Lifeways Community Care Limited

Millwater

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 03 May 2017 and was an unannounced comprehensive rating inspection. This was a first ratings inspection as the location had been under new ownership since December 2016.

Millwater HSCA is a registered care home providing accommodation for up to 19 people who require support with personal care. At the time of our inspection there were 14 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives and staff weren't always confident about approaching the manager if they needed to.

People and relatives views on the quality of the service were not consistently gathered and used to support service development.

People were kept safe and secure, and relatives believed their family members were safe from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider.
People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People's rights to privacy and confidentiality were respected by the staff that supported them and their dignity was maintained.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there were positive interactions between staff and the people living at the location.

People's choices and independence were respected and promoted. Staff responded appropriately to

people's support needs. People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their prescribed medicines safely.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People's rights to privacy and confidentiality were respected.

People were supported by staff that were caring and knew them well.

People's independence was promoted and maintained as much as possible.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

Relatives and staff did not feel that the management team was approachable.

People and relatives feedback on service quality was not consistently gathered and used effectively.

The provider had systems in place to assess and monitor the quality of the service.

Staff understood their roles for supporting people living at the location.

Millwater

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 May 2017 and was unannounced. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents, serious injury and safeguarding alerts which they are required to send us by law. We contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also looked at the Health Watch website, which provides information on care homes.

Most of the people living at Millwater were not always able to answer our questions, however we did get responses from two people and we spoke with four relatives, four members of staff and the registered manager. Most of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of three people to check they received care as planned. We looked at staff files for three members of staff to ensure that they had been recruited safely and according to the service requirements. We also looked at the medicine management processes and records that were maintained by the provider about recruitment and staff training.

We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they felt their family members were kept safe at Millwater. One relative we spoke with told us, "[Person's name] is kept safe here". Another relative we spoke with said, "I'm really happy with the care he's [person using the service] getting there, he's happy and well looked after, everything's fine". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns. Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm, and were able to give us examples of the different types of abuse. A staff member we spoke with told us, "We're [staff] paid to look after people, so it's our duty to keep them safe". Another staff member we spoke with gave us some examples of signs they would look out for if they thought someone was being physically abused, they told us, "[People might be] withdrawn, they might not want personal care, they could be crying". They told us that they would be able to recognise changes in people's behaviour which might indicate that they were being abused. If they believed abuse was taking place, they told us that they would inform one of the senior members of staff so that they could escalate their concerns.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. The registered manager told us that people's risk assessments were completed when people were first admitted to Millwater. They were then reviewed on a monthly basis by each person's key worker. A member of staff we spoke with told us that they were currently working on a person's risk assessment to support them to go swimming. They said, "We're [provider] visiting the local swimming baths to see if we can do it". We saw that the provider carried out regular risk assessments and that they were updated regularly in care plans to minimise future incidents.

There were sufficient numbers of staff working at the home to meet people's needs and keeping people free from harm or abuse. A relative we spoke with told us, "There's always enough staff on duty, I'm never left alone in a communal area, there's always someone there". Another relative we spoke with said, "There seem to be enough staff, but he's [person using the service] got his favourites and he tends to go to [staff member's name] or [staff member's name] a lot, but no concerns". We observed that there were enough staff available to respond to people's needs and they were attentive when support was requested. A staff member we spoke with said, "There's more than enough staff at the moment". We saw that the provider had processes in place to cover staff absences. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. The registered manager told us that staff ratios were based on the number of hours commissioned to look after each person at the home, which included the provision of any 'one to one' support and that staff numbers were increased based upon the needs of the people living at Millwater

The provider had procedures in place to support people in the event of an emergency, such as a fire. Staff were able to explain how they followed these procedures in practice to ensure that people were kept safe from potential harm. A staff member we spoke with told us that they would check the fire panel to see where the fire was in the home. They would evacuate people to a designated safety evacuation point and phone 999 for the emergency services. Staff knew where the fire exits were and that the location had fire doors that

would protect people until the emergency services arrived. This showed us that staff knew how to respond to keep people safe in an emergency.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. These included references from previous employers and Disclosure and Barring Service (DBS) checks. Records we looked at showed that checks were completed. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People received their medicines safely and as prescribed. A relative we spoke with told us, "[I have] no concerns over his [person using the service] medicines, they [staff] seem to do all of that very well". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. We saw that records for people, who received covert medicines, were reviewed on a regular basis by healthcare and mental health professionals. Covert administration of medicines means they are given disguised in food and drink because although the person refuses these medicines they are needed to keep the person in good health. Staff told us that not everyone was able to tell them when they were in pain or discomfort and when medicines were needed on an 'as required' basis. We saw that the provider had guidelines in place for staff outlining how to identify when people needed their 'as required' medicines.

Good

Is the service effective?

Our findings

We found that staff had received appropriate training and had the skills they required in order to meet people's needs. A relative we spoke with told us, "Everyone [staff] appears to be trained to a decent standard". Staff we spoke with told us they were pleased with how the provider supported their learning and development needs. A member of staff told us that they had spoken with the registered manager about an area where they could improve their skills, and that the registered manager had arranged for them to attend a training programme. Another member of staff we spoke with said, "Not all staff have the right skills set, some don't have dysphasia training, and there's a need [at the home] to build therapeutic relationships [with people using the service]". Dysphasia results in an impairment of communication. It's caused by damage to the part of the left side of the brain, which is responsible for language and communication. We discussed this with the registered manager who showed us their plans to deliver Dysphasia training. We saw that the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service.

Staff told us they had regular supervision meetings with their line manager and appraisals to support their development. A staff member we spoke with told us, "We [staff] have supervision every six to eight weeks, they're alright". Another member of staff we spoke with told us, "We have supervision about every three months, sometimes shorter, sometimes longer. If there's any problems, they [provider] sort it out". We saw staff development plans showed how staff were supported with training and supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People living at Millwater did not have the mental capacity to make informed choices and decisions about all aspects of their lives. Staff we spoke with told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. We saw staff asking people's permission before supporting them with their care and support needs. For example; people's consent was asked for before they received their medicines.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority. Members of staff we spoke with told us that they understood what it meant to deprive someone of their liberty.

People and relatives we spoke with told us they were happy with the food at the home. We saw a person eating egg and beans on toast for their lunch, they told us, "It's nice". A relative we spoke with said, "I haven't tried the food, but [person's name] doesn't seem to have a problem with it". Another relative we spoke with told us, "The food's good, I've tried it, the cook's good. They [staff] monitor her food intake". A member of

staff we spoke with told us, "We offer drinks throughout the day and encourage healthy eating. Not too much fizzy pop". Another member of staff said, "Snacks and drinks are available whenever they [people using the service] want them. Milkshakes, fruit and squash". We saw a member of staff go to make a cheese toasty for a person, as they had asked for it. We saw that there was a selection of food available and observed that people had access to food and drink whenever they wanted throughout the day.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. A staff member we spoke with told us that some people were on fortified diets and gave us examples of two people who required added sugar and butter in their meals. They told us that they are aware of people who have specific nutritional needs and that these were recorded in people's care plans. This showed us that staff knew how to support people to maintain a healthy diet.

Relatives we spoke with told us that their family member's health needs were being met. A Relative we spoke with gave us an example of how the provider had persevered in finding an optician who could support their relative to access the correct eye care". They continued, "They [staff] respond quickly. Nothing [medical] is taken lightly, [staff member's name] is great with her [person using the service], she really cares". Another relative we spoke with said, "If he [person using the service] needs a doctor or anything, they're [staff] on to it right away". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that staff treated them with kindness and compassion. A person said to us, "It's nice here, I like the staff and the food". A relative we spoke with said, "[Person's name] treats them [staff] like her family". Another relative told us, "I can't praise them [staff] enough, they're fantastic. They're really helpful and look after her [person using the service] extremely well. I have nothing but admiration and respect for the job they do". We saw that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people.

Not all of the people living at the home were able to verbally express how they preferred to receive their care and support. A member of staff we spoke with told us how they communicated with and supported a person who communicated differently. They explained, "[person's name] uses pitched sounds", they told us that, low pitched sounds indicated unhappiness and high pitched sounds meant that the person was happy and that the persons breathing levels could also indicate how they were feeling. Another member of staff showed us a communications box that helped them to communicate with someone. They showed us a shoe which indicated walking, part of a seat belt indicated travel, a ceramic mug meant hot drink while a plastic cup was for cold drinks. We saw that the provider worked closely with local Mental Health teams, Speech and Language Therapists (SALT) and Aroma Therapists to support them in communicating effectively. Throughout our time at the home we saw good interactions between people and staff.

The provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and their relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support people's needs. A relative we spoke with told us that they were involved in developing their family member's care plan. Another relative we spoke with told us, "I don't remember being involved in [person's name] care plan, but it's been a few years now and I'm happy with how things are going". A member of staff we spoke with said, "They [people using the service] will tell us [staff] if they're happy or not. It's all about how well you get to know an individual. For example; [Person's name] prefers a cup of soup rather than a bowl with bread. Give her a bowl, she won't touch it". Staff were able to meet peoples care and support needs consistently because they knew people's needs well. We saw that care plans were regularly reviewed and updated when people's needs changed. A relative we spoke with told us that the provider had contacted them about care plan review meeting, however they weren't always able to attend. They told us that they were happy that their family member's care and support needs were being taken care of.

People were supported to make decisions about what they did, where they went and what they liked to do. For example; we saw a person sitting at a desk in a part of the home where they preferred to sit. A member of staff explained to us that the person likes to sit there and views it as their office. They told us, "[Person's name] enjoys domestic life skills, she has her own office area, with a desk. If she doesn't do her ten colouring pictures every day, she feels her work isn't done". Another member of staff told us, "Communication is key and everyone [people using the service] here has their own way of doing it, but they let us know what they want and how they want it doing". We saw a member of staff ask a person if they would like their nails

polishing, the person gestured (by nodding) that they would.

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with told us, "[Person's name] does the laundry, she loves doing it. Asking people to do things for themselves really raises their confidence". Another staff member we spoke with told us, "[Person's name] drink's unaided and walks around on her own. She chooses her own food". Throughout the day we saw staff supporting people to make decisions for themselves, where practicable, regarding what they wanted to do, thus promoting their independence.

People's privacy and dignity was respected and maintained by staff. A member of staff we spoke with told us how they would ensure that when supporting people with personal care and support, curtains and doors were closed. We saw a person being hoisted into a wheel chair and staff ensured that the person's dignity was not compromised during the procedure.

Everyone we spoke with told us there were no restrictions on visiting times. A relative we spoke with told us, "There's no restrictions what so ever. We [person and their relative] go to her room or just stay in the lounge". Another relative we spoke with said, "There's no restrictions on visiting times, I can go at any time, day or night, and I do. It's good to pop in at times when people [staff] aren't expecting you, you get to see then, how things really are. But I've got no issues". This meant that people were supported to maintain contact with people who were important to them whenever they needed to.

Good

Is the service responsive?

Our findings

We found that staff knew people well and were focussed on providing personalised care. A relative we spoke with told us, "Staff are really nice, they've built up a nice rapport with [person's name], they know all his little ways and they're fully aware if he's not right or if there's any change in his health". Another relative we spoke with said, "They're [staff] nice people and I know they take good care of her [person using the service]. They understand what she needs and what makes her happy". Staff we spoke with understood the importance of providing personalised care. We saw detailed, personalised care plans that identified how people liked to receive their care.

We saw that staff were responsive to people's individual care and support needs. We observed staff responding to people's needs promptly when required throughout the day. A relative we spoke with told us, "They [staff] seem to get to her [person using the service] pretty quickly when they need to". Another relative we spoke with said, "If we [person using the service or relative] need anything, the staff can't do it quick enough for you, they're good like that". A member of staff we spoke with gave us an example of how they supported a person to make their own choices about the clothes they wear. They explained how they offer one person a selection of clothes, "She doesn't like wearing thick materials and she'll indicate her approval by her [vocal] tones".

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. A member of staff told us that the provider had protocols in place to support each person if their behaviour was seen as challenging. They explained that triggers which might escalate a person's behaviour had been identified and recorded in their care plans. We saw that people's care plans included information of the types of triggers that might result in them becoming 'unsettled' and presenting with behaviours that are described as challenging.

We saw that people had things to do that they found interesting. A relative we spoke with said, "[Person's name] doesn't like to do much, he's quite happy sitting on the sofa, reading". A member of staff we spoke with told us, "[Person's name] attends a day centre, he does cooking and gardening". Staff told us of a variety of activities that took place in the home and at nearby community centre, which included; Fun with clay, line dancing, singing, day centre visits, personal shopping days and arts sessions at a local church.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us that they had raised a concern in the past and that it had been dealt with satisfactorily by the provider. Another relative we spoke with told us, "I know who to complain to if I need to. I have in the past, they [provider] sorted it out and it's managed okay now". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised.

Requires Improvement

Is the service well-led?

Our findings

Relatives and staff we spoke with weren't always confident about approaching the manager if they needed to. A relative we spoke with told us, "I'd rather go to the staff than [manager's name]. She keeps herself to herself really". Another relative we spoke with said, "I've spoken to [manager's name] a couple of times but she's not there much. I mainly speak to [deputy manager's name] or [administrators name]". Staff we spoke with told us that communication between the manager and staff was not as good as it had been in the past. A staff member told us, "I don't feel I can [approach the manager] like I used to. I can't put my finger on it". Another staff member we spoke with told us that if they had any issues or concerns, they preferred to take them to other senior members of staff rather than approach the registered manager.

We looked at systems the service had in place to monitor the safety of the service. We found that the provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets. We saw that although quality assurance and audit systems were in place for monitoring the service provision at the location, feedback from people using the service and their relatives was inconsistent. We saw that an advocacy service was available for people to highlight any issues they wished to raise with the provider about the quality of the service. However records we looked at regarding people's meetings with the advocate showed that no information had been recorded since November 2016. Relatives we spoke with told us that they did not receive surveys for sharing their experiences and views on the quality of service provided. One relative we spoke with told us that they used to complete satisfaction surveys when the previous parent company owned the home, but since the new organisation, Lifeways Community Care Ltd, had taken over in December 2016, they hadn't been asked to complete one. Another relative we spoke with said, "I don't remember doing any questionnaires or surveys, no". We raised this with the registered manager who told us that questionnaires were sent out to relatives annually and that they had tried to hold regular relative and carer meetings, but they had been poorly attended. They told us that information sharing was now done on a more informal basis.

We saw that staff were clear about their roles and responsibilities, so they knew what was expected of them to ensure that people received the appropriate care and support. Staff told us that they enjoyed working at the home. A member of staff we spoke with told us, "It's good here [Millwater] it's a good team". Another member of staff said, "It's nice, the staff are really welcoming, they help you when you need help".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been one whistle blowing notification raised at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is

run. The most recent CQC reports and ratings were displayed in the main reception area of the home. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The provider had systems in place to ensure that the home ran smoothly if the registered manager was off site. A member of staff we spoke with told us, "[Deputy manager's name] is in charge when [registered manager's name] is not here".

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.