Healthcare Homes Group Limited

Mill Lane Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Mill Lane Nursing and Residential Home is a residential care home providing personal and nursing care to up to 30 people in an adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 22 people using the service.

People's experience of using this service and what we found
There was a new manager in post. The manager and provider had systems in place to monitor and assess the service provided and were committed to continuously improve and develop. People's views about the service were sought and valued and used to drive improvement. Incidents and accidents were analysed and lessons were learned when things went wrong to reduce future risks.

There was a system in place to reduce the risks of abuse and harm, this included assessing risk and providing guidance for staff in how to mitigate the risks. Staff were available when people needed them and were recruited safely. People received their medicines as prescribed and monitoring supported staff to identify any discrepancies and address them. The service was clean and hygienic. People were supported to have visitors with no restrictions.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 14 February 2019).

Why we inspected
The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury and died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about safety. This inspection examined those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mill Lane Nursing and Residential Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Mill Lane Nursing and Residential Home

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 Health and Social Care Act 2008.

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
This inspection was undertaken by an inspector.

Service and service type
Mill Lane Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mill Lane Nursing and Residential Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post

for 10 weeks, they were in the process of submitting an application to register.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people who used the service and 2 people's relatives. We also spoke with 4 members of staff, including, the manager, regional manager, activities and nursing staff. We observed the interactions between staff and people who used the service.

We reviewed a range of records including 4 people's care records, medicine records, 3 staff recruitment records, and records relating to health and safety and governance.

Following our visit, we received electronic feedback from 2 care staff members and spoke with 6 relatives on the telephone.

We fed back our findings from the inspection on a video call to the manager, regional manager, operations director, and service development and regulations manager on 27 June 2023.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- There were systems in place to reduce the risk of abuse, including training for staff. Guidance was in place to report any safeguarding concerns to the local authority safeguarding team, who have the responsibility of investigating safeguarding concerns.
- Where there were concerns identified, the service reported to appropriate professionals, as required.

Assessing risk, safety monitoring and management
- Policies and procedures were in place which provided guidance for staff in the actions they should take if there were risks to people's safety. A staff member explained the processes if a person fell and/or sustained a head injury.
- People's care records included risk assessments which guided staff in how the assessed risks were to be mitigated. This included risks associated with pressure ulcers, falls, mobility and choking.
- During our inspection visit we observed staff supporting people to mobilise safely, this included observing and assisting people who were at risk of falls. When people chose to sit outside, the staff made sure they were safe and comfortable, and offered hats and a large umbrella to protect them from the sun.
- Environmental risk assessments guided staff in how risks were mitigated. This included a risk assessment for the stairs and a sensor system alerted staff if anyone was attempting to use the stairs. Equipment and the environment were checked to monitor and reduce risks. This included checks on window restrictors, fire safety and mobility equipment.
- People and relatives told us the service was safe. One person said, "They [staff] keep an eye on me, but I choose what I want to do." A relative commented, "[Staff] go to considerable lengths to provide good care, I feel [family member] is very safe."

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

● During our inspection we saw staff were available to attend to people's requests for assistance promptly, this included call bells. People told us the staff supported them when needed. One person said, "They [staff] are always around and come when I need them." Relatives told us there were enough staff to meet their family member's needs.

● The service used a tool to help to calculate the numbers of staff required to meet people's needs.

● The manager told us how recruitment was ongoing, and how they had reduced the numbers of agency staff and continued to do so. Where agency staff were used, the manager told us regular staff were used to provide people with consistent staff. We saw agency staff profiles which showed their training and experience.

● Staff were recruited safely; this included the necessary checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● We spent time with the nursing staff on duty, they explained the safe systems in place for the storage, ordering, disposal and administration of medicines. Records confirmed the systems in place.

● People received their medicines as prescribed. Protocols provided guidance for staff to follow when administering, as required (PRN) medicines.

● Audits and monitoring of medicines identified any risks and discrepancies were identified and actions taken to address them.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● 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 were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

● People and relatives told us there were no restrictions on visiting. A relative said, "I visit when I want to, they [staff] never question it."

● During our inspection, we saw people enjoying visits with their relatives, which reduced the risks of isolation.

Learning lessons when things go wrong

● Incidents and accidents were recorded, monitored by the manager and analysed. The analysis identified any patterns and trends and systems were put in place to reduce future risks.

● Where concerns were in place regarding staff performance, actions were taken to reduce the risk of poor delivery of care, which included disciplinary actions and the provision of further training.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The last registered manager was deregistered in March 2023. The new manager had been working in the service for 10 weeks and had started the process to be registered. In the interim management was overseen by the regional manager.
- The manager confirmed the changes in management had been unsettling for staff and people. The manager was complimentary about the staff team and how they provided good quality care to people despite the changes. They said, "Staff have been fantastic." The manager told us there was a strong core of staff who worked as good role models for new and agency staff.
- The manager told us how people were empowered to make their own decisions about their lives which provided good outcomes. This was confirmed in care records which we reviewed and in a discussion with a person using the service, regarding how they chose to live and how this was respected.
- A contemporaneous record was maintained securely about each individual using the service. This included care plans and records of the care provided. Records were kept under review and where shortfalls had been identified, staff were advised of their responsibilities. For example, the manager had identified records of the administration of creams had gaps, once they had intervened, the records had improved.
- During our inspection visit we observed a person's funeral had left from the service. The grounds had been prepared for relatives and other people to meet. People using the service were included in the preparations and when the cortege left the home staff lined up to see the cortege off. This demonstrated the positive and caring culture in the service.
- People's relatives told us they felt their family member's needs were being met, the service was well-led and there was a positive and friendly atmosphere. A relative said, "It was the nice atmosphere I noticed when I first walked in the door." Another relative commented, "[Manager] is lovely, made many changes. I am so happy with here, [staff] do as much as they can for people."
- A new person to the service was introduced to another person. We observed them chatting and laughing. This demonstrated good outcomes for the 2 people, who spent time enjoying each other's company.

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

- There was a duty of candour policy and procedure in place which was understood.
- We saw records which evidenced the duty of candour policy and procedure was followed. This included advising people and where appropriate their relatives of when things had gone wrong and giving and apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The manager and provider understood their regulatory responsibilities. This included formally informing us of any notifiable incidents, as required.

● There was a programme of audits and monitoring undertaken which supported the manager to identify shortfalls and address them promptly. The provider's representatives, including the regional manager, visited the service and also monitored the quality of the service provided.

● The manager told us a deputy manager post had been identified and during our feedback, the manager told us the deputy manager had started working in the service.

● We saw staff were very caring and person centred in their interactions with people. This demonstrated the staff's understanding of their roles and responsibilities.

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

● Relatives told us they were kept updated about their family member's wellbeing. The manager told us they operated the 'resident of the day' system and relatives, where appropriate, were contacted at least monthly to review their family members care, with the person.

● People and relatives had the opportunity to share their views about the service in complaints, compliments, surveys and meetings. Records demonstrated where comments were received, they were being addressed to drive improvement.

● Staff attended meetings in various departments including clinical risk meeting, catering, housekeeping and health and safety meetings. The demonstrated people's care was being discussed and improvements identified.

Continuous learning and improving care

● The training programme for staff was kept under review to ensure staff received the training and any updates they needed, to provide care and support to people using the service. There was a mixture of online training and face to face training.

● The manager and operations manager told us about planned improvements in the service and improvements already made, which demonstrated a commitment to the continuous development of the service.

● Staff told us they could see improvements were being made in the service. A staff member told us, "The manager has made a huge difference and such a benefit to the service. [Manager] is so approachable always with an open-door policy." However, another staff member said they felt communication from management could be improved, to ensure all staff received the same messages about changes made. The manager told us this would be addressed in planned meetings and staff supervision.

Working in partnership with others

● The manager and a staff member told us how the service worked well with other professionals involved in people's care. This was confirmed by a social care professional.

● The service supported people to be an active part in the community where they lived. A fete was planned, as was the annual participation in Felixstowe in bloom and competition with the provider's other services.

● The manager told us how the activities staff had been working with a local school on an 'inter-age' project. We saw a thank you card from them for inviting them to the service.

● A relative told us how they felt the activities staff had gone 'over and above' by supporting an outing to a local church for an evening event. Which they and their family member enjoyed.

● There was a minibus which was shared by another of the provider's service which was used for people to go out into the community.