

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

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ 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 9 people were in residence.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

What people told us and what we found

We looked at the personal care or treatment records of people who use services, carried out on a visit on 4th February 2014, observed how people were cared for and talked to staff and relatives. We looked at the action plan requested at the last inspection visit and observed changes made as a result of the plan.

We found staff treated the people with privacy and dignity and staff were encouraged to observe each other and share good practice. One relative told us, "The staff are warm and caring".

People's needs were assessed and care plans were clear and individualised, reflecting the needs of people who use services. Staff and the activity coordinator planned activities and people were taken out regularly.

One person told us, "The staff are always kind to me."

A healthy balance and choice of food was offered using a new provider of ready-made meals, following an in-depth consultation, tasting and evaluation process. People were offered choice and meal times were managed to include all staff resulting in a calm, peaceful mealtime. Dietary needs were met and staff were properly trained in food hygiene. Specialist dietary advice was followed in the management of a person's medical needs.

Suitable arrangements were in place to ensure that people were safeguarded against the risk of abuse. All staff had been trained in safeguarding adults and safeguarding was a regular training session at team meetings.

The home had assurances in place to assess and monitor the quality of services.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

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

More information about the provider

Please see our website 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 ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Following the previous inspection on 19th March 2013 Milton House had commenced an action plan to promote and improve people's privacy, dignity and independence. We asked to see the action plan and found that each action had been addressed. For example, a booklet of practice guidance had been developed for all Milton House staff and bank staff, that included support of dignity, respect and good practice at all times. Particular reference was made regarding mealtimes and the need for all staff to be available at mealtimes. It was specified in the action plan that all permanent staff should be issued with the guide and all bank staff to be given a copy on their first working shift. We asked a permanent member of staff about the booklet who described the contents clearly. We asked a bank member of staff if they had a copy and were told it had been given to them on their first shift following the launch. We observed a lunchtime session and found that all staff attended the mealtime, enabling a relaxed and friendly session where all the people seemed relaxed and happy.

We found that people's diversity, values and human rights were met. For example, we noted that dignity, respect and good practice was to be a regular agenda item at staff and people's meetings. We checked the latest staff and people's meetings minutes and found that there was a large amount of time spent on the agenda discussing privacy and dignity issues and looking at diversity issues. This also took on the form of an informal training session. We asked a team leader how they encouraged staff to treat people with dignity. The team leader told us that they had changed individual supervision sessions with the team from six weekly to four weekly in order to discuss dignity and safeguarding issues.

We wished to find evidence that the informal training and booklet had been effective therefore we spent most of the inspection visit in the communal sitting/dining room in order to observe the interaction between staff amongst themselves and with people.

We saw staff communicating effectively with each other; for example, one staff member came in with a person and asked if another staff member would be able to include the person in the activity that was being provided to another person. The staff member acted

in a helpful and facilitative fashion. We saw staff coming and going, undertaking tasks and they always said hello or stopped to talk with people, checking on their welfare and offering choices in where to sit, what to do and what they may like to eat and drink. We saw one person being supported to be independent in going back to the bedroom for a rest.

The manager told us about a new scheme to promote staff to observe others providing care for people and if there was a particular aspect of care they liked. They then had to describe what they saw on a leaf and stick it to a branch on a large tree picture. We were shown the picture that was placed on the wall in the entrance hall. We saw examples of good practice and we asked a member of staff about the tree. The manager adds staff nominations (leaves) for each member and the staff with the most nominations is awarded employee of the month. The staff member said that it had brought a feeling of camaraderie and fun amongst the staff. We found evidence that people had been asked their views about privacy and dignity in their care plans, which included a bill of rights that had been explained to them. We asked three people how they felt staff treated them. They all indicated they were happy living at the home and were offered choices in care and activities. One person said, "The staff are always kind to me." Another person said, "I can choose what I want to do and I like to go shopping. The staff take me out".

We observed two staff going into people's bedrooms and knock before entering. Throughout our visit we saw staff treating people in a caring and dignified way.

We observed a handover session and noted that choice was a key theme throughout the handover. For example, a person did not want to get up later so was allowed to stay in bed. The staff discussed people's needs and wishes and demonstrated a good understanding of the need to treat people with dignity and respect.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at two sets of people's care plans and found that people's needs were assessed and care plans were personalised. The plans included people's views and wishes. Pictures were used wherever possible and methods of communication were included. The manager performs monthly audits of the care plans. We looked at two recent audits that demonstrated actions completed following identified areas for improvement.

Detailed records demonstrated each daily living activity and included risk assessments for each activity where appropriate. Care plans were reviewed regularly reflecting changes in people's care.

We were told that specialist's reviews and recommendations were sought and we saw evidence of reviews and treatment options in the plans that were being followed.

The rooms were all personalised with different decorations and reflected people's preferences; for example, family photographs and personal items in one person's room and individual bed covers in another person's room.

We were shown the activity plans and met the activity coordinator who we saw taking people out. Plans included a variety of activities. People were encouraged to go out on a regular basis. One person said "I like to go out and the staff go with me to the shops". One person said, "I like baking" and we saw evidence that the person was offered the opportunity to attend the baking club once a week.

We were able to speak with four people who used the service. One person told us "I like it here, the staff are kind to me". During our observations we saw a staff member reading a story to the person. This was done with great enthusiasm and interest in whether the person was understanding and enjoying the story. The staff member showed kindness and treated the person gently. We saw another member of staff helping a person use an electronic game and demonstrated a patient and kind way of communicating.

Widget boards were available in different areas of the home using this method of communication with some people. We saw a member of staff use the system to help a

person make a choice of activities.

We spoke with two relatives on the telephone that were very happy with the care provided. One relative said, "We think the person always seems happy. We find the staff very nice and are confident we could complain if necessary". Another relative told us, " The staff are warm and caring".

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The manager had systems and processes in place to ensure people were provided with adequate nutrition and hydration.

The manager had introduced a new method of food provision after a comprehensive consultation process. We saw records of how the change was to be brought about and those involved in the consultation. The rationale behind the change to a system of ready-made meals was to free up staff time to devote to people's care and activities. Relatives, staff, managers and people were all invited to a taster session. We saw recorded evidence of the consultation, invitations and evaluation. We spoke with one relative who had only just been known to the manager and had therefore not had the opportunity to try the food. The relative expressed concerns about ready-made meals. We asked the manager how this could be handled and the manager said the relative would be contacted to come and try the food, to ensure the relative was able to express an opinion and act accordingly.

The Staff were trained in food hygiene and we checked training records that confirmed training had been completed or booked to attend.

We observed a member of staff preparing lunch. We asked the member of staff about food hygiene training and a good understanding was demonstrated about food safety.

There was a four weekly menu plan that we were told had been planned through the provider from a nutritional aspect, as well as appetising. Choices were discussed at people's meetings. We observed lunchtime and the food was nicely presented. We noted that all staff on duty arrived at mealtime and took responsibility to sit with people and help where needed. We noted that one person sat slightly away from the others due to challenging behaviour and one staff member stayed with that person throughout the mealtime. The atmosphere was quiet and calm.

We asked a person what they thought of the meal and were told it was "Beautiful, beautiful dear". We asked one person what would happen if they did not want the meal and we were told, "The staff will get me something different to eat". There were provisions available to prepare an alternative meal. This confirmed that people were offered a choice.

People were offered drinks and snacks between meals and we witnessed several

occasions where people were given drinks. This demonstrated that people were adequately hydrated.

Staff ensured that people were provided with good nutrition and sought advice where necessary. For example, we were told that the speech and language therapist had given advice about how to manage a person who had swallowing difficulties. We observed a member of staff liquidising food as specified in the care plan by the specialist therefore advice was being followed.

We noted that the care plans indicated that each person should be weighed monthly. We checked the records that were up to date with monthly weights recorded.

The cleaning schedule for the kitchen was delegated during the different shifts and we saw evidence that this was undertaken.

We noted there was a fridge thermometer and asked a member of staff about the need to check temperatures. The staff member demonstrated a good understanding of food hygiene, monitoring and safety of food storage.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We found there were effective strategies in place to ensure that people who use services were protected from the risk of abuse. For example, following the previous inspection where it was requested that the home develop an action plan to improve the safeguarding arrangements for people who use services, a lot of work and changes had taken place. We examined the action plan and then spoke with staff and people to check that the plan had been implemented.

We checked the safeguarding, whistleblowing policy and guidance that had been reviewed. We checked the training records. All staff had been recently trained in safeguarding adults and we were shown the audit of training that indicated 100% take up. We asked one permanent member and one bank member of staff what they understood to be the key learning points and what were the processes if there was a safeguarding incident. Each staff member was able to describe what they had learnt and knew what their responsibilities were and what processes should followed. We asked a new member of staff if they were aware of the whistle blowing policy and the staff member demonstrated a clear understanding of where to find it and what to do in practice. I asked the member of staff if they would feel confident that management would take notice of any concerns and the staff member confirmed that they would feel very confident in the process.

All actions within the action plan had been completed. For example, the practice guidance booklet had a dedicated section regarding safeguarding and reporting. A notice board had been erected in the main staff office solely about safeguarding that included flow charts for reporting, numbers to call and relevant documentation to use to make a report. We asked a member of staff where safeguarding information was held and we were taken to the board where the member of staff discussed the importance of the information. The action plan indicated that abuse scenarios were discussed at team meetings. We looked at the minutes of the team meetings that provided evidence that these scenarios were discussed and the manager measured knowledge against answers.

We asked a person if they felt safe living in the home and we were told, "I do feel safe here".

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The home had processes in place to effectively assess and monitor the services provided. For example, the manager kept files containing numerous audits and records where changes had been made following the audits. Review dates had been set and were up to date. Examples of audits undertaken were, seizures, finance, medication, health and safety and infection control. We observed a company undertaking the annual safety check on all the hoists and slings. We were shown a room dedicated for staff training in the use of fire sheets as the manager identified moving people in an emergency should be practiced regularly.

Staff meetings were undertaken and staff were encouraged to discuss changes to improve care. We saw records of meetings and actions taken.

A new method for seeking people's views had been developed and training for staff to use the method had commenced.

An annual questionnaire was issued to relatives, visitors and visiting professionals and we checked the records and found evidence that actions had been taken following suggestions.

We saw the complaints policy and we noted that there was an easy to read version on the notice board with pictures and flow charts for people to understand. There had been no complaints this year.

We saw the risk assessment policy that included general risk assessments. We also observed individual risk assessments in care plans linking the policy to practice.

We looked at the emergency plan and contingency plan and we were shown a specific plan for inclement weather. We noted that each care plan contained an individual plan for people should they go into hospital or on holiday thereby ensuring their welfare if not directly cared for at Milton House.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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