

Review of compliance

Southern Cross Healthcare Services Limited
Milliner House

Region:	East
Location address:	23/29 Marsh Road Luton Bedfordshire LU3 2QF
Type of service:	Care Home without nursing
Date the review was completed:	01/2011
Overview of the service:	<p>Milliner House provides personal care for up to 30 people over the age of 65 years who have dementia and 10 people over the age of 65 who have mental health needs.</p> <p>It is registered with CQC to provide 'Accommodation for persons who require nursing or personal care'.</p> <p>CQC assessed the provider as compliant with essential standards at Milliner House when it</p>

	<p>underwent a transitional registration process, under the Health and Social Care Act 2008, in September 2010.</p> <p>As part of its registration the following conditions were applied:</p> <ol style="list-style-type: none">1.The registered provider must not provide nursing care under 'accommodation for persons who require nursing or personal care' at Milliner House.2. The registered provider must only accommodate a maximum number of 40 service users at Milliner House.3.The registered provider must ensure that the regulated activity 'accommodation for persons who require nursing or personal care' is managed by an individual who is registered as a manager in respect of the activity, as carried on at or from the location Milliner House by 1 April 2011.
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Milliner House was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review as part of a programme of responsive reviews over the Christmas period 2010.

- Care and welfare of people who use services
- Meeting nutritional needs
- Safety and suitability of premises
- Staffing

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 December 2010, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at the care records of people who use services.

What people told us

We spoke with 12 residents during our visit to the home on the 22 December 2010. People told us that there was always plenty of good food, and made comments on the variety and choices they have.

We were told that the staff were 'wonderful', there were always plenty of staff about and call bells were always answered quickly. People told us that their visitors are always welcome in the home and can come whenever they like.

When we asked people about the temperature in the home, despite recent heating problems in the home, they told us that the home was always warm enough, and they could 'put on extra jumpers' if they needed to. One person said 'I like my room cooler'.

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

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

We were concerned that care plans did not always contain sufficient information to ensure that care was delivered with continuity, which could result in the wrong care being provided or staff not being able to access information about how care should be delivered. We were also concerned that some care plans had not been reviewed regularly, so that people's current needs were not always being identified and addressed.

- Overall, we found that improvements are needed for this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs.

People using the service had the opportunity to choose their meals from a balanced, nutritious menu. Where necessary, a record was kept of the food and drink people consumed and there was a regular monitoring of people's weight. These records provided an early indication of a physical condition or poor nutrition such that appropriate treatment could be commenced when needed.

- Overall, we found that Milliner House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare.

We were assured by people using the service that the home was normally warm and had a plentiful supply of hot water. The manager had actioned an emergency plan following a recent breakdown of the heating system, which had ensured that the comfort of the residents was not compromised.

- Overall, we found that Milliner House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs.

Off duty planning ensures that there are sufficient staff on duty to provide for the needs of the people living at the home. The manager has processes in place to secure additional staff from the home's bank of temporary workers or from an agency, to ensure that the planned number of staff are always on duty.

- Overall, we found that Milliner House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Action 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.

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 4: 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

There are minor concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We spoke with a number of people using the service during our visit on 22 December 2010. They spoke with us about the care they received but when we looked at the care plans we could not always see how this care was delivered as the plans lacked some detail.

Other evidence
We looked at two peoples care plans and risk assessments during our visit to the service on the 22 December 2010 we looked at the care plans for nutritional needs of two people using the service.
One of the care plans that we looked at detailed the type of diet the resident needed and how fluids needed to be thickened to avoid choking. As this care plan had not been reviewed since the 12 July 2010, we were not sure that the information provided was the most current and provided accurate instructions for staff to follow. However the care plan included a reviewed nutritional risk assessment and a reviewed risk assessment for choking, in addition to a record of weights that had been recorded weekly. The MUST (Malnutrition Universal Screening Tool) that was in place had also been updated regularly showing it was a relevant document so we were confident that nutritional care had been considered regularly and had there been any change to the plan an updated plan would have been in place.

A second care plan, for a diet controlled diabetic, was sampled. This included details of how staff should manage the diet. The care plan had been reviewed monthly but would have benefited from more detail as to how actions such as 'needs to be encouraged to eat more' should be carried out to ensure continuity of care. In this plan there was also a need for care plans and risk assessments that related to nutritional needs to be linked together.

Our judgement

We were concerned that care plans did not always contain sufficient information to ensure that care was delivered with continuity, which could result in the wrong care being provided or staff not being able to access information about how care should be delivered. We were also concerned that some care plans had not been reviewed regularly, so that people's current needs were not always being identified and addressed.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
We spoke with 12 residents during our visit to the home on the 22 December 2010. People told us that there was always plenty of good food, and made comments on the variety and choices they had. One person particularly looked forward to the cake that we were told was often served with afternoon tea.

Other evidence
During our visit to the service on the 22 December 2010 the manager told us that the cupboards were well stocked in case the bad weather stopped deliveries and this was confirmed during a tour of the premises. The home had fresh produce delivered twice a week and there was a stock of foods, such as instant mash potatoes, frozen vegetables and canned foods in case of emergencies. The menus showed that there was always two hot choices for every the main meal and breakfast. The breakfast choices were boiled eggs or porridge and occasionally the opportunity for a full English breakfast. The menu plans were healthy and nutritious and we observed that hot and cold drinks were readily available. Home baked cakes were regularly served with afternoon tea. The manager told us that four residents on the ground floor and seven on the first floor had daily meal charts completed due to weight loss over recent months. We looked at the meal charts for two people on the ground floor and two people on the first floor; these had been well completed and clearly showed the daily dietary intake for each person each day and we could see how this information was used to plan

further care.

Our judgement

People using the service had the opportunity to choose their meals from a balanced, nutritious menu. Where necessary, a record was kept of the food and drink people consumed and there was a regular monitoring of people's weight. These records provided an early indication of a physical condition or poor nutrition such that appropriate treatment could be commenced when needed.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
During our visit to the home 22 December 2010 we spoke with people about the temperature in the home. They told us that the home was always warm enough, but they could put on extra jumpers if they needed to. One person said 'I like my room cooler'. We were aware that radiators valves were being replaced so that it would be possible for the temperature of individual areas to be controlled. During a tour of the building we saw that rooms could be ventilated without drafts affecting the whole home.

Other evidence
This home had experienced recent problems with the heating system and improvement works were ongoing. The system was partially working at the time of our visit, and was supplemented with portable heaters in all the bedrooms and lounges.
The manager told us that the work on the system was due to be completed on Christmas Eve. We were told that the valves on all radiators had been replaced, but the system now needed to be drained and rebalanced to complete the work. We spoke to the home manager on 30 December 2010 and were told that the work had been completed in all of the bedrooms and the communal areas, but there was still some outstanding improvements to be completed in three toilets. The impact on residents was minimal as there were sufficient serviceable toilets in the home and those without heat did not need to be used. It was expected that all the work would

be completed very soon after the Christmas holiday period. Since the heating system became unreliable at the beginning of December staff had recorded the room temperatures throughout the home every two hours. They were instructed that if the temperature was recorded below 22 degrees in any area additional portable heaters were to be used.

Our judgement

We were assured by people using the service that the home was normally warm and had a plentiful supply of hot water. The manager had actioned an emergency plan following a recent breakdown of the heating system, which had ensured that the comfort of the residents was not compromised.

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
During our visit on 22 December 2010 we spoke with a number of people and asked them about the staff who looked after them. We were told, that the staff were wonderful and there were always plenty of staff about. We were told and we noted during our visit that call bells were always answered quickly. Visitors told us that staff are always welcoming.

Other evidence
The manager explained that there were eight staff on duty during the day with four working on each floor, plus ancillary staff including housekeepers, laundry assistants maintenance people and cooks.

The current duty rota indicated that where the permanent staff could not sufficiently cover the home the homes own bank staff, or agency staff, could be called upon. The manager told us that two staff had already gone sick and would not be able to work over the holiday period but she was not concerned about the staffing levels as the staff team were flexible and she and the deputy manager could cover the shifts if necessary. We followed this up by speaking to the home manager on the 30 December 2010 and she confirmed that a full compliment of staff had been on duty every shift over the Christmas period. Copies of rotas were faxed to us to support this information.

There were currently staff vacancies at the home which the manager was expecting to recruit to soon.

Our judgement

Off duty planning ensures that there are sufficient staff on duty to provide for the needs of the people living at the home. The manager has processes in place to secure additional staff from the home's bank of temporary workers or from an agency, to ensure that the planned number of staff are always on duty.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care;	14	Outcome 5 - Meeting nutritional needs
	<p>Why we have concerns: People using the service had the opportunity to choose their meals from a balanced nutritious menu. Where necessary a record was kept of the food and drink people consumed and there was a regular monitoring of peoples weight. These records provided an early indication of a physical condition or poor nutrition so that appropriate treatment could be commenced.</p>	
Accommodation for persons who require nursing or personal care;	15	Outcome 10 - Safety and suitability of premises.
	<p>Why we have concerns: The home was normally warm and had a plentiful supply of hot water. The manager had actioned an emergency plan following a breakdown of the heating system that had ensured the comfort of the residents was not compromised.</p>	
Accommodation for persons who require nursing or personal care;	22	Outcome 13 - Staffing
	<p>Why we have concerns: There was off duty plans for sufficient staff to be on duty to provide for the needs of the people living at the home. The manager has processes in place to secure additional staff from the homes bank of temporary workers or from an agency, to ensure that the planned numbers of staff are always on duty.</p>	

The provider must send CQC a report about how they are going to maintain 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 within 14 days of this report being received.

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

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;	9	Outcome 4 - Care and Welfare of people who use the service.
	<p>How the regulation is not being met: We were concerned that care plans did not always contain sufficient information to ensure that care was delivered with continuity which could result in the wrong care being provided or staff not being able to access information about how care should be delivered. We were also concerned that some care plans had not been reviewed regularly so that people's current needs were not always being identified and addressed.</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 this report being received.

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 Adult 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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