in staff handovers, team meetings and supervisions. This helped enable staff to communicate effectively with people to ensure their wishes and needs were met. One person sometimes found it difficult to recognise themselves or remember who they were. Staff told us how they spoke to the person in clear, simple language using topics and expressions the person was familiar with as a point off reference, which helped the person orientate them self and communicate their wishes.

People told us they understood how to make a complaint and that the registered manager listened to their concerns. One person said, "This new manager is really licking things into shape, if you have any problems you can talk to her and you know she'll not only deal with it but she will come back and let you know what she's done and check that you're happy with it." Another person reflected, "I did raise a complaint once, it

was probably a bit of a personality thing between myself and a member of staff but I spoke to both the manager and the member of staff and it was very quickly resolved." One relative told me "I know the manager. I've no complaints or concerns, it's great. I would speak to her [registered manager] if something not right." The registered manager displayed a copy of the complaints policy in communal areas of the service. This meant it was accessible to families or visitors. The registered manager logged all complaints. These logs documented the steps they took to investigate concerns and the actions taken in response. People who made complaints received a written account of the outcome of investigations, which helped to ensure they felt their concerns were taken seriously.

People were supported to make important decisions about their care arrangements when receiving end of life care. Where people had made advanced decisions about their care arrangements, these were documented in their care plans. The registered manager told us how they worked with people, families and other professionals such as district nurses and doctors to ensure people had the right level of support and treatment to help ensure they were pain free and comfortable. Some staff had received additional training in 'end of life care'. This training was designed to teach staff about providing effective and empathetic care at the end of people's life.

Is the service well-led?

Our findings

At our inspection in June 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not operate effective systems to assess, monitor and improve the quality and safety of the home.

At this inspection we found improvements had been made by the provider in this area to meet the requirements of this regulation.

The registered manager had been in post since April 2017. We received positive feedback from staff and people about how improvements had been made since this date. One staff member said, "All the staff know that they can go to the registered manager and she'll deal with it and she gets results. She started in April and there's been a complete 360 degree turn around: paperwork implementation, practices and so on." One relative said "I've recommended this home to people I know, especially now with the new manager. It seems to be happier, more settled without all the changes to staff." One person said "The new manager, she's alright, she's approachable, you can have a joke. I think it's a good place to live. The best thing about it I would say the fact that we feel like family."

Effective systems were in place to monitor the quality of the service and identify any risks or areas where the service may be able to improve. The registered manager carried out audits monthly and fed back to the team through meetings or supervisions to facilitate learning and changes to be put in place. Audits carried out included medicine management, health and safety, kitchen, laundry and housekeeping. Regular team meetings and residents' meetings were being held to enable sharing of information and to gain feedback. Feedback was used to implement positive changes in the service. The operations manager met with the registered manager regularly to give support and an improvement plan was in place to monitor the progress of the service which has been improving since the new registered manager has been in post. The operational manager audited the service twice a year.

Regular meetings were held with both the day staff and the night staff to enable them to express their views on the service and to be informed of updates. Staff were observed to uphold the provider's values across the course of the inspection in the provision of people's care. Staff were aware of the whistle blowing procedure and understood how to report any concerns.

Measures were in place to monitor incidents people experienced and to ensure appropriate actions had been taken for people. The registered manager analysed any incidents that occurred, identified the cause and made a person centred plan to avoid re-occurrence. Records showed that following incidents relevant measures had been taken for people such as the provision of equipment or a change in the number of care staff required for a person.

There was evidence of partnership working within the service. Social workers, district nurses, GP's and practice nurses attended regularly. There was open communication with other agencies and where the service had concerns about a person this was communicated to the relevant agency. There were historic

concerns raised by another agency about how quickly the provider informed them of any concerning issues; however, the registered manager stated that the service had learnt from that and would now communicate concerns in a more timely manner.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.