

Heritage Care Limited

Millbank

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?

Good ●

Summary of findings

Overall summary

At our last inspection in September 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe living at the service. Staff knew how to recognise abuse and how to report it. Risks were assessed so that staff knew what action to take to keep people safe. Incidents and accidents were reported and actions were taken to reduce the risk of them happening again. Planned staffing levels were achieved, however, we asked the deputy manager to review the deployment of staff to ensure it was responsive to people's needs. Safe recruitment processes were in place to ensure the suitability of staff for their roles. People's medicines were managed safely and people told us they received their medicines regularly.

People continued to receive an effective service. Care and support was delivered in line with good practice guidance. Staff were provided with training and development opportunities to ensure they were able to provide care that was effective and met people's needs. People were provided with a healthy and nutritious diet and were provided with the support they needed to eat and drink sufficiently. People were supported to access health services when required and staff worked well with other professionals to provide coordinated care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

Staff were kind, caring and respectful. They knew people well and provided reassurance and support to people when they were anxious. Staff protected people's privacy and dignity. People were offered choices in their daily lives and staff respected their wishes. People were supported to maintain relationships with friends and families.

People continued to receive personalised care that was responsive to their needs. Care plans were reflective of people's needs and were reviewed and updated regularly. A wide range of activities and entertainment were offered and people were encouraged to participate in activities to maintain their mobility and independence. People were able to choose whether they wanted to participate and how they spent their time.

Systems were in place to monitor the quality of the service and the care provided. A range of quality audits were completed by the registered manager and areas for improvement were identified. Views of people using the service and their relatives were sought and staff felt engaged and involved. An overall action plan was in place and updated regularly to ensure improvements to the service were taken forward.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Millbank

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 was a comprehensive inspection. The inspection took place on 24 January 2019 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with six people who used the service and six relatives, to obtain their views about the service they received. We spoke with the deputy manager, four care staff, the catering team leader and a visiting professional.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included looking at four people's care records and associated documents. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the quality assurance audits the management team had completed.

Is the service safe?

Our findings

People felt safe at Millbank and relatives felt they were safe. One person said, "I feel really safe here. They are always checking on you and keeping an eye on you." A relative told us their family member was safe and said a sensor alerted staff if their family member tried to get out of bed unaided, so they could provide assistance.

People were cared for by staff who knew how to protect them from avoidable harm and abuse. Staff were aware of the signs of abuse and the action to take if they had any concerns. They were aware of the role of the local authority safeguarding team and how to contact them if necessary. The registered manager reported safeguarding concerns in accordance with the regulations and investigated them appropriately.

Staff completed risk assessments to identify risks to people's health and safety and took action to reduce those risks. For example, we saw people who were at high risk of developing a pressure ulcer, had pressure relieving equipment in place. The deputy manager kept an oversight of people's weight and took action when people started to lose weight. Staff completed incident forms when incidents and accidents occurred and the registered manager and deputy manager reviewed these to identify any learning from them. The deputy manager told us of action taken to identify factors that impacted on an individual's risk of falls and to address these.

People had free access to move about the home as they wished. However, some people and their relatives, expressed concerns that one person using the service and living with dementia, wandered into other people's rooms uninvited and disturbed them. On occasions, items had been lost. A person said the person did not always leave when they asked them to. Staff told us people were able to lock their rooms if they wished, to prevent the person wandering in, and several people had keys to their room. They also encouraged people to ring their call bell for assistance when it happened. We raised the issue with the deputy manager, who said they would explore further ways of resolving the situation.

Staff told us they felt there were normally sufficient staff to provide safe and timely care to people. However, we received mixed feedback from people using the service and their relatives. This mainly related to the time they waited for assistance when they rang their call bells. When staff responded, they often said they would come back to the person and then forgot, or they waited for a long time for staff to return. The deputy manager told us they planned staffing levels according to people's support needs. They agreed to review the way staff were deployed to improve the timeliness of responses. Safe recruitment practices were followed to ensure staff were suitable to work with vulnerable people and those with complex needs. These practices included criminal record checks, obtaining a sufficient number of references from previous employers and proof of identity.

Medicines were stored and managed safely and processes were in place for ordering and supply of medicines. Medicines administration records contained the required information to enable medicines to be administered safely. People told us and checks we completed, indicated that people received their medicines regularly, as prescribed. Staff received training and competency assessments, to gain and

maintain the knowledge and skills for safe medicines administration. Audits of medicines were completed and actions taken to address areas for improvement.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Housekeepers kept the home clean and tidy. Staff were aware of the steps they needed to take if a person developed an infection, to reduce the risk of the spread of infection to others.

Is the service effective?

Our findings

People's needs were assessed prior to admission to Millbank and staff told us they received a good level of information about people, to enable them to meet each person's needs. Care was delivered in line with local and national standards and guidance. For example, staff told us about a tool that had been introduced in collaboration with local the local NHS providers, to identify when people showed signs of deterioration. This enabled staff to respond quickly, to obtain the necessary support for the person and where possible prevent admission to hospital. Staff had received training to use the tool and told us it had increased their confidence in making the appropriate referrals. During the inspection, we saw this in action, as staff identified a person to be reviewed by a visiting professional.

A visiting professional told us staff collaborated well with them, to ensure people received the necessary support and referrals to specialist services.

Staff received training and support to enable them to provide safe and effective care. Staff told us they were provided with all the training they needed and their training needs were discussed at their regular supervision. We were provided with examples of additional training staff had completed recently in caring for people living with dementia. Staff told us of the value of the training in increasing their understanding of the impact of dementia on the person and how they could support them. Staff received regular supervision and an annual appraisal.

People were supported to eat and drink enough and maintain a nutritious, well balanced diet. They had access to fresh fruit, drinks and snacks between meals. We received good feedback from people about the quality of meals provided. One person said, "I like the food; it is good." A relative said, "The food is very good, they get ample amounts. (Family member) has put on weight since they have been here." One person said, "They (staff) keep checking that I am drinking enough. I had (an infection) and they insist I drink more."

Consent to care and support was obtained in line with legislation. People told us staff asked for their permission before providing care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked that the principles of the MCA and DoLS were followed and we found they were. When people could not make a decision, staff completed a mental capacity assessments and the best interest decision making process was followed. DoLS authorisations had been gained when required.

The premises were accessible for people including the enclosed gardens. The décor was pleasant and

displays on the walls provided opportunities for people to reminisce. There were a variety of places for people to sit either individually or in a group. Toilet doors were all painted one colour and had pictorial signs to assist people to recognise them.

Is the service caring?

Our findings

People we spoke with and relatives, felt that the care provided was very good and staff were kind, caring and respectful. One person said, "I was surprised at how caring the staff are. They are always telling me it is my home and I should treat it as such." A visitor told us they found staff, "Incredibly caring." They commented on how well staff engaged with people and their good interpersonal skills.

Staff explained how they protected people's privacy and dignity, giving examples such as keeping them covered as much as possible during personal care and closing doors and curtains. People we spoke with confirmed this and we observed staff knocking on people's doors before entering. A set of dignity standards were displayed in the main entrance area.

However, relatives told us they did not feel their family members clothes were always treated with the care they deserved, when they were laundered. One relative said, "I expected (family member's) clothes to be ironed, but when the clothes come back they are just shoved in the wardrobe and are all creased up. Things get shoved in drawers, they don't seem to respect people's clothes." We received similar comments from other relatives. The deputy manager told us there were ongoing efforts to reduce concerns related to the laundry. They had recently introduced a new system for identifying each person's clothes to ensure they were returned to the correct person.

People told us that they made choices about their daily lives and the staff acted in accordance with their wishes. People confirmed that they have the choice of male or female carer, choice of clothes they would like to wear and choice of time to get up and go to bed. Staff told us they involved people in decisions about their care and in reviewing their care plans. They said that when it was not possible to involve the person in reviewing their care plans, they involved their family approximately every three months. However, some people we spoke with did not recall their care plans being discussed with them and relatives said they weren't involved in reviews. The deputy manager said they would consider how best to communicate with people about this and document involvement.

People told us that they could have visitors when they wanted them, which reduced the risks of isolation and loneliness. A relative said, "I come in every day and it is like a second home." Records included information about the relationships that people maintained which were important to them. A relative told us staff involved them in activities and also said, "They had a dementia awareness course the other week (for staff) and we went to that, which was really useful." Staff told us the family of one person using the service lived abroad and they used a video link to enable them to speak to their relative regularly.

Is the service responsive?

Our findings

Staff provided care and support based on people's individual needs and preferences. Staff had a detailed knowledge of each person and their preferences in relation to their care. They told us they had developed an in-depth knowledge of people which enabled them to have a 'very person centred care approach'. One member of staff said, "You get to know people and their families and feel almost part of the family."

Care plans provided the information necessary for staff to provide responsive care and were updated monthly to reflect people's changing needs. Staff also told us that key information about the person's support needs was available in their bedroom.

The provider ensured people were protected under the Equality Act 2010. People were treated equally and without discrimination. Opportunities for people to follow their religion were available and members of the clergy visited regularly.

The service was working towards achievement of the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Some information was available for people in accessible formats and staff provided assistance, to enable people to remain as independent as possible when they might have difficulty in accessing information or services. Information about safeguarding and how to make a complaint were available in easy read and pictorial formats. Signage for bathrooms and toilets were pictorial.

People were happy with the activities offered and felt there was a good variety and regular stimulation. There was a schedule of regular visits from entertainers and we were told children from a local school visited weekly and played bingo with people. Exercise classes such as Zumba and a general fitness and exercise session were held regularly. We heard of baking, coffee mornings, interactive music workshops and film evenings. The deputy manager said, "When the hairdresser comes each week, we have a general pamper session and people have manicures and have their nails painted." People also had one to one time with the activities coordinator.

Complaints were recorded and investigated by the registered manager and a written response provided to the complainant in a timely manner. Staff told us they received feedback when changes were needed to address a complaint or concern. People we spoke with said they would speak to their key worker or the registered manager if they had a complaint.

There was no one receiving end of life care at the time of the inspection, however, basic end of life care plans identifying people's wishes were in place and some staff had attended training in end of life care.

Is the service well-led?

Our findings

An experienced registered manager was in place; however, they could not be present on the day of the inspection. 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.

Staff told us the aims of the service were clearly explained to them when they were recruited. They told us the emphasis was on ensuring care was person centred and responsive to individual needs.

Staff told us the management team were fair and supportive. They said they felt able to raise issues or concerns and the registered manager or the deputy manager dealt with it immediately. One member of staff said, "You can ask any questions and you don't feel silly asking." Some relatives told us they did not see the registered manager very frequently and they gave mixed feedback about how approachable they were. Relatives said they normally spoke with the team leaders first. However, a professional visitor praised the openness of the registered manager to new ideas and ways of improving the service.

Meetings were held for people using the service to discuss future developments and enable them to raise issues and concerns. There was a suggestion box for people to use placed near to the visitors book in the front reception area. Annual relatives surveys were also used to obtain their views of the service and we saw an action plan had been put into place to address concerns and issues raised. This included concerns related to the laundry.

Staff meetings were also held and staff told us they were encouraged to discuss things openly. Staff told us they also received feedback about changes and other information at the staff handover meetings.

Quality audits were completed regularly by the registered manager and other staff to monitor the quality of the service provided. The results of these were sent to the provider and a representative of the provider visited the service regularly. They did not complete formal quality audits; however, they said they spoke with people using the service and staff when they visited and completed informal checks. The registered manager had an ongoing action plan to address issues identified in the audits and other service improvements.