

Review of compliance

Milton House Milton House	
Region:	East
Location address:	39-41 Spenser Road Bedford Bedfordshire MK40 2BE
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	Milton House is a care home without nursing which provides care and accommodation to up to 13 people who have a learning disability and/or mental health issues. At the time of this inspection there were 10 people accommodated there.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

**Milton House was not meeting one or more essential standards.
Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 January 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We inspected Milton House on 05 January 2012 and spoke with three of the people living there. People told us they liked this home and they felt safe and comfortable. They said they were able to make choices about the way they lead their lives and were encouraged to remain as independent as possible. They liked the staff who they said were very pleasant and friendly.

During our visit we spent time observing the interactions between people and the staff and noted that people got on well and enjoyed each other's company. Staff were kind, patient and caring and treated people with respect.

What we found about the standards we reviewed and how well Milton House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider is compliant with this outcome. People are supported in a way which meets their needs and which involves them in making decisions about how they want to live their lives.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider is compliant with this outcome. Care plans, risk assessments and associated

documents give staff guidance on the way in which each person prefers to be supported. However, some further work is needed to make sure the records are kept appropriately and are up to date.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider is not compliant with this outcome. Improvements are needed. Staff are trained and knowledgeable about safeguarding and their practice ensures people's rights are upheld. However, policies, procedures and protocols are not up to date so the systems for ensuring people are kept safe from the risk of abuse are not robust enough.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider is compliant with this outcome. There are enough staff on duty, who have received training and support, to ensure that people who live here are kept safe and their needs are met.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider is compliant with this outcome. There are systems and processes in place to gather information about the quality of the service being provided and to continue to make improvements to each person's quality of life.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

During our visit to Milton House on 05 January 2012 some people chose not to speak with us. However we spoke at some length with three of the people living there and spent time observing the care and support being given. Comments people made included "I'm very happy here", "I like living here, but I miss being in Luton" and "Staff respect me".

Other evidence

People living at Milton House were involved in the support and care they received and were encouraged to make decisions about all aspects of the way they led their lives. When we arrived there were two people at home. One was in the dining room so staff could make them a drink and the other had chosen to stay in their room to listen to music. The other eight people were out at their various day services.

While we were at the home we saw that staff treated people with respect. They listened when people wanted to talk to them and they supported people to carry out tasks if they needed support. Staff dealt with sensitive issues, such as personal care, discreetly. Once everyone had arrived home there was a lot of chat and friendly banter as people talked about their day with staff and with each other. It was clear that the people living here and the staff enjoyed each other's company.

People told us they live their lives as they want to and they are involved in decisions about what happens in the home. For example, one person chose what they wanted to eat at lunchtime and chose to eat in the lounge. One person said they had recently been offered a downstairs bedroom, which they had accepted. We spoke with another person who had declined the offer of a move to a different bedroom. One person had chosen to buy themselves a microwave and toaster, which they had placed in the smaller of the two kitchens. They told us they walked to the local shop to buy their choice of bread and made their own toast whenever they wanted some. People who wanted them had keys and locked their bedroom doors when they went out.

During our walk round the building we noted that generally the home was very clean, well maintained and smelt fresh, with the exception of one bedroom and one toilet. These areas smelt of stale urine. The manager explained that the person whose bedroom it was had agreed they would prefer washable flooring to replace the carpet and this would be done in the next few days. The manager said she would investigate the reasons for the smell in the toilet and ensure the problem was rectified.

Our judgement

The provider is compliant with this outcome. People are supported in a way which meets their needs and which involves them in making decisions about how they want to live their lives.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with said staff would help them if they needed it but they were encouraged to remain as independent as possible. Personal care was offered in a discreet and sensitive way.

Other evidence

Each person had care records which gave staff information on the ways in which that individual preferred to be supported. We looked at care records for a person who had recently moved into the home. An assessment of the person's needs had been completed before they moved in and there was evidence that the home had supported this person through a very long transition period until they felt ready to move in. Care plans and risk assessments had been written with the assistance of the social work team who were supporting this person, and had been updated as staff got to know the person better. The person told us that they were happy to leave it to the staff to write their care plans and they had signed each plan to show their agreement.

We looked at care records for someone who had lived at Milton House for several years. Care plans were in place for this person and risk assessments had been carried out and incorporated into the care plans. Generally the records were good, although we found some areas where these had not been kept up to date. For example, information about medication in the person's Health Action Plan, and in their 'All about me' folder was out of date. Information about appointments the person had attended with other health care professionals, such as the dentist, optician and doctor, were recorded in their daily notes so were not as easy to track as they would have been if kept as

separate records.

We noted that people were weighed regularly, and action taken if people lost or gained too much weight. However, everyone's weight was recorded on one sheet, which could compromise confidentiality. We spoke with the manager about keeping each individual's records separately. People were encouraged to have a healthy diet.

Care records written daily by staff included good detail and were descriptive of the way each person had spent their day. We discussed with the manager that it was not appropriate to use an emotive and subjective word such as 'obnoxious' to describe a person's behaviour as this did not clearly explain what the behaviour had been like.

Our judgement

The provider is compliant with this outcome. Care plans, risk assessments and associated documents give staff guidance on the way in which each person prefers to be supported. However, some further work is needed to make sure the records are kept appropriately and are up to date.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The people we spoke with during our visit to Milton House told us that they felt safe at their home. We observed how staff treated people and met their care needs. Staff were very kind, caring and attentive.

Other evidence

During our visit we found that there were policies, procedures and protocols in place regarding safeguarding but all were in need of updating. Staff we spoke with were clear about their responsibilities and about what to do if they had any concerns. They knew where to find the telephone numbers for the local authority's safeguarding team and said they would ring them if they had any concerns. Records of accidents and incidents showed that any incidents had been reported to the relevant authorities when necessary.

The training records shown to us by the manager were in the form of a list of all staff, and a list of all training that had been offered (matrix). This record showed that all staff would need to update their safeguarding training in 2012. It was not clear when staff had last undertaken this training. The manager stated that all staff had done safeguarding training during 2011. Staff we spoke with confirmed this.

The manager told us that all staff had undertaken training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This training had increased staff's knowledge about people's rights in this area. We saw that a capacity assessment had been carried out for one person to make sure they had capacity to decide they did not

want treatment for a medical condition.

Our judgement

The provider is not compliant with this outcome. Improvements are needed. Staff are trained and knowledgeable about safeguarding and their practice ensures people's rights are upheld. However, policies, procedures and protocols are not up to date so the systems for ensuring people are kept safe from the risk of abuse are not robust enough.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People we spoke with were very positive about the staff. One person told us there are always staff around to help if they need anything and "they support me well". They said, "I get on well with the staff – we have a laugh and a joke". Another person told us "The staff are all lovely, very pleasant and I get on well with all of them."

Other evidence

On the day we visited Milton House we judged that there were enough staff on duty. People and staff we spoke with all confirmed that there are always enough staff on duty to support people in the way they want to be supported.

The assistant manager told us that all staff were up to date with their training. The training record they showed us listed when staff would need to update each training topic, so it was not altogether clear when each staff member had last completed training in each topic. However, staff we spoke with confirmed that they were up to date with all the training they needed to do. They told us that a lot of training, 13 courses, was available to them on-line via the computer.

Staff confirmed that they received one-to-one supervision about every three months and they said the manager and assistant manager were always around and were very approachable. One said "I feel well supported – the manager is easy to approach and listens to ideas".

Our judgement

The provider is compliant with this outcome. There are enough staff on duty, who have

received training and support, to ensure that people who live here are kept safe and their needs are met.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

During our visit we spoke with people living at Milton House. They made it clear that Milton House offers them the service they want and need. One said, "I find the place very relaxing, everybody's very sociable and staff are always there. I've got everything I need". Another person told us that this is their home and they are very comfortable. They said "Milton House is run properly – Mila [registered manager] is lovely".

Other evidence

The provider had a number of systems in place to assess and monitor all aspects of the service provided. The manager told us that questionnaires were sent out annually to the people living at the home, staff, people's families, healthcare professionals, and the day services staff. The results of the survey were collated into a report and an action plan written if improvements were needed. We looked at the results of the survey done in early 2011. One of the professionals had written "Staff are always pleasant, caring and friendly". A member of staff wrote "We are treated well and respected and appreciated".

While we were at Milton House we spoke with a visiting social worker. They expressed satisfaction with the way Milton House supports the people living there. Staff we spoke with were very enthusiastic about the home and the service provided to people. They told us "I like it here, it's brilliant", and "So far, it's very good, I really like it – most enjoyable."

Other ways of checking the quality of the service included monthly residents' meetings, yearly reviews with social workers where relatives were also invited, monthly staff

meetings and a number of audits of various aspects of the service. A recent review by the fire officer had highlighted a couple of small issues which needed attention: the manager told us these were in hand.

Our judgement

The provider is compliant with this outcome. There are systems and processes in place to gather information about the quality of the service being provided and to continue to make improvements to each person's quality of life.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>How the regulation is not being met: Staff are trained and knowledgeable about safeguarding and their practice ensures people's rights are upheld. However, policies, procedures and protocols are not up to date so the systems for ensuring people are kept safe from the risk of abuse are not robust enough.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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