

# Healthcare Homes Group Limited

# Mill Lane Nursing and Residential Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

Mill Lane Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Mill Lane Nursing and Residential Home accommodates up to 30 people requiring nursing care, and some living with dementia. During our comprehensive inspection on 21 January 2019, there were 25 people living in the service.

At our previous inspection of 14 July 2016, this service was rated Good overall, and in each of the key questions. At this inspection of 21 January 2019, we found the evidence continued to support the rating of Good overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

People continued to receive a safe service. There were systems in place designed to reduce the risks of abuse and avoidable harm. Where things went wrong, the service learned from this and used the learning to drive improvement. Risks to people continued to be managed well. People were supported with their medicines in a safe way. Staff were available to support people and the systems to recruit staff safely were robust. There were infection control procedures in place which reduced the risks of cross contamination.

People continued to receive an effective service. People were supported by staff who were trained and supported to meet their needs. People had access to health professionals when needed. Staff worked with other professionals involved in people's care. People's nutritional needs were assessed and met. The Mental Capacity Act 2005 was understood and complied with. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The environment was well maintained and suitable for the people using the service.

People continued to receive a caring service. People shared positive relationships with staff. People's privacy, independence and dignity was respected. People were listened to in relation to their choices, and they and their relatives, where appropriate, were involved in their care planning.

People continued to receive a responsive service. There were systems in place to assess, plan and meet people's individual needs and preferences. People's had access to social activities to reduce the risks of isolation and boredom. There was a complaints procedure in place and people's complaints were addressed. People's end of life decisions were documented to reduce the risks of people's preferences about how they wanted to be cared for at the end of their lives not being met.

People continued to receive a service which was well-led. The registered manager and provider had a programme of audits which demonstrated that they assessed and monitored the service. Where shortfalls were identified actions were taken to improve. People were asked for their views about the service and these were valued and listened to. As a result, the service continued to improve.

## 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.

# Mill Lane Nursing and Residential Home

## **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 unannounced comprehensive inspection took place on 21 January 2019 and was undertaken by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people about their experiences of using the service. We also spoke with three people's relatives. We observed the interaction between people who used the service and the staff throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager, the deputy manager, the regional director and five members of staff, including care, catering, and activities staff. We looked at records relating to the management of the service, three staff recruitment files, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our previous inspection of 14 July 2016, this key question was good. At this inspection of 21 January 2019, we found people continued to receive a safe service.

People told us that they felt safe with the staff and living in the service. One person commented, "I do feel safe." One person's relative said, "I do think [family member] is safe here, I am quite confident of that."

There continued to be systems designed to reduce the risks of avoidable harm and abuse. Staff had received training in safeguarding and understood their responsibilities relating to safeguarding. The service had appropriately notified us of safeguarding, the actions they had taken, including reporting to the local authority safeguarding team who are responsible for investigating concerns of abuse, and how they planned to reduce future risks. Where issues had arose, the service learned from them and used the learning to drive improvement. This included disciplinary action.

The service continued to manage risks well. People's care records included risk assessments which guided staff on how the risks in people's daily lives were reduced. Risk assessments were in place for areas including pressure ulcers, falls, and mobility. Records and discussions with the registered manager demonstrated that appropriate support was provided where people were, for example, at risk of falls or developing pressure ulcers. We checked the record of a person who required to be supported to move position to reduce the risk of pressure ulcers developing. These showed that the person was assisted to move in line with the recommended four hourly timescales.

Risks to people injuring themselves or others were limited because equipment, including portable electrical appliances and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Fire safety checks and fire drills were undertaken and there were evacuation plans in place to ensure that staff were aware of the support that people needed should the service need evacuating.

People told us they thought there were enough staff to assist them when needed. People had been asked about call bells and if they were answered in a timely way in resident's meetings. Systems were in place to ensure these were answered in a timely manner. We observed people did not have to wait long for staff support and call bells were left within reach. We saw that staff responded to verbal and non-verbal requests for assistance promptly. There was a dependency tool in use which was used to calculate the numbers of staff needed to meet people's dependency levels. The registered manager told us there had been agency care staff used, however, they had worked to reduce this and recruited new staff to ensure people received care and support from regular staff who they knew. One staff member confirmed what we had been told, "We were using agency staff, but this is getting better. New staff are starting and we are not using agency so much."

Records showed that the provider continued to undertake checks on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Medicines continued to be managed safely. People told us they received their medicines as prescribed and they were satisfied with how they received them. One person said, "They bring them to me, I don't think there are any problems." The medicines administration records (MAR) for medicines demonstrated that people had received their medicines as prescribed. Some people were prescribed medicines to be taken as required (PRN). There were protocols and care plans in place for these medicines to guide staff on when they should be given to people. Staff had received training in medicines and had their competency was checked by the senior team. Medicines were kept safely in the service and there were safe systems in place for the ordering and disposal of medicines. Regular checks were undertaken, these included temperatures, stock balance and audits. This supported staff to identify any shortfalls and take prompt action to address them.

People told us that the service was regularly cleaned. One person said, "They do my room every day." Another person said, "It is always kept nice and clean." Staff had received training in infection control and food hygiene. There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination. Infection control audits were carried out to check staff compliance with infection prevention and control policies and procedures.

## Is the service effective?

### Our findings

At our previous inspection of 14 July 2016, this key question was rated good. At this inspection of 21 January 2019, people continued to receive an effective service.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs and protected characteristics relating to equality. People's needs were assessed prior to the person moving into the service. This assisted a smooth transition between services. One person's relative told us how they and their family member had participated in the needs assessment, "They asked us what [family member] wanted."

Training records showed that staff continued to receive the training they needed to meet people's needs. This included training in safeguarding, fire safety, and medicines. In addition, staff received training in dementia, equality and diversity and dignity in care, to meet people's specific needs and preferences. New staff received an induction course which included training and shadowing more experienced colleagues. Notices in the service for staff identified booked updated training including catheterisation, moving and handling, fire safety, dysphagia, Mental Capacity Act 2005 and safeguarding.

Staff continued to be supported in their role and received supervisions. These provided staff with a forum to discuss the ways they worked, receive feedback, identify ways to improve their practice and any training needs they had.

People told us the food met their individual tastes and preferences and that they could eat where they wanted to. One person said about their lunch, "It was lovely, it was my favourite today. It is always good." One person's relative said, "The food is excellent." We saw that people could choose their meals from the menu. But if they wanted something different this was provided. We observed lunch in the communal dining room. Staff worked to provide a social, welcoming atmosphere for people. We also saw people being assisted to eat in their bedrooms, where required. This was done in a caring way.

People had access to hot and cold drinks. People's records included guidance on the specific amounts they should be encouraged to drink where risks were present. Records of how much people had to drink were maintained and routinely checked. Where people had failed to drink the target amount, staff were guided to speak with the GP and methods of increasing people's fluid intake identified, to reduce the risk of dehydration.

People's records included information about how their dietary needs had been assessed and how their specific needs were met. Staff understood people's specific dietary needs and how they were met. This included fortified food and high calorie drinks to assist people to maintain a healthy weight. If people were at risk of choking, their care records clearly guided staff on how the risk was reduced. Snack baskets, including fresh fruit and crisps, were placed around the service so people could help themselves to snacks when they wanted them. People's weights were regularly taken and where people were identified at risk of losing weight, dieticians were contacted for guidance.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person said, "I can see my doctor if I need to any time." Records showed that where there had been concerns about a person's health and wellbeing, they were referred to health and social care professionals. We saw evidence of regular GP reviews, chiropody, opticians and dietitian input. A GP surgery visit was undertaken one day a week in the service. This supported good working relationships and ensured people received support when needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The service had made DoLS referrals when required, to ensure that people were not unlawfully deprived of their liberty.

We observed staff seek for consent before supporting people with care. People told us they were always offered choices and were asked for their consent. People's care records included if they had capacity to make their own decisions. If people lacked capacity there were systems in place to assist them. The registered manager told us about the system in place to monitor DoLS and make new applications when required. Training records identified that staff had received training in the MCA and DoLS. Where people had individuals assigned to make decisions on their behalf, called a Power of Attorney, documentation was available identifying which decisions they assisted with. People had signed documents to show they had consented to the care they received, where people were not able or did not have capacity these were signed by their representatives.

People were complimentary about the environment and how it met their needs and choices. The environment had communal areas that people could use, including lounges and dining areas. There were areas in the service where people could see their visitors in private. One person said about their bedroom, "This is mine, I have got everything I need in here. It is my home." People were regularly moving freely to different areas of the building. The communal areas in the service had been redecorated. There were photographs around the service of Felixstowe in the past, people had chosen the photographs and this was used as an opportunity to discuss their memories. Maintenance was undertaken promptly and when required. The environment was suitable for people using the service. This included being accessible for people who used mobility aids.



# Is the service caring?

## Our findings

At our previous inspection of 14 July 2016, this key question was rated good. At this inspection of 21 January 2019, we found that people continued to receive a caring service.

People spoken with said that the staff were caring and treated them well. One person told us, "I love them, they are smashing." Another person said, "They are lovely." One person's relative told us how they felt that the service demonstrated that people mattered. They said, "Christmas was delightful, everyone got a present. I just mentioned that [family member] liked cars and their present was a book on cars in the 1950's. It was thoughtful." We saw letters and cards sent to the service by people and relatives thanking the staff for the care and support provided. One stated, "I really appreciate the dedication of you all and for the love, care and support shown to my [family member]."

There was a relaxed and friendly atmosphere in the service and people and staff shared positive relationships. The staff and people clearly knew each other well. Staff effectively communicated with people and positive interactions were observed throughout. Staff spoke about people in a caring and compassionate manner, which reflected the care provided to people.

People were treated with dignity and respect. Staff spoke with people in appropriate tones and made eye contact with people. We noted that people looked well cared for, their clothing was clean, hair combed and fingernails clean. People's bedrooms had gloves and aprons in them for staff to use to reduce the risks of cross infection. These were stored in baskets, the registered manager told us they had ordered the baskets so they were not clearly visible to people and visitors to reduce the clinical appearance of their home and respect their dignity.

People's care plans guided staff to ensure people's privacy, independence and dignity was respected. People told us how their independence was promoted and respected. One person said, "I can do things myself, they [staff] never take over."

We saw staff routinely knocked on people's bedroom doors and waited to be invited in before entering. One staff member was taking lunch to a person who remained in their bedroom. They were carrying a tray and could not knock on the door, so called out, "Knock knock." The person had asked to be assisted to move position before they had their meal, the staff member closed their bedroom door when assisting them to ensure their privacy.

People told us that they made choices about their daily lives and the staff acted in accordance with their wishes. Care plans stated people's preferences and life history and these were known by staff.

People told us that they could have visitors when they wanted them, which reduced the risks of isolation and loneliness. Records included information about the relationships that people maintained which were important to them. One person's relative told us, "I am always made to feel welcome, I am quite comfortable when I visit. They keep me updated on how [family member] is."

# Is the service responsive?

## Our findings

At our previous inspection of 14 July 2016, this key question was rated good. At this inspection of 21 January 2019, people continued to receive a responsive service.

People told us that they felt they were cared for and their needs were met. One person said, "This is home, what I need I get." People's care records demonstrated that they continued to receive care which was tailor made to their individual needs. The records clearly identified how people's specific needs had been assessed, planned for and met. Some people who used the service had conditions which may affect their wellbeing. These people's care plans identified how their conditions affected their daily lives and any warning signs staff should be aware of, such as signs and indicators of becoming unwell associated with their condition. Care plans were reviewed monthly, or when changes in people's needs happened, and they were completed with people and their relatives. The daily records identified the support provided to each person every day and their wellbeing.

People told us that they had the opportunity to participate in activities that were meaningful and that they chose. The activities notice board showed the various activities provided including weekly reflexology, hairdressing and exercise. In addition, there was a weekly scrabble club. Other activities included visiting entertainers, hand massage and manicure, karaoke, arts and crafts and bus trips in the mini bus which was shared by two other of the provider's locations in the town.

There was an activities coordinator who ensured activities were provided which matched people's interests. There was a wish tree in the lounge, where people had activities they wanted to do on the leaves of the tree. The activities staff told us how they spoke with people about what their interests were and tried to incorporate these into the activities programme. They had ensured there was time to spend one to one time with people who chose to stay in their bedrooms. Two bus trips a week were completed, people chose where they wanted to go. They had previously been held during mornings, but people had negotiated to have one in the afternoon instead. The activities staff member was new to their role and was researching activities on the internet they could provide.

There was a complaints procedure and policy in place which was accessible to people using the service and others, including relatives and visitors. One person's relative said, "If anything is wrong, you just have to mention it to [registered manager] and it is sorted." Another person's relative told us that they spoke with the registered manager and felt their views were valued and acted upon. Records showed that people's complaints and concerns continued to be investigated and responded to in line with the provider's complaints procedure. Where concerns had been received the service had learnt from these and used them to drive improvement. This included meeting with people and their representatives, and reviewing the care provided. In addition, complainants were provided with an apology, which was in line with the provider's duty of candour policy.

People's care records included their choices and decisions about their end of life preferences. This included if they wanted to be resuscitated, where they wanted to be cared for at the end of their lives and their

choices for burial/cremation. A staff member told us how a person had been receiving end of life care in their bed. They arranged for a visiting entertainer to visit them in their bedroom and sing their favourite song to them. We saw a compliment received from a family member regarding the end of life care provided to their family member, "Staff did everything they could to ensure that [family member] was comfortable and pain free."

# Is the service well-led?

## Our findings

At our previous inspection of 14 July 2016, this key question was rated good. At this inspection of 21 January 2019, we found people continued to receive a well-led service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager had started working in the service following our last inspection and was registered with the CQC in September 2018. The registered manager understood their roles and responsibilities of being a registered manager. People and relatives, we spoke with knew the manager by name and said they felt that they could speak with them at any time. The manager was visible throughout the duration of our inspection and knew people's needs. Information we requested was made readily available promptly.

The registered manager was supported by a deputy manager who was also clinical lead in the service. Their duties included ensuring that the nursing staff received clinical supervision. The registered manager told us that they felt supported. The management team were supported by the regional director and the provider's regional clinical support. They regularly visited the service and undertook checks and audits to ensure the service was running effectively. A service improvement plan was in place which demonstrated that the management team had systems in place to independently identify shortfalls and address them. The Provider Information Return (PIR) demonstrated that the provider and registered manager had a clear understanding of their roles and responsibilities in providing people with good quality care. They had identified areas for continuous improvement.

There continued to be a programme of audits which were used to monitor the service provided. This included audits in care plans, care provided to people, infection control, medicines, and the environment. There were actions in place where shortfalls had been identified, to improve. Incidents and accidents were analysed to identify any trends and systems were put in place to reduce future events.

People and relatives continued to be involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires. These were analysed and used to drive improvement. People could also attend meetings to discuss the service and make suggestions to improve. People told us that management and staff listened to their opinions and preferences. One person told us that as a result of their suggestions the service was obtaining another piece of moving and handling equipment.

Staff we spoke with were aware of their roles and responsibilities and said they enjoyed working in the service. One staff member told us, "If I have any worries I can go to [registered manager] who is always willing to listen and take my views on board." Another staff member told us they felt the service was improving with the new registered manager, "Things are on the up." Staff meeting minutes identified that they discussed any changes in the service and in people's needs. The minutes demonstrated that the views

of staff were valued and they contributed to the ongoing improvements in the service provided. There had been the introduction of monthly nutrition and clinical meetings. Daily meetings were held, this allowed staff to pass on important information about people's wellbeing.

The activities staff said that they were working to improve the relationships with the community. This included inviting students to be involved in activities with people, a local school had been in to sing to people. There were plans to take people to the cinema, and representatives from a local church visited the service. We saw notices in the service which demonstrated that they had participated in charity events, including raising money for cancer and Alzheimer's charities. The service continued to work with other professionals involved in people's care, this included the commissioners and health and social care professionals.