

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Milton House

The National Society for Epilepsy, Chesham Lane,  
Chalfont St Peter, Gerrards Cross, SL9 0RJ

Tel: 01494601374

Date of Inspection: 19 March 2013

Date of Publication: May  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services**

✘ Action needed

**Care and welfare of people who use services**

✔ Met this standard

**Safeguarding people who use services from abuse**

✘ Action needed

**Supporting workers**

✔ Met this standard

**Assessing and monitoring the quality of service provision**

✔ Met this standard

## Details about this location

Registered Provider	The National Society for Epilepsy
Registered Managers	Mrs. Mary Hooba Ms. Caroline Thompson
Overview of the service	Milton House is one of a number of homes situated in the Chalfont Centre for Epilepsy. It provides accommodation and personal care for upto 12 people with epilepsy, learning and/or physical disabilities. At the time of our visit 10 people were in residence.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 March 2013, talked with people who use the service and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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People's privacy and independence were respected at the service. Care plans were person centred to reflect people's wishes and preferences. We saw risks were identified and measures put in place to reduce likelihood of injury or harm. People had access to healthcare professionals to help keep them healthy and well. However people's diversity, values and human rights were not consistently respected or promoted.

The people we spoke with said that they were happy with the care and support they had received from the home. People described the quality of the care as "good" and "very good."

People who used the service told us that they felt safe and had not seen or suspected any cases of abuse. However we found people were not protected from the risk of abuse because staff lacked knowledge of the home's safeguarding policy and procedure. This meant people could not be assured if they were at risk of abuse staff would take the appropriate action.

People told us staff were able to deliver the right level of care and support. People told us "all the staff know us well here and understand our needs" and "staff are very good at their job."

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

You can see our judgements on the front page of this report.

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 30 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** × Action needed

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was not meeting this standard.

People's privacy, dignity and independence were not respected and promoted.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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People, who used the service, where they were able, expressed their views and were involved in making decisions about their care. We saw information about people's background, the level of care they needed and initial epilepsy review were noted in the pre-admission assessments. People's wishes and preferences in relation to the care being provided, how they liked to spend their time and how they liked to be supported were noted. We saw that evidence of peoples views were ascertained through discussion and consultation before receiving care on an ongoing basis.

We spoke with three people who lived at the home. They all indicated they were happy living at the home and said staff were kind and friendly. People told us they had choice and made their own decisions about the activities they wished to take part in. Comments included "I choose what to eat and when I wish to go out", "I choose to get up early as I like to have my shower nice and early" and "we have good choice of activities that we can take part in here."

People's diversity, values and human rights were not consistently respected or promoted. During our visit we observed a resident had requested for a cup of tea and wanted to have this with their sandwich. The staff member refused to give them tea and told them they will only get one when everyone else is served, leaving the person visibly upset and confused. We also noted a person had expressed they had enough to eat and asked for the leftovers to be taken away, however the staff declined and told the person they will only clear their cutlery once the plate was empty. We saw the person was uncomfortable and remained reserved throughout the meal time. We found this did not respect and promote the person's human rights and dignity in a communal setting.

We used the Short Observational Framework for Inspection (SOFI) as part of our visit at the home. Our period of observation included the time lunch was served. We saw people's care was carried out in a dignified way. For example, staff offered clothe protectors at meal times only to those people who needed or wanted them. We saw one person was offered

a foot rester whilst having his meal. We observed staff sat down next to people when helping them with their meals and provided one to one support to the people who needed this. However, we saw one person was intermittently aggressively vocal in expressing their displeasure during lunch time. We noted one person was disturbed each time the person raised their voice aggressively. We saw another two people looking uncomfortable each time the person shouted. We discussed this with the staff members, who agreed that this was an issue but could not tell us if they had raised this with management. We spoke with the deputy manager who was not aware of the discomfort the person's behaviour caused to other residents.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We viewed three care plans. We saw each care plan was person centred, informative and flexible to the needs of the person. We saw in each care plan file there was a "What is important to me", "How people who knew me describe me" and "How to best support me" documentation. For example, for one person we noted their space and privacy was very important to them and they liked to be left alone for some quiet time. We saw another person wanted the staff members to support them by encouraging them to take part in the activities that took place. We saw another person needed support by staff assisting them to read their letters.

The care files we viewed included risk assessments. We saw risk assessments had been regularly reviewed. These had been written for risks such as infection control, showering and bathing, falls and challenging behaviour. For example one person had a challenging behaviour risk assessment in place. We saw it outlined the triggers that escalate the person behaviour hazard identified, nature of potential risk identified and the actions staff needed to take to minimise and manage the risk.

The provider may wish to note, during our visit we observed the entrance to the lounge was not user friendly for wheelchair users. We saw on several occasions people were having difficulties entering and leaving the lounge and saw their movement was restricted. This was discussed with the deputy manager, who explained this had been identified as an issue and had been escalated to management. She further explained this was discussed in the recent staff meeting and actions will be taken to address this matter.

We saw people had been supported to attend health related appointments. These had been documented in the person's care profile, for example GP, Optician and dentist appointments and hospital appointments. This would ensure that the people had access to healthcare professionals to help keep them healthy and well.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the staff's lack of knowledge and people could not be assured that if they were at risk of abuse that the staff would take the appropriate action.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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People who used the service told us they felt safe and had not seen or suspected any cases of abuse. Staff were confident any allegation or suspicion of abuse would be handled appropriately by the manager.

The manager had appropriately notified the Care Quality Commission (CQC) and the Local Authority Safeguarding of Vulnerable Adults (SOVA) team of a recent safeguarding incident. This showed they were aware of and following the relevant guidance and confirmed the provider responded appropriately to any allegation of abuse.

When we spoke with staff they told us they had received safeguarding training. This was confirmed by the training records that were made available to us. Staff were able to describe how they would identify abuse. However in our discussion with staff we found they were not aware of the home's safeguarding procedure and could not tell us the course of action they would follow if management was not around. They could not tell us the contacts outside the organisation. This meant people were not protected because of staff's lack of knowledge and could not be assured if they were at risk of abuse staff would take the appropriate action.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. The four staff we spoke with told us that they had good training opportunities. Training records showed staff had completed training in medication, infection prevention, epilepsy awareness and support planning. They told us this gave them confidence when working with people with specific needs. Staff told us they were adequately prepared to provide care according to people's needs. Staff described the training as "very good... very informative", "the training is of high standard and has been very helpful for my job." This ensured staff received appropriate training to do the job.

We saw staff member's supervision files and these showed staff were supervised every six weeks and received an annual appraisal. Staff said the supervision process "worked very well" and covered aspects of providing care, feedback on the care provided, their job satisfaction and training requirements. They were also satisfied with the informal day to day contact they had with the manager. They said they could raise issues and ideas for improvement. The manager told us during one supervision meeting they had identified some management training would be beneficial for a staff member and enrolled them on a National Vocational Qualification (NVQ) level 3 management course. One staff member told us they felt listened to and when they raised concerns the manager took immediate action. This ensured people received their care and support from staff who were supported appropriately by their manager.

People who used the service told us staff were able to deliver the right level of care and support. Comments included "all the staff know us well here and understand our needs", "staff are very good at their job...we are well taken care off" and "I really get on well with the staff because they understand me."

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service and staff were asked for their views about the care and treatment provided and their views were acted on. Staff carried out satisfaction surveys to allow people who used the service to express their views about their care and treatment. These reviews were reported to the provider and consolidated reports were generated. We were shown examples where comments and requests had been acted on, for instance one person had requested an activity to be arranged which involved them being with dogs. The provider acted on this request as on the day of our visit we found the resident had gone to visit a local Dog Trust. We were told the resident would be given all the support they needed if they decided to adopt or sponsor a dog.

The manager told us monthly resident meeting took place at the home. We saw records supporting this. In the recent resident meeting the activities co-ordinator discussed with the people different types of abuse, how to make a complaint and what activities the residents wanted to take place at the home. The staff told us people who used the service could express their views on a daily basis, and were often more forthcoming in informal conversations. For instance they would come up with ideas while they were having their lunch or during activities. The quality of the service being delivered to people was being monitored by formal and informal processes.

We saw a range of audits had been carried out. These included audits of seizures, medication, health and safety, infection control practice and food issues. There was evidence learning from audits took place and appropriate changes were implemented. For example, the medication audit had identified one person's risk assessment had last been updated in March 2012 and needed reviewing. We saw this had been addressed when we reviewed care documentation.

We saw a complaints and comments box was readily available near front entrance. Staff told us complaints were rare and any concerns people had were dealt with immediately. The provider had a process to take account of complaints and comments to improve the service.

This section is primarily information for the provider

✘ **Action we have told the provider to take**

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Respecting and involving people who use services</b>
	<b>How the regulation was not being met:</b> People's diversity, values and human rights were not consistently respected. This meant they were not meeting Regulation 17 (1) (g) of the 2008 Health and Social Care Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safeguarding people who use services from abuse</b>
	<b>How the regulation was not being met:</b> People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. This meant they were not meeting Regulation 11 (1) (a) of the 2008 Health and Social Care Act.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 30 May 2013.

CQC should be informed when compliance actions are complete.

**This section is primarily information for the provider**

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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