

Strathmore Care

Milton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Milton House is a residential care home providing personal and nursing care for people aged 65 and over. Some people were living with dementia. The service can support up to 28 people and at the time of our inspection there were 26 people living at the service

People's experience of using this service and what we found

Infection control measures had been increased since COVID-19. However, CQC signposted the provider towards the guidance for Personal Protective Equipment (PPE) in Care Homes for their staff as we observed that staff were not following the guidance in relation to the type of masks required. The provider has now confirmed that the correct masks have been ordered.

Risk assessments were in place to support people to receive safe care. We discussed with the manager the need to ensure that all parts of the care file were updated with current risk.

People's medicines were managed safely and there were enough staff available to meet people's needs. People told us they felt safe. The staff team were consistent and had a good understanding of how to care for people who lived at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, their relatives and staff were positive about how the service was managed. The manager was visible and approachable.

The management team were eager to learn and share good practice and this helped people remain safe. Systems were in place to audit the care provided.

The last rating for this service was good (published 15 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received in relation to safeguarding and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

Milton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Milton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A new manager was in post who was not yet registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the provider and the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staffing data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The only masks being used for all activities were type one masks. It is recommended when in close personal contact with people type two masks which are fluid resistant are used. Some staff were also using their own face coverings. The latest guidance was brought to the attention of the manager and provider. The manager immediately ensured staff were not using their own masks and the provider sourced the correct face masks for staff to use.
- Regular COVID-19 testing was taking place for both people living in the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections. A relative told us, "I have had a couple of visits. Visited for [family member] birthday but had to keep my distance and wear PPE. All staff have been in masks and aprons."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving their care from the service. One person told us, "Staff are always on the go but lovely and very helpful I like it here".
- Safeguarding systems were in place to reduce the risk of abuse, as safeguarding investigations were completed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Whilst risk assessments did reflect current risk, we did find that other parts of the care file had not always been updated. This risk was mitigated as staff were consistent and knew people well. This was discussed with the manager.

Staffing and recruitment

- We observed there were enough staff during our inspection to meet people's needs. Staff told us they had

enough time to carry out their duties. One staff member said, "Staffing is okay we have enough and if short we cover for each other and get paid overtime."

- A consistent staff team meant agency staff were not required and the provider used a dependency tool to determine staffing levels at the service.
- One person told us, "Staff are very good and respond quickly." Another person told us they did sometimes have to wait in busy periods.

Using medicines safely

- Medication Administration Records (MAR) were completed and we did not find any gaps or missed signatures.
- An explanation of how each person liked to take their medicines and with what drink was recorded. For example, one recorded, "Supported by a senior with lemonade."
- There was guidance on homely remedies, a record of GP reviews of medication and PRN protocols. They also used the Abbey pain scale to measure pain.

Learning lessons when things go wrong

- Accidents and incidents were recorded. These were analysed to see what action could be taken to reduce the likelihood of similar incidents occurring again in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others.

- Audits were in place and we saw action was taken when issues were identified. The infection prevention control policy needed to be updated to include COVID 19 and the actions staff were currently taking to keep people safe.
- The provider had recruited a manager that was not yet registered. At their first registration they had not assured us they were suitably knowledgeable in relation to safeguarding. A condition of the providers registration is that a registered manager is required. The manager told us they intended to re-apply as they had completed further training to update their knowledge.
- The provider was responsible for ordering PPE. As written in the safe section appropriate masks were not in use on day of inspection. This has now been addressed.
- During the inspection we noted that one person had a specific health condition. We noted from the training records that staff had not received training around this health condition. The manager subsequently informed us training had been scheduled.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had ensured notifications of significant events had been forwarded to CQC in line with their regulatory responsibilities. Where additional information was requested, this was provided to us in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives we spoke with had not been able to visit frequently due to COVID-19, However, they told us the management team and staff had kept them updated. One relative said, "I do speak to the manager and this is constant. Staff do know my [family member]." Another relative said, "I find them very good. They ring and let me know about the testing." A third relative said, "If I had any concerns I would speak with the manager."
- Staff were very positive about the manager. One staff member said, "Good support from the manager and I am kept up to date with everything." Another staff member said, "We are a good team, and all get on and communicate well, we have handovers and a communication book. The manager has been a good support

and is a good manager."

- During staff meetings staff discussed COVID 19 and any developments, what training staff needed, for example, catheter care and how staff can make things better for residents and what lessons had been learned.