

National Society For Epilepsy(The) Milton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 and 10 January 2017. It was an unannounced visit to the service. This meant the service did not know we were coming.

Milton house is a care home which provides accommodation and personal care for up to twelve people with epilepsy, learning and/or physical disabilities. At the time of our inspection there were seven people living in the home.

Milton house provides accommodation on the ground floor. The first floor is out of use.

A registered manager from another of the provider's locations had recently taken on management of Milton house. They had applied to the Care Quality Commission to be the registered manager of Milton house as well as remain the registered manager for the other location. Their application to add Milton house to their registration was processed by the Commission on the 17 January 2017. 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.

The home was previously inspected in June 2016. At that inspection they were found to be in breach of three regulations and eight recommendations were made. They were rated as Inadequate in the Safe domain and received an overall Requires Improvement rating. This inspection was to follow up on progress with meeting the regulations and a review of their previous rating.

At this inspection we found improvements had been made. Regulations they were previously in breach of were now met. However, further improvements were still required to be made in relation to staffing levels, induction of staff and record keeping.

The service provided effective, caring and responsive care to people. People and their relatives were happy with the care provided. Relatives commented "Staff do a remarkable job and I can't fault them. "We are all very happy, relieved and feel [person name] could not be in a better place".

Improvements were required to keep people safe and to the management and monitoring of the service. This was because the staff worked over the expected amount of hours and the required staffing levels were not consistently maintained. Staff were suitably recruited, trained, supervised and supported. Staff who had been promoted into senior positions had not been inducted into their roles. This was immediately addressed but a recommendation has been made to ensure all staff are inducted into roles.

Systems were in place to safeguard people. Risks to people were identified and managed which promoted people's independence and well-being. People had care plans in place which outlined the support required. Care plans were detailed, specific, updated and reviewed as people's needs changed.

Medicines were safely managed. People had access to health professionals and their nutritional needs were met. People were involved with in- house activities and had access to activities on site and community based activities.

People's privacy and dignity was promoted. Staff were kind, caring and committed to providing good care to people. They had a good relationship with people and were aware of their needs and risks. Staff communicated appropriately with people. They promoted people's choices and were responsive to them. Relatives described staff as approachable, kind, caring, warm, friendly, marvellous, pleasant, obliging and dedicated.

People and their relatives knew how to raise concerns or complaints. Resident meetings took place. This provided another opportunity for people to discuss issues that concerned them. People and their relatives were asked to feedback on the service annually. Quarterly relative meetings took place. This was a forum to keep relatives updated on the service and the organisation.

The provider had systems in place to audit the service and action was taken to address their findings. Staffing levels, staff inductions and hours worked by staff were not being audited to ensure the right number of suitably skilled staff was provided. The manager was new to the home. They were an experienced manager who had brought about positive changes in the short time they had been there. They had provided support, direction and guidance to staff which was reflected in the feedback from staff and in staff practice. They recognised improvements were still required to further improve the service.

The provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

People were not always provided with sufficient staff to meet their needs.

People were safeguarded and risks were managed.

People's medicines were appropriately managed.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who were suitably trained and supervised. Systems were not in place to ensure staff who had been promoted internally were inducted into their roles. This was immediately addressed by the provider.

People were supported and enabled to make decisions about their day to day care within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) was complied with.

People had access to a range of health professionals to promote their health and well-being.

Good ●

Is the service caring?

The service was caring.

People were supported by staff who were kind, caring, approachable and dedicated.

People's privacy, dignity, independence and respect was promoted.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which outlined the support required to promote consistent care.

People were provided with activities suitable to their needs.

People were provided with the information on how to raise a concern or complaint.

Is the service well-led?

The service was not always well led.

People were supported by an experienced manager. They were making improvements to the way the service was managed.

People were given the opportunity to feedback on the service.

Systems were in place to monitor practices to safeguard people. Not all areas of practice were monitored to promote this.

Requires Improvement ●

Milton House

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 planned 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.

At our previous inspection in June 2016 the service was not meeting three regulations of the Health and Social Care Act 2008. This inspection took place on 5 and 10 January 2017. It was to review progress with meeting the regulations they were previously in breach of and to review the rating. This was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was undertaken by one inspector.

Prior to the inspection we requested a Provider Information Record (PIR) on the service. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed other information we held about the service also such as notifications and safeguarding alerts. We contacted health care professionals involved with the service to obtain their views about the care provided. We have included their written feedback within the report.

During the inspection we spoke with two people living at the home. We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to other people in the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we walked around the home to review the environment people lived in. We spoke with the manager, acting deputy, team leader and three support staff. We spoke with four relatives by telephone after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included three care plans, medicine records for seven people, shift planners, three staff recruitment files, staff training and staff supervision records.

Is the service safe?

Our findings

At the previous inspection in June 2016 we made a recommendation for the provider to review staffing levels to take account of people's changing needs and dependency levels. This was to ensure safe staffing levels were maintained.

At this inspection we found the required staffing levels were not always maintained. The manager and staff told us three staff were provided on each day time shift. Two waking night staff were provided at night. We looked at the duty rota and shift planners from December 2016 to the date of this inspection. We found five shifts where only two staff were provided on the daytime shift and two shifts where only one staff member was provided at night. This occurred due to sickness and bank staff not turning up. The manager or senior management were not informed and the on call protocol was not followed. We were told that a staff member from another location had helped out with moving and handling on the night shift where only one staff member was on duty. However the staff member had not signed in on the visitor book. It was not recorded on the shift planner either that a staff member from another location had provided assistance.

After the first day of our inspection the nominated individual confirmed they had taken immediate action to address our findings. They were investigating why the on call procedure was not followed and had reinforced the on call guidance to the management team at the home to prevent reoccurrence. They had also introduced a daily audit check which included checking staffing hours for the next 48 hours and identifying any issues with staffing levels on the day of the audit. A staff risk assessment was completed to identify and manage risks associated with unsafe staffing levels.

The home had four full time staff vacancies. They had recruited into two of these posts and were waiting on a start date for these staff. Bank and agency staff were used to cover the vacancies. Staff told us they regularly worked extra hours to cover gaps in the rota. They told us they were not pressured to but felt "They had to". This was to ensure people got the required care and consistent care. Staff commented "Regular staff are feeling the strain of covering shifts". "I feel tired" and "It feels never ending".

We looked at the rota for December 2016. The acting deputy manager had worked 69 hours in one week and worked an average of 55 hours a week over the four week period. A support worker worked 59 hours one week and worked an average of 40 hours a week over a four week period. We asked the provider for guidance on what was the maximum hours per week staff should be working. The nominated individual confirmed that their policy stated 58 hours per week. We saw two staff members had worked over that amount in the period we had reviewed.

The manager split their time between this service and another location. The acting deputy manager and team leader were meant to have one administration day a week to support the manager in their role. We saw from rotas this was not routinely happening due to lack of staff. The nominated individual confirmed after the inspection the team leader would be given one administration day a week and the acting deputy manager would be given two administration days a week. A support staff member from another location was being moved to the home to address some gaps in the rota. This was to enable the acting deputy

manager and team leader to have supernumerary time to carry out management responsibilities.

People told us staff were available to support them when they required support. One person told us "Usually there are three staff on each shift but sometimes there has only been two staff provided. This means staff are rushed". Another person commented "Staffing levels are not always satisfactory but does not cause a problem for me as I go out a lot".

Relatives expressed concern over staffing levels and turnover of staff. They were concerned about the impact that had on their family member. Relatives commented "The home is understaffed and turnover of staff do concern me". "Staffing has always been an issue but staff do the best they can in the circumstances". "The home is understaffed, staff seem stretched and turnover do concern me".

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because sufficient numbers of suitably qualified, competent, skilled and experienced staff were not consistently provided.

At the previous inspection in June 2016 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because safe care and treatment was not routinely provided. At this inspection we found the provider had met the regulation.

People told us they felt safe. They told us they felt confident to raise any concerns with staff. One person commented "If anything was worrying me I would tell my keyworker or any of the regular staff". Another person commented "Yes I feel safe, I go out walking a lot but always feel safe". People had access to information about safeguarding and how to stay safe. This was displayed on notice boards and reinforced at residents meetings. Relatives told us they believed their family members were safe.

A professional involved with the home commented "Milton house residents are supported safely, with staff adhering to care plans contributed to by external health care professionals. I have never witnessed unsafe practices whilst visiting the house".

Staff demonstrated a good understanding of how to keep people safe. They were aware of their responsibilities for reporting poor practice or concerns. Staff were trained in safeguarding. Policies and guidance on safeguarding were prominent on the notice board in the office. This supported staff's training and reinforced the steps to take in the event of a safeguarding incident. Appropriate safeguarding alerts were made.

Staff spoken with were aware of their responsibilities for managing and reporting accidents and incidents. We became aware of an accident where a staff member injured themselves trying to prevent a person who used the service from falling. An accident report had not been completed and the person's daily records made no reference to it. On day two of this inspection action had been taken and an accident form had been completed. Staff were also reminded of their responsibility to record and report incidents. All accident and incident reports were reviewed and signed off by the manager. This ensured trends in accidents and incidents were identified and measures put in place to prevent reoccurrence. Relatives told us they were informed if their family member was involved in an accident/incident that resulted in an injury.

At the previous inspection in June 2016 all risks to people were not identified, managed, updated and reviewed as needs changed. At this inspection we saw improvements had been made. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. People's support plans included a series of individual risk assessments. These were in relation to risks

associated with their behaviours, epilepsy, mobility, personal care, finances, communication, activities, community access, physical and mental health, pressure sores and nutrition. Pictures were used to provide clear guidance to staff on how to move and handle people to promote their safety. Risk assessments were kept under review and updated as new risks were identified or the level of risk changed. Staff had a good knowledge of the risks people presented with. They confirmed they knew how to support people to manage the risks.

Environmental risk assessments were in place. These were up to date and reviewed. They outlined risks to people, staff and visitors such as risks associated with the environment and provision of care to people. A lone working risk assessment was in place which was overdue for review. The deputy manager told us they were in the process of reviewing it as part of their review of other risk assessments. A fire risk assessment was in place and people's files included a Personal Emergency Evacuation Plan (PEEP) which provided guidance on how individuals were to be evacuated in the event of a fire. An emergency folder was in place which provided key information on people, their PEEP's, floor plan, fire risk assessment and evacuation plan. This was accessible to staff in the event of an emergency in the home. Staff were aware of its existence and their responsibility to take it with them if they were required to evacuate the home.

Health and safety checks took place which promoted a safe environment for people. Staff carried out monthly health and safety checks of the environment, fire equipment, hoists, bedrails and wheelchairs. Fire drills took place six monthly and the fire equipment, hoists, gas safety and portable appliances were serviced. A contingency plan was in place to provide guidance in the event of an emergency at the home.

At the previous inspection the water temperature was regularly recorded above the safe required levels for care homes. The water temperature records viewed showed this had been addressed and the water temperature was maintained within the recommended temperature range. Legionella testing took place and a legionella control schedule was in place which showed staff ran water in showers on a regular basis.

The home had a cleaner. They were responsible for cleaning the communal areas of the home as well as a daily clean of people's sinks. A daily, weekly and monthly cleaning schedule was in place. Tasks were signed off when completed. The cleaning schedule included cleaning of equipment such as wheelchairs, hoists and shower chairs. Staff supported people with cleaning their bedrooms and regular deep cleans were carried out. The home was bright, clean and welcoming. All areas of the home had been decorated. A refurbishment plan was in place which outlined planned refurbishment of the home and the provider was considering long term plans for the service. Relatives told us they found the home to be clean and were pleased with the recent redecoration of the home that had taken place.

Staff were trained in infection control and were aware of their responsibilities in relation to cross infection. We saw staff wore aprons and hair nets when involved with food preparation. Gloves were accessible to staff when supporting people with personal care. There was some confusion as to who the infection control lead was. The home's nominated infection control lead was on maternity leave. The manager agreed to delegate that responsibility to a suitably trained staff member. The home had an infection control risk assessment which was overdue for review. The acting deputy manager was in the process of reviewing associated risk assessments such as risk assessment on use of vinyl gloves. They agreed to review the infection control risk assessment as part of that review.

At the previous inspection in June 2016 medicines were not safely managed. At this inspection we found people's medicines were managed and administered safely. Some people self-administered their medicines, whilst others required staff to administer them. People's care plans included detailed guidance on the support they required to take their medicine. Risk assessments were in place to manage risks

associated with medication administration and self-administration of medicines. Care plans and medicine administration records highlighted known allergies. Medicines were stored appropriately, ordered monthly and records maintained of medicines received into the home and returned to the pharmacy. We looked at people's medicine administration records. Medicine administration records viewed were well completed and medicines given as prescribed.

The home had systems in place to promote safe administrations of medicines. Staff were trained, assessed and deemed competent to administer medicines. The provider had accessed external training to further promote safe administration of medicine and practices. A medicine policy and detailed guidance was in place to support staff in handling and managing medicines. Checks were undertaken twice a day to check stock levels of medicines. . Weekly checks of medicines for people who were self-administering and a monthly audit of medicines was carried out to promote safe practice.

The service followed safe recruitment practices. Staff confirmed they had completed an application form and had attended for interview. Staff files contained a photo, application form, medical questionnaire and evidence of an interview and written assessment. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) and references were obtained. This meant the required checks were carried out to ensure staff were suitable to work with the people they supported.

A relative commented "The organisation is good at getting good quality staff".

Is the service effective?

Our findings

At the previous inspection in June 2016 the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because staff failed to act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. At this inspection we found the requirement had been met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were trained in the Mental Capacity Act 2005 (MCA) and demonstrated they had a good understanding of the act. People were supported to make decisions on their day to day care. Care plans outlined whether people had capacity to make decisions on care and treatment. Best interest meetings took place for people who required it when decisions on treatment were required.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had been trained in DoLS. They had a good understanding of how it related to the people they supported. DoLS applications had been made to the Local Authority for people who required it. Management were aware which DoLS were approved and which were made and pending.

People told us they thought regular staff had the skills to do the job. They expressed doubt as to whether agency and bank staff were suitably skilled and trained. One person commented "The regular staff are all very good and know what they are doing. I have to tell agency and some bank staff what support I need and how I want my care given".

Relatives were confident the regular staff had the required skills and training. One relative commented "Staff seem good at what they do".

The home had no new permanent staff to enable us to establish if they had been inducted. There was a new bank worker in post. They confirmed they had attended induction training and had worked alongside more experienced staff in getting to know people. They felt they had the required information they needed to support people. However there was no induction record completed for them to confirm they had received an induction.

The acting deputy manager and team leader were promoted internally and new to their roles. They had not been inducted into their roles. It was not established either if they had the skills to do the job or what

training was required to support them in their role. On day two of the inspection the nominated individual confirmed they had taken action to address our findings. They had introduced a formal induction record for the acting deputy manager and team leader roles. The manager was to work through the induction with the acting deputy manager. An experienced team leader from another location on site was allocated to induct the team leader and work alongside them to support them in their role.

It is recommended the provider ensures all staff are suitably inducted into roles including staff who are promoted internally.

Staff told us they felt suitably skilled and trained to do their job. They confirmed they had good access to regular training. We saw they were able to relate their training to their working practice. All staff had access to training the provider considered mandatory such as fire safety, food hygiene, first aid, health and safety, safeguarding of vulnerable adults, moving and handling, infection control and epilepsy awareness. Alongside this some staff had specialist training in positive approaches, dementia awareness, report writing and end of life care. A training matrix was in place which showed what training had taken place, what was booked and what training was still required. Each month a report was sent to the nominated individual. This outlined the percentage of staff with the required training. It showed a high percentage of staff had the required training.

At the previous inspection in June 2016 a recommendation was made that staff are supervised in line with the organisations policy and systems in place to support staff such as team meetings and clinical review meetings take place in line with the organisations expectations.

At this inspection we found people were supported by staff who felt supported by the management team. Staff told us supervisions were carried out regularly. They said they felt able to talk to management of the home at any time if they required support. One staff member could not recall when they last had supervision. However they still felt supported in their role. The manager recognised staff had not been supervised at the frequency outlined in the provider's policy. Since being in post they had introduced a supervision matrix. This was to enable them to monitor that supervisions were taking place. The manager, acting deputy manager and the team leader had carried out a number of recent staff supervisions. This was to address gaps in supervisions and to ensure all staff were suitably supported. All staff had annual appraisals and review of their performance. Two staff appraisals were still outstanding. The manager was aware of this. They were arranging for these to be completed by the relevant managers who previously had on line responsibility for those staff members.

Systems were in place to promote good communication within the team. A communication book was in use to inform staff of important issues. Daily handovers, weekly clinical reviews and monthly team meetings took place. Staff signed to say they had read and understood people's care plans, risk assessments, policies, procedures, team meeting minutes and communication book. This practice promoted effective communication. Staff felt that despite the staff shortages in the team they worked well together and were supportive of each other. We observed staff worked well together. They got on with their allocated tasks and were aware of their roles and responsibilities for the shift.

People told us their health needs were met. A person commented "Staff make an appointment for me and take me to see a doctor if I am unwell". Relatives felt confident their family members health needs were met. They felt reassured too that their relatives had access to therapies on site, which was easily accessible and effective.

People's care plans outlined the support they required with their health needs. People had access to a GP,

dentists and opticians. People had regular reviews of their epilepsy with a specialist in the field. Other health professionals such as a physiotherapist, occupational therapist, speech and language therapist and district nurses were accessed for people when required. Records were maintained of appointments, action required and follow up appointments were scheduled.

We received positive feedback from two health professionals who visited the service. They confirmed the home was effective in meeting people's needs. This was because appropriate timely referrals were made to provide a tailored service to people. .

People's care plans outlined the support they required with their meal. Nutritional risk assessments were in place for people who were at risk of malnutrition. Food and fluid charts were in place and generally well completed, with some gaps in recording noted mainly in the afternoons. People's care plans outlined risks associated with eating such as choking and detailed any specific equipment required. We saw the right support and equipment was provided at the meal time to minimise these risks to people.

The home used an external company who provided ready prepared meals for the main meal of the day. This was under review and the manager was looking at the introduction of home cooked meals. People had the option of cereals and toast for breakfast and light snacks such as soup, bread and sandwiches for the evening meal.

Some people were happy with the meals provided. Others were less satisfied and choose alternatives to the ready prepared meals. One relative expressed concern that changing from the ready prepared meals to home cooked meals may lead to lack of nutritionally balanced meals. They felt this could put more pressure on an already stretched staff team. The manager was aware of the implications of changing the way meals were managed and was considering how best to address this

The menu was planned weekly and a pictorial menu was displayed in the dining room. Some people told us they did not like the meals that were supplied. One person told us they did their own shopping and we saw they had an alternative to what was on the menu. Records were maintained of the cooked food temperatures and meals eaten. People's weight was monitored and recorded to enable changes to be addressed.

We observed lunch being prepared and served. Staff took responsibility for cooking and serving the meal. People were offered a second helping and various food and drink choices. There was a calm and relaxed environment during the meal time which was conducive to people eating their meals.

Is the service caring?

Our findings

People told us staff were kind and caring. They were very positive about the relationship they had with the permanent staff. They found it difficult to get to know agency and bank staff. However they acknowledged the home had some regular bank staff that were used and they were generally nice.

Relatives described staff as approachable, kind, caring, warm, friendly, marvellous, pleasant, obliging and dedicated. Relatives commented "Staff do a remarkable job and I can't fault them". "Staff go out of their way to make [person's name] comfortable and that is appreciated". A relative told us they were very grateful that their family member was there. They commented "We are all very happy, relieved and feel [person's name] could not be in a better place".

A professional involved with the home commented "The high level of responsiveness to need stems from the relationships staff have nurtured with the residents. There seems to be a mutual respect and care demonstrated by both the residents and staff. I am always impressed by the camaraderie, the respect and the humour displayed between residents and staff. Affection is demonstrated by both residents and staff, with both parties judiciously using terms of endearment to address each other and appropriate, reassuring and comforting touch. Genuine regard for each other is demonstrated through facial expression and joint interaction".

Another professional involved with the home commented "Milton House are very fortunate to have had good staff retention which in turn results in long term relationships and in depth knowledge of the residents. I get a sense of home when I visit there, and a greater sense of it being a family, (with the inevitable problems that come with that), rather than it just being a house with staff and residents. Caring can be witnessed visually but also verbally when you feel the genuine outpouring of grief and concern when there is a loss in the house, or when one of the residents falls ill".

A third professional told us they had worked with the home some time ago. They commented "At that time I experienced caring staff who communicated actively with me over getting the best equipment for a resident".

At the previous inspection in June 2016 we observed negative interactions between staff and the people they supported. We made a recommendation for the provider to regularly monitor staff practice to promote good practice. Records were in place which showed management carried out spot checks on meals and handovers. Alongside this the quality compliance manager carried out regular visits to the home which included monitoring staff and working alongside staff in promoting good practice. Actions were taken to address poor practice.

At this inspection we observed positive interactions. Staff were kind and gentle in their approach and engagement with people. They offered them plenty of time to complete tasks. They provided people with good eye contact and used appropriate touch to encourage people. They treated people as individuals and called them by their first name.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. People and staff had a positive relationship which was fun, supportive and engaging. Staff involved people in their care by explaining to them what they were planning on doing, for example moving their chair. We saw when people were assisted with their meal staff explained to them what was on the spoon and about to go in their mouth.

The home had a named staff member who was a "Dignity in Care Champion". They were clear of their role. However they felt they had not been active in the role recently due to staff shortages. Staff had been trained in dignity in care to reinforce good practice.

Throughout the inspection people's privacy was promoted. People told us staff knocked on their doors prior to entering their bedroom. We saw during the inspection this was the case. People's bedrooms were personalised and decorated to their taste. This promoted their individuality.

At the previous inspection in June 2016 we made a recommendation for the provider to promote person centred care. At this inspection people were encouraged and enabled to be involved in their care and their independence was promoted. People's care plans outlined their communication needs. Staff listened to people and communicated effectively with them. Information and guidance on the notice board was provided in a user friendly way to further promote people's involvement.

The manager told us they were able to access advocates for people when it was required. An advocate is a nominated person to act on behalf of a person. Information on how to access advocates was displayed on notice boards and accessible to people and staff.

At the previous inspection in June 2016 people's end of life care plans made no reference to whether people were for resuscitation or not. A recommendation was made to address that. At this inspection we saw people's care plans included an end of life plan of care and funeral plans. It made reference to completed "Do not resuscitate" (DNAR) forms which were in place for individuals. These were colour coded to ensure staff knew who had a DNAR in place. This ensured people's wishes were taken into account in the event of their death.

A professional involved with the home told us staff supported their client who required end of life care. They commented "[person's name] did not wish to be moved to another home for end of life care where they would not have known anyone. The main staff involved had completed end of life training. After liaising with the palliative care nurses, district nurses and specialist nurses I was satisfied the home could meet [person's name] needs".

Is the service responsive?

Our findings

At the previous inspection in June 2016 the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because people's care plans did not reflect their current needs and care required. At this inspection we found the provider had met this regulation.

The care plans viewed clearly explained how people would like to receive their care, treatment and support. They included personal details and a pen picture of the person. A pen picture provides a summary of what was important for the person. Care plans were organised, detailed and specific as to the care required. Care plans included a description of people's individual health needs. For example, seizures and there were individual protocols in place for managing people with epilepsy. They were kept up to date and reviewed in response to changes in people's needs.

People had a keyworker. A key worker is a named member of staff who supports the person to coordinate their care. People were clear who their keyworker was. They were complimentary of them and the relationship they had with them. Relatives were aware who their family member's key worker was. They were very complimentary of them and the relationship they had with their family member and them. One relative commented [person's name] keyworker is brilliant, polite and gentle in their approach with {person's name} which worked well for them".

A professional involved with the home told us they had attended a review of their client. They commented "The resident had lived at Milton house a long time and had a very good relationship built up with a number of staff who knew them well and [person's name] felt supported by them. [Person's name] was given choices as to how to spend their day and they handled [person's name] problematic behaviours at time well "

People felt staff were responsive to their needs. One person commented "Staff always come when I call them".

Relatives told us staff were responsive. Relatives commented [person's name] was recently unwell and staff were quick and responsive in getting the right care for them". "Staff are responsive to changes in [person's name] they know when something is wrong and deal with it accordingly". "I value that staff adapt to [person's name needs and behaviour. I am so pleased with the progress [person's name] has made".

Throughout the inspection we saw staff respond to people's request for assistance. They were also attentive and responsive towards people who were unable to communicate verbally.

A professional involved with the home told us "The support staff are observant and responsive to change, evidenced by requests for assessment or review of care recommendations as a result of change in function or need".

People were empowered to make choices and have as much control and independence as possible. People told us they were able to make choices in what they wanted to eat, drink, when to get up, go to bed,

activities and holidays. People's care plan outlined how people who were unable to communicate verbally made those choices. Throughout the inspection we saw people were routinely offered choices in relation to what activities they wanted to do, what they wanted to eat, drink or watch on the television. Their choices and decisions were respected.

Activities were organised centrally and two named activities coordinator were allocated to the home. People had an individual programme of activities which included in house activities, on site activities and community based activities. People told us they were happy with the access and range of options provided. Relatives felt their family members had access to activities but recognised they may not always choose to join in. One relative was very pleased that staff had encouraged and motivated their family member to get involved in following some of their interests.

Staff felt access to community based activities could be better if they had more staff that could drive the company vehicle. They felt this may be addressed through the recruitment of new staff.

People told us they would talk to staff if they had any concerns or complaints. People were reminded of the complaints procedure in residents meetings. Information and guidance on how to make a complaint was provided on the notice board. This acted as a visual guide to people. Relatives confirmed they knew how to make a complaint and felt able to raise any issues or concerns with the staff.

The home had a complaints procedure in place. Systems were in place to log complaints. Records were maintained of the investigation and outcome. The home had one complaint and seven compliments recorded for 2016.

Is the service well-led?

Our findings

People told us they thought the home was well managed. They were very complimentary of the manager who had only been in a post a short while. One person described the manager as "Very good and experienced at what he does".

Relatives confirmed they were informed the home had a new manager. Some relatives had not met the manager. They confirmed they had spoken to him on the telephone and found him to be pleasant and helpful. A relative told us they were concerned managers did not work at the weekends and this made it difficult for relatives to get the opportunity to have a face to face conversation with the manager. However, they confirmed quarterly relative meetings took place which senior managers attended.

Another relative told us they had met the manager. They commented "I am really pleased with the new manager and feel very confident with him".

A professional involved with the home commented "Milton house currently has the benefit of experienced, positive leadership provided by [[manager name] in the manager post. The manager is well regarded by all employees of the Epilepsy Society. Although there have been several staff changes in Milton house over the last 6 months, I am confident [manager name] will be successful in recruiting staff and supporting the team in Milton to develop their skills, fully enabling them to offer excellent care to residents".

Another professional commented "Milton House have had some challenges recently with leadership but I think all of the issues have been addressed with the appointment of [manager name] as manager".

Staff were positive about the changes in the management since the previous inspection. They felt supported and felt able to go to the manager with any issues they had. They described the manager as "Accessible, very approachable, good listener, a great manager, good guy, experienced and knowledgeable".

The manager was the registered manager of another location and spent 50 percent of their time at each location. The nominated individual confirmed they intended to change this so the manager spends three days at Milton house and two days at the other location. This was until such time as the senior team had been suitably trained and inducted at Milton House. The manager had applied to the Commission to have this location added to their registration. Their application was successful and they became the registered manager for this service on the 17 January 2017. The manager was clear of their remit for developing and improving the service. Their priority was to recruit staff, ensure staff were suitably supported and supervised and provide staff with clear guidance and direction. This was work in progress. The manager was experienced in the role of registered manager. They provided the home with stability and direction which it needed.

At the previous inspection in June 2016 a recommendation was made for management to put systems in place to support staff effectively and look at ways of enabling and encouraging staff to share their concerns with management when that is required. The provider had introduced monthly visits from members of the

senior management team. We saw these were taking place. The quality compliance manager had a more visual presence at Milton house and an experienced manager had been deployed in the home to support the team. Staff told us they felt able to raise issues with the management team. However we saw they failed to follow guidance and inform management that the staffing levels had dropped below the required safe staffing levels. The nominated individual was investigating why that had occurred to prevent reoccurrence.

A staff member told us during feedback with the provider and manager that "They felt reporting to management would be seen as a failure". The nominated individual and manager reinforced the importance of informing management so action can be taken and support provided.

The manager was aware of their responsibilities under the Health and Social Care Act 2008. They had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The quality compliance manager carried out quarterly audits of the service and reported on their findings. The last audit took place in December 2016 and covered the period October to December 2016. This was a comprehensive report of their findings and actions required. The manager confirmed the actions were transferred onto the homes development plan and signed off when completed. These were reviewed in the manager's supervision with the nominated individual.

Staff carried out infection control, health and safety, catering, finance, medicine and care plan audits. Internal audits had identified shortfalls and action had been taken. However the provider failed to audit staffing levels to ensure they had satisfied themselves that safe staffing levels were maintained. Following day one of this inspection a daily audit of the shift was introduced to address this.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Staff, resident and relative meetings took place. Annual surveys were sent out to people who used the service, relatives, staff and other professionals to gain feedback on their experience of the service provided. The last survey was carried out in February 2016. Relatives confirmed they were asked to give their views on the service and generally felt their feedback was taken on board and acted on. They confirmed quarterly relative meetings took place. This enabled them to meet with senior management to get updated on the service and address any issues.

At the previous inspection in June 2016 it was recommended records required for regulation were suitably maintained and fit for purpose. At this inspection we saw improvements had been made in that care plans and risk assessments had been developed. They were organised, specific and up to date. There was still some gaps in daily recording of food, fluid and standing charts which needed to be addressed to ensure people got the required care.

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	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not consistently provided.