Barchester Healthcare Homes Limited

Milford House

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

Milford House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Milford House accommodates up to 80 people in one adapted building. At the time of our inspection 57 people were living at the home.

The home was last inspected in July 2016 and we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was not meeting the requirements of the regulations relating to staffing, medicines management and support for people to eat and drink. At this inspection we found the registered manager had taken action necessary following the last inspection and was meeting the requirements of the regulations.

This inspection took place on 7 November 2017 and was unannounced. We returned on 9 and 13 November 2017 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "I'm quite happy. They are all kind"; "I am well treated by staff. They treat us with compassion and kindness" and "The staff are very good to me. They're lovely". A relative told us, "I am very happy with the care provided. We have a good laugh with the staff." We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Medicines were stored safely in the home and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

There were sufficient staff available to provide safe care. People told us staffing levels had improved since the last inspection and most people said staff responded promptly when they called them. Nurses and care staff said they were able to provide safe care for people. A relative told us "Sometimes they are busy but there has been a definite improvement since about a year ago. Being short staffed is occasional now rather than regular like it was before. There has not been a time when [my relative] has not received the care they should".

Staff understood the needs of the people they were providing care for and had the knowledge and skills to

meet their needs. Health and social care professionals who had contact with the service were positive about the care people received and skills of staff. Comments included, "I have been very impressed with the standard of care, clinical competence and engagement of the staff. They exercise very effective and safe clinical judgement" and "Staff have had a couple of very complex wounds to deal with during the past year and have managed things very well. One resident had a fantastic outcome with healing of a chronic wound by the dedication and determination of the staff at the home."

Staff received a thorough induction when they started working at the home. They demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People enjoyed the group social activities that were arranged. The registered manager had identified that work was required to improve the opportunities for people who were not able to, or didn't want to participate in group activities. Plans were in place to make these changes.

The provider regularly assessed and monitored the quality of care provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service. The registered manager had a good understanding of improvements that were needed in the service and had plans in place to implement them. Staff and visiting professionals were confident in the skills of the registered manager and their ability to continue to make improvements to the service.

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.

People who use the service said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. Medicines were managed safely and people were supported to take the medicines they had been prescribed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for. People were supported to eat and drink enough to maintain a balanced diet.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and took appropriate action where people did not have capacity to consent.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and

upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good

The service was responsive.

People were involved in planning and reviewing their care. Staff had clear information about people's needs and how to meet them.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Staff supported people to set out what they wanted at the end of their life. There was clear information about people's wishes, which staff followed.

Is the service well-led?

Good

The service was well led.

There was a registered manager who promoted the values of the service, which were focused on providing individual, quality care. The registered manager ensured these values were implemented by the staff team.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff. They were used to improve the quality of the service provided.

Milford 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.

This inspection took place on 7 November 2017 and was unannounced. We returned on 9 and 13 November 2017 to complete the inspection.

The inspection was completed by two inspectors and an expert 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 previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During the visit we spoke with the registered manager, 18 people who use the service, two visitors to the home and 10 staff, including nurses, care assistants, catering and housekeeping staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for seven people. We also looked at records about the management of the service. We received feedback from five health and social care professionals who have contact with the service.

Good

Is the service safe?

Our findings

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely. The provider wrote to us to set out the action they would take to address the shortfalls following the inspection and said they would meet the requirements of the Regulation by November 2016. At this inspection we found that improvements had been made to ensure medicines were managed safely.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. People told us staff provided good support with their medicines, bringing them what they needed at the right time. People also told us they were able to have painkillers when they needed them.

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not always enough staff available to provide safe care for people. The provider wrote to us to set out the action they would take to address the shortfalls following the inspection and said they would meet the requirements of the Regulation by November 2016. At this inspection we found that improvements had been made to the staffing arrangements.

People told us staffing levels had improved. Most people said staff responded promptly when they used their call bell, with comments including, "They come quite quickly if I press my buzzer", "If I press it [the call bell] someone will come and help me" and "Staff generally come quickly when I use the call bell. Sometimes there's a bit of a delay at busy times, such as the mornings, but it's not too long." Two of the 18 people we spoke with said they sometimes had to wait for what felt like a long time when they used the call bell. We fed back these comments to the registered manager.

Nurses and care staff told us staffing was sometimes difficult, but said they were able to provide safe care for people. Staff said the situation had improved since the last inspection and shortages were now covered by agency staff where needed. One nurse told us they had previously raised concerns with the registered manager about staffing levels they felt were not safe. The nurse said they had received a good response from the registered manager and action was taken. Comments from staff included, "Care is safe [with the current staffing levels], but it is hard on staff", "Staffing levels have improved slightly recently. I feel the staffing levels are safe. We can meet people's needs but need to rush at times" and "Staffing is not too bad at the moment. We use agency staff if we are short staffed. We often get people who have been here before."

A relative told us "Sometimes they are busy but there has been a definite improvement since about a year ago. Being short staffed is occasional now rather than regular like it was before. There has not been a time

when [my relative] has not received the care they should, just that they are occasionally busy."

The registered manager said they used a dependency tool to assess how many staff hours were needed. However, the registered manager said the tool did not always capture the complexity of people's needs or the layout of the building, adding, "It is a tool and that is all it is." The registered manager said they would use over the allocated numbers if they assessed it was necessary. The registered manager said they were completing further work to look at the way staff were deployed and how staff breaks were organised. They were aware staff were very busy and said their plans would relieve some of the pressure on staff.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the recruitment records for three recently employed staff and a volunteer. The records demonstrated the recruitment procedures were being followed. The registered manager had records to demonstrate nurses employed in the home were registered with the Nursing and Midwifery Council (NMC).

People said they felt safe living at Milford House. Comments included "I feel very safe here, I have no problems" and "Oh yes, I feel safe here".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report suspected abuse if they were concerned and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

A social care professional who had been involved in safeguarding cases at the home said staff had worked well with them, commenting, "The staff were welcoming and well-prepared for my meetings, with the required documentation to support the investigation. They were willing and proactive in their approach and accepted my involvement and learning suggestions."

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to support people to minimise the risk of falls, to maintain suitable nutrition and to minimise the risk of developing pressure ulcers. People had been involved throughout the process to assess and plan management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

All areas of the home were clean and people told us this was how it was usually kept. Comments from people included, "My room is kept very clean" and "The cleaners come round regularly. I have no concerns about the cleanliness of the home." Clinical waste bins were available for staff and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home smelt fresh and clean.

Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. Staff had taken part in reflective supervision following some incidents. This was used to look at what had happened and review how they could respond differently in the future. This ensured lessons were learned following incidents and reduced the risk of an incident re-occurring.

Good

Is the service effective?

Our findings

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks relating to nutrition and hydration were not being well managed and there was a lack of action when people lost significant weight. The provider wrote to us to set out the action they would take to address the shortfalls following the inspection and said they would meet the requirements of the Regulation by November 2016. At this inspection we found that improvements had been made to ensure people were supported effectively.

The chefs had information about people's specific dietary needs. This included the consistency of the food people needed, information about people who had lost weight and medical conditions which affected the diet people followed. Kitchen staff demonstrated a good understanding of people's needs. Care plans contained details of people assessed to be at risk of malnutrition and strategies to manage those risks. The service had consulted with a dietician in planning the support people needed. People's weight was being recorded regularly and action had been taken to review plans where people had lost weight.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "The food is very good actually" and "The food is very good. The meat is always well cooked and there is a choice of meals." A relative told us, "The food is very good. I eat with [my relative] at times and enjoy it very much."

We observed lunch being served in different areas of the home and people being supported to eat in their rooms. We saw good support for people who needed help to eat and drink. Staff sat at the same level as people, took their time and explained what the food was. People were offered drinks and these were replenished when people finished them and had said they'd like more.

People told us staff understood their needs and provided the care and treatment they needed. Comments included, "The staff always do everything I need them to" and "I have no concerns. They always provide the care that I need." Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about people's diabetes, pressure care, dementia and nutritional needs. Staff in the service had access to guidance from the National Institute for Health and Care Excellence (NICE) and referred to these when developing care and treatment plans with people.

One of the healthcare professionals who provided feedback told us staff had a good understanding of people's clinical needs. They said "I have been very impressed with the standard of care, clinical competence and engagement of the staff. They exercise very effective and safe clinical judgement." Another healthcare professional commented, "Staff have had a couple of very complex wounds to deal with during the past year and have managed things very well. One resident had a fantastic outcome with healing of a chronic wound by the dedication and determination of the staff at the home."

Staff told us they received regular training to give them the skills to meet people's needs, including a

thorough induction and training on meeting people's specific needs. Training was provided in a variety of formats, including on-line, classroom based and observations of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the home. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. Care staff were supported to complete formal national qualifications in health and social care. Qualified nurses said they were able to keep their skills up to date and maintain a record of their continuous professional development.

Staff told us they had regular meetings with their line manager where they received support and guidance about their work and discussed training and development needs. We saw these supervision sessions were recorded. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I have regular supervision meetings. We receive good information about people's needs and good support from the nurses" and "We have regular supervision and an annual appraisal. I get the support that I need."

People said they were able to see health professionals when necessary, such as their GP, specialist nurse or attend hospital clinics. One person told us they were waiting for results following a recent hospital visit, adding, "The staff have been very good and have regularly chased the hospital to find out what is happening". People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted. A visiting GP told us, "The nurses give us good information when they call, which helps us to prioritise what they need. Staff follow instructions where necessary and call us [to request a visit] appropriately."

The registered manager reported the first floor of the home was in the process of being re-decorated and there was plans to replace some of the furnishings over the next year. The registered manager was also working with people through residents' meetings to plan changes to their gardens.

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 legally authorised under the MCA. People told us staff always checked with them before providing any care or support and respected their decisions. We observed staff working in this way, checking with people before providing any care or support.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for some people had been made by the service. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

Good

Is the service caring?

Our findings

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not always support people in a way that maintained their dignity and demonstrated respect. The provider wrote to us to set out the action they would take to address the shortfalls following the inspection and said they would meet the requirements of the Regulation by November 2016. At this inspection we found that improvements had been made to ensure people were treated with respect and in ways that maintained their dignity.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. The registered manager reported it was mandatory for all staff to attend this 'customer care' training, which covered the values of the organisation and how staff should apply them in practice. The management team completed observations of staff practice to ensure these values were being reflected in the care provided.

People told us they were treated well and staff were caring. Comments included, "I'm quite happy. They are all kind"; "I am well treated by staff. They treat us with compassion and kindness" and "The staff are very good to me. They're lovely." A relative told us, "I am very happy with the care provided. We have a good laugh with the staff." We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance.

Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way.

Staff communicated with people in accessible ways that took into account any sensory impairments which affected their communication. For example, there was clear information in care plans about ensuring people who needed hearing aids were supported to put them on before staff discussed their needs with them. Staff had supported people with visual impairments to use technology such as audio clocks and had individual discussions to plan what would make their room door more identifiable for them. The registered manager said they had access to a range of resources the help staff communicate with people, such as interpreters including those who used sign language and specialist equipment.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences. There were also regular residents' meetings, which were used to receive feedback about the service and make decisions about the organisation of the home.

We observed staff working in ways that supported people to maintain their independence, including encouraging people to be independent when eating and supporting people to make decisions by giving them clear information about their options, in ways which were accessible to them. Some of the care plans we looked at contained information on how to support people to maintain their independence.

Relatives told us they were able to visit at any time and said they felt welcome by the staff. However, two people told us their relatives had brought in folding chairs as they couldn't always find enough chairs when they visited. We gave this feedback to the registered manager who expressed concern at this situation. The registered manager said they would take action to ensure there were sufficient chairs available for people's visitors.

Good

Is the service responsive?

Our findings

People had care plans which contained detailed information about their clinical needs. The plans included information on maintaining health, treatment plans for wounds and pressure ulcers and people's preferences regarding their personal care. There was specific information about people's health conditions; for example, details about support a person needed to manage their Parkinson's condition and details of support another person needed regarding breathing. Care plans set out how people wanted their needs to be met. The plans were regularly reviewed with people and we saw changes had been made following their feedback.

There was one example of a care plan that did not contain all the necessary information about the support a person needed to manage their medicines. The deputy manager explained this information had been included in a previous version of the care plan and thought it had probably been removed in error when the plan was reviewed. Despite the missing information, staff demonstrated a good understanding of the person's needs and the support they should provide. The deputy manager had started the process to update the care plan by the end of the inspection, following consultation with the person and their GP.

People told us they were able to keep in contact with friends and relatives and take part in group activities they enjoyed. There was a list of planned activities displayed in the home, which included arts and crafts activities, games, exercise sessions, visiting entertainers and religious services. We observed staff discussing the activities that were planned with people, giving people the opportunity to decide what they wanted to take part in. The group activities that took place during the inspection were well attended and people said they enjoyed them. One relative told us they had attended some of the events, including an annual boat trip on the Solent. The relative said this had been a very well organised and enjoyable event.

We received mixed feedback about opportunities for individual activities, for people who preferred not to take part in the group events. Some people told us they were bored and didn't see much of staff other than when they were receiving care. Other people told us they enjoyed visits from staff and some of the service's volunteers. One person told us they particularly liked chatting with one of the volunteers, which they felt kept them in touch with what was happening outside of the home. The registered manager had identified, in the provider information, the need to develop the variety of activities offered in the service. The registered manager said this was a particular focus for those people who were nursed in bed. This was included in the home's development plan.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or their relative if there was anything they were not happy about. The service had a complaints procedure, which was provided to people when they moved in.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been investigated and a

response provided to the complainant. There was a record of on-going dialogue with people who had raised complaints, with meetings arranged to plan, discuss and review actions. Staff had taken part in reflective practice sessions following some complaints. This helped staff to understand the impact of what had gone wrong and apply learning across the service.

People's preferences and choices for their end of life care were discussed with them and recorded in their care plans. This included people's spiritual and cultural needs and contact details of relevant people who the person wanted to be involved. A visitor whose relative received end of life care at the service told us the care had been "excellent", and said staff had also been very caring towards them and their family. The deputy manager told us they were passionate about end of life care and worked closely with the local hospice team to ensure staff had the right knowledge and support to meet people's needs. Staff confirmed they worked closely with the hospice and palliative care team and said they received good support.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they were available throughout the inspection. In addition to the registered manager, there was a deputy manager and heads of different departments in the service making up a management team. The registered manager and deputy manager had both been appointed since the last inspection in July 2016. The registered manager had clear values about the way care should be provided and the service people should receive. These values were based on providing a high quality service, with a strong emphasis on person centred care.

The registered manager said their reviews of the service included observations of staff practice. This was used to ensure staff were putting their training into practice in the way they were working. The registered manager told us they were working with staff to change the culture of the service and use the very good understanding of people that the care staff had. The registered manager was leading this change by working in all staff roles in the service to understand how the home operated in practice and then working with staff to change what they could and challenge existing practice.

Staff told us the registered manager had a "vision for improvement" in the service, which had resulted in changes for the better. Staff said the registered manager had made significant improvements to the service in the previous year and had worked to create an open culture in the home that was respectful to people who use the service and staff. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction.

There was a system of audits and reviews of the service, which was used to create a development plan for the service. There were systems in place to track incidents and accidents in the service and plan action to minimise the risk of them happening again. The registered manager used a system of reflective practice following certain incidents. This was used so staff involved could analyse the event and assess whether taking other actions would have resulted in better outcomes for people. Where learning points were identified, action was taken to ensure these were implemented in practice.

Personal confidential information was securely stored in locked offices and cabinets. Staff were aware of the need to ensure information remained secure. We observed staff following the home's procedures and ensuring confidential information was not left unattended or unsecured.

There was a brief daily heads of department meeting, which was used the ensure everyone knew what was happening that day and make sure there was a plan to deal with any issues that had arisen. This helped to ensure there was clear communication about any changes in people's needs and the support they needed.

Satisfaction questionnaires were used to ask people and their visitors their views of the service. The results of the surveys were collated and actions were included in the registered manager's development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.

Feedback from health and social care professionals who worked with the service was positive about the way the registered manager and staff worked with them. Comments included, "Since [the registered manager] has joined the team, the staff seem more empowered and even more passionate about their roles"; "The management team are always available to speak to if needed" and "I'm very happy with the service provided. It's great to work with a helpful team."