

Key inspection report

Care homes for older people

Name:	Milton Ernest Hall
Address:	Milton Ernest Bedford Bedfordshire MK44 1RJ

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Katrina Derbyshire	1 8 0 9 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

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Address:	Milton Ernest Bedford Bedfordshire MK44 1RJ
Telephone number:	01234825305
Fax number:	01234826830
Email address:	miltonernesthall@majesticare.co.uk
Provider web address:	

Name of registered provider(s):	Ross Healthcare Ltd
Type of registration:	care home
Number of places registered:	29

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	29
physical disability	0	29
Additional conditions:		
Adults (26 -64) (10)		

Date of last inspection	0	7	0	4	2	0	0	9
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Brief description of the care home

Milton Ernest Hall is a converted 1850s manor house. The house, a grade listed building, is in a good state of repair and retains many of its original architectural features making it an interesting property with a stately feel. The property retains its original character and the safety of the people who live at the home is reviewed by the risk assessments undertaken by the staff at the home. The accommodation is spread over three floors linked by passenger lifts or staircases. All the communal areas are on the ground floor. Each bedroom has en-suite facilities, some with baths. The home is registered to provide nursing care for up to 29 people, ten of whom can be under 65 years of age with conditions and needs similar to the majority. Four of the rooms are registered as double rooms but are currently used for single occupancy. The property stands in approximately 16 acres of land with uninterrupted views of the countryside of North Bedfordshire. There is ample staff and visitor parking; the home is on a local

Brief description of the care home

bus route to Bedford and Northampton. Fees are between 549.00 and 936.00 per week depending on the individual needs of the person and the room provided.

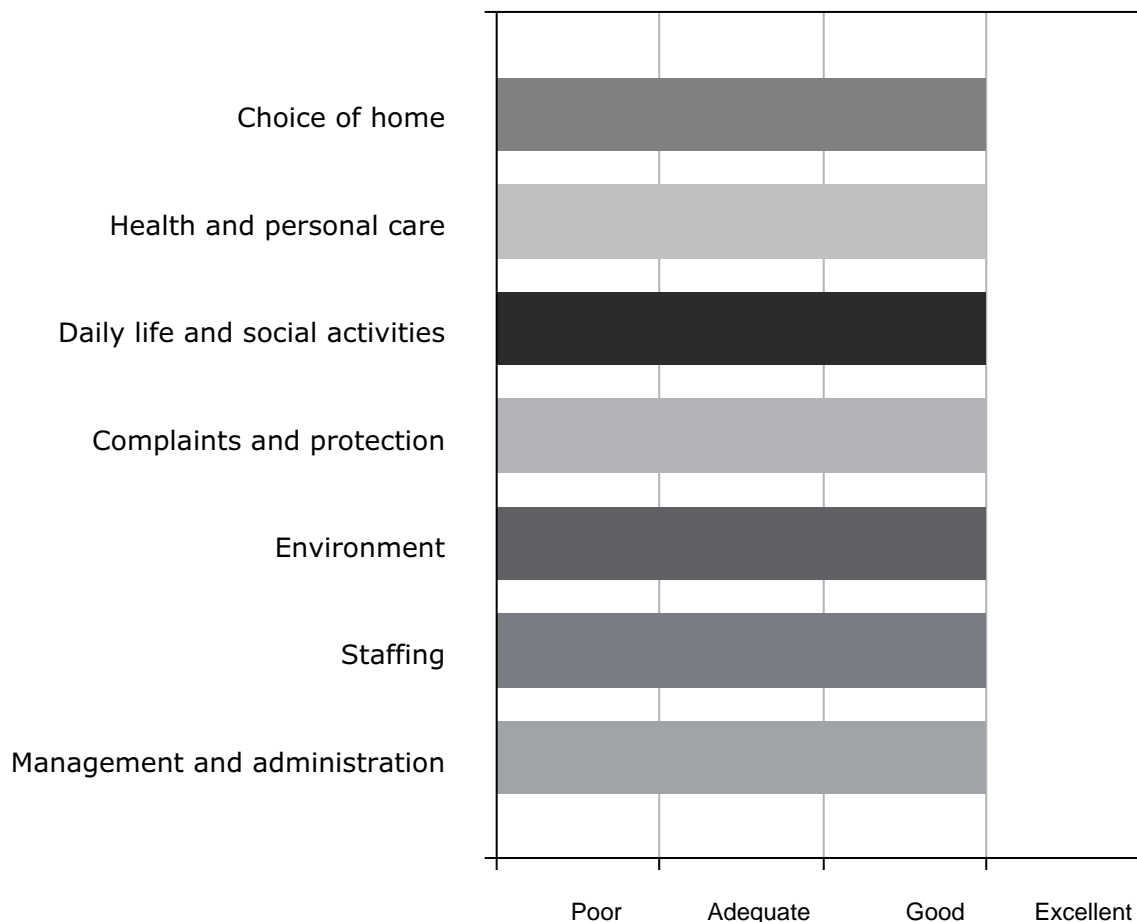
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes. This was an unannounced key inspection carried out on the 18th of September 2009. The care of three people was looked at in detail. Tracking peoples care is the methodology we use to assess whether people who use social care services are receiving good quality care that meets their individual needs. Through discussion, observation and reading records, we track the experiences of a sample of people who use a service. During the visit the communal areas of the home were seen alongside some of the individual rooms. Time was spent with some of the people who live at the home in one of the sitting areas. Observations of care practise and communication between the people living at the home and staff was also made at the inspection. The focus of this inspection was to look at the key standards.

The occupancy levels at the home were approximately 50% at the time of this inspection. Therefore consideration must be given to the assessment of the standards,

and what if any changes or impact there might be as occupancy increases.

What the care home does well:

Over the last 3 inspections of this home, people have consistently told us that the standard of food is good. People feel that their nutritional needs are met, and that they are provided with a nutritionally balanced diet that is of a good standard. Health and safety is managed well. A maintenance person is employed and they make sure safety checks are carried out when they need to. In addition the management make sure that when equipment needs to be serviced, approved contractors carry this out.

What has improved since the last inspection?

We had serious concerns when we undertook a key inspection in April 2009 on how medication was managed. We made an immediate requirement about our concerns at that time, for improvements to be made straight away. We went back in April 2009 to check that this had been done. We found senior management had acted upon our instructions and were making improvements. Our findings at this visit is that they have sustained these improvements and people were receiving their medication when they should.

Several areas have improved in the past 6 months, people living at the home told us that they feel the standard of care that they receive is good.

The company have invested in making improvements to the environment. A new manager has been appointed and regular audits are made to check that standards are being met by the staff.

What they could do better:

The new manager must submit an application to the Care Quality Commission to be Registered. This home has been without a Registered manager for sometime, and there is a need for stability and to meet with this requirement.

When a nurse is employed a check with the Nursing and Midwifery Council must be carried out. This check makes sure that the person holds a current registration to practise.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have sufficient information about the home to help them decide if they want to move into the home.

Evidence:

The three care files examined included pre admission assessment. As reported at the previous inspections assessments included information from visiting the person at the hospital, or wherever he or she was living prior to admission and information from any referring social worker or health professional. There were sections covering the social, psychological and physical needs of the person and all areas had been completed. Audits had also been undertaken on the files by management of the service since the last inspection. These audits identified any shortfalls and these had then been acted upon by staff. The statement of purpose was seen to be displayed in the home. The document provided information on the staffing, accommodation and services available at the home. All comments from people using the service indicated that they felt they had been given enough information, before they decided to move into the home.

Evidence:

The home does not provide intermediate care.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care plans provide staff with the information and guidance that they need to be able to support people and ensure continuity of care.

Evidence:

Medication systems were looked at. The storage of medication in the home was secure and keys to access this was only kept by the nominated nurse in charge of each shift. Through a random inspection undertaken in April 2009 following the key inspection also undertaken in April 2009, it was noted that senior management had instigated extensive medication audits. During this time any errors found were acted upon. The balances and records viewed at this visit were noted to be correct. There was one minor error, however this may have been caused by an incorrect recording. The significant improvements in medication are acknowledged, however the auditing by the homes management must continue and develop further to assist in sustaining these improvements. Care plans examined explained the needs of each person, the guidance to staff was easy to follow and these had been reviewed monthly. Documentation was also in place and included risk assessments in moving and handling, pressure care and falling. It was noted from the information in the persons

Evidence:

assessment that guidance had been written on all needs identified within that assessment. Daily records were also in place, these charted changes to people's condition and showed any action taken by staff, for example calling a General Practitioner when a person needed one.

Documentary evidence was also seen that people had been supported to attend hospital appointments. We looked into the wound management for one person, as this had been an area at the last inspection where a requirement had been made. The treatment and support given by the nurse at this time was good. The nursing interventions had been clearly recorded, and the pressure ulcer was improving. Their risk assessment in this area was up to date and pressure relieving equipment was in place. Staff in addition had ensured that the persons position changed frequently to assist with healing and comfort.

Through observation of the people living at the home it was noted that their clothes, hairstyle and makeup reflected their individual personalities. Guidance and support regarding personal hygiene was offered and the level offered by staff was seen to be acceptable by the people in the home as they responded positively to the staff. Throughout the time of the inspection a member of staff remained with those who were sitting in the lounge area, the staff member spent all this time speaking with people and providing support.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Opportunities to participate in social activities are good and would meet the individual needs and preferences of people living in the home.

Evidence:

Dining room tables and chairs had been moved into the library since the last inspection, this has created a separate dining room space. Tables were set ahead of the midday meal and this helped create a pleasant environment, with wine glasses and napkins at each setting. Menus as reported in April 2009 showed that people were offered a meal that included protein, carbohydrates and vegetables. Comments again from people at the home were very positive about the food. Fresh fruit was available alongside drinks in the communal areas throughout the day.

Options that continue to be available to people in maintaining control, independence and choices in their lives included, choice of meals, voting, choice of clothing, access to a complaints procedure and access to community health care support. People living at the home and records confirmed that the choices associated with peoples daily lives were available to them whilst living in this home.

A new activities co coordinator had been employed at the home and she was observed

Evidence:

spending time with the people living at the home at this inspection. Literature was available on the weekly diary of events, activities included gardening club, hand massage and manicures and church services. There was fine weather at the time of this visit and a marquee was in place in the grounds and people were seen to be supported to spend time outside.

In addition a schedule of family events was seen, this is when relatives and friends are invited to participate in certain events. Examples included a bonfire party, Priory Marina picnic and summer fayre.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Complaints are listened to by the management in the home, so people's concerns are acted upon.

Evidence:

The complaints procedure was available to people living at the home. Since April 2009 the service had received 8 complaints. Records were seen that evidenced that management had looked into the concerns and responded within the timescales set out in their procedure. Where a shortfall had been identified management had then taken action to try and remedy this and did demonstrate a willingness to take 'lessons learnt' from any complaints made. People at the home stated that they would not hesitate in making a complaint and would feel comfortable in doing this.

As previously assessed records examined at this inspection show that staff had undertaken training in the safeguarding of vulnerable adults, certification of this was seen at this visit. Through recent safeguarding referrals made by the home, staff have demonstrated a sufficient level of knowledge on the types of abuse including physical and psychological. In addition the homes procedure in this area was examined, it reflected the local guidance. The management and staff in place at the time of this visit had demonstrated through referrals an understanding of the need to refer any allegation or suspected abuse and had done so correctly.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The level of cleanliness and decor is good and provides people with a pleasant environment in which to live.

Evidence:

The communal areas on the ground floor were observed to be furnished in keeping with the style of the building. Many of these areas had been decorated since the last key inspection. The library housed the dining room table and chairs and a grand piano was now in the reception hall. New furniture had been purchased for the conservatory and new carpeting fitted to several areas on the ground floor. As previously reported a feature of the home was the large staircase and the wide hallways. Extensive grounds could be used by people and their visitors and provided a pleasant view from many of the windows of the home. The ground floor communal rooms were clean and tidy and free of any odours when this visit took place.

All the individual rooms seen at this visit were clean and tidy. Many had been redecorated since the last inspection.

Bathrooms and toilets were clean and tidy and the people had the choice of a number of mechanical aids to assist them with bathing.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at the home feel that there are sufficient staff on duty to support them and meet their individual needs.

Evidence:

Examination of staff files to look at recruitment practises showed this with the exception of NMC checks followed national guidance. As previously assessed files contained proof of identity; verification of employment history and that Criminal Records Bureau clearance had been obtained. The system that had been followed was noted to be thorough when recruiting staff. Entries had been recorded when people had been interviewed and these documents had also been kept. Job descriptions, and initial confirmation of employment letters were also maintained on the personal file. However the need to carryout a PIN check when Registered nurses had been employed had not been undertaken for someone. This was discussed with the new manager, this was then carried out before the inspector left the home.

Observation of the support given by staff to people during the visit was made. Staff were seen to be polite and supportive to the people living at the home. Comments made about staff included, "I find them very nice" and "they have always been kind to me".

Training records seen, showed staff had undertaken statutory training. Further training included Care of the dying, nutrition management and the mental capacity

Evidence:

Act. Certificates of qualifications are present within staff files and a spreadsheet is maintained to chart when updates are due.

At the time of this visit the homes occupancy levels were approx 50%. The time and attention that people were receiving from staff would be affected by this occupancy rate as staff would have more time to spend with people living at the home. This needs to be taken into account and when an increase in numbers of people takes place how and if this will impact on the time and support people receive.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Health and safety matters are sufficient to help reduce the risk in this area to people living at the home.

Evidence:

The company again since the previous inspection had committed a high level of senior management time and support to the home. There have been several changes to the day to day management of the home over the past 18 months, this has had an impact on the standard of care. A new manager had been appointed since we last visited in April 2009, this person took up her post in August 2009. This person had been a Registered manager of another service in the Bedford area. In addition a new Deputy manager had been appointed, this person was on a period of annual leave at the time of this inspection. Through the evidence detailed within this report, there have now been improvements. The need to show that these can be sustained now remains. An application must now be submitted by the manager to be registered with the Care Quality Commission, this home has been without a Registered Manager for sometime.

Evidence:

As assessed previously the policy on health and safety was noted to be clear in its guidance to staff and comprehensive. Records were seen that evidenced that required safety checks had been carried out relating to fire, gas and electrical equipment.

Approved contractors had undertaken servicing of equipment and site visit paperwork to evidence that these had been carried out were seen. Maintenance staff carried out the regular checks relating to water temperature checks for example and recorded the temperature on charts. Stocks of aprons and gloves were noted to be available for staff to use, in relation to infection control. No staff at this visit were seen to use these items inappropriately.

Surveys had been sent out by the management of the home to seek peoples views of the service. A graph was seen to show the feedback from this, although actual comments could not be found.

A minimal amount of money is kept for some people living at the home. These were checked again as reported in April 2009 and the balances were noted to be correct and receipts were in place for any expenditure incurred.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	29	19	<p>A PIN check must be undertaken through the NMC before a Registered Nurse works in the home.</p> <p>This is to ensure the person is registered to practise.</p>	15/10/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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