

Advinia Care Homes Limited

# Mill View Care Home

## 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

### About the service

Mill View is a residential care home providing personal and nursing care for up to 180 people aged 65 and over. At the time of the inspection, the service was supporting 153 people across six single storey units on the same site. Each unit specialised in; residential, nursing or dementia care.

### People's experience of using this service and what we found

We had been made aware that some incidents which should have been submitted to CQC had not been sent. This had been rectified immediately and will be dealt with outside the inspection process. We made a recommendation that the provider ensure notifications are submitted in a timely way in future.

Medicines were managed safely within the service, but the medicine round we observed took a long time to complete. We made a recommendation to ensure medicines rounds are planned effectively.

The service was in the process of changing their recording system. This meant there were some gaps on the new system. However, the information was available when asked for and staff were working towards ensuring all documents on the new system were complete and up to date.

People felt safe at the home. There were systems in place to help safeguard people from the risk of abuse and staff understood how to recognise and report any concerns. Risks to people's safety were assessed, monitored and reviewed. All required health and safety certificates and risk assessments were in place and up to date. All required Infection prevention and control measures were followed.

Assessments had been completed prior to people moving into the home. People's needs were reviewed and updated regularly and the information held was person-centred. People's nutritional and hydration needs were supported. People felt there was plenty food on offer and they were offered choices. The staff referred to other agencies and professionals as required.

There were systems to ensure staff were suitable to work with vulnerable people. There were some staff shortages, but staff were meeting people's needs with the help of regular agency staff. The service was actively recruiting more staff to fill the vacancies. New staff had a thorough induction and training was on-going throughout people's employment.

The premises were clean, odour free and well maintained, with lots of space for people to move around. There was clear signage in place to assist people living with dementia.

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.

People told us they were well treated and supported and we saw their individuality was respected. Different methods of communication used by individuals were recorded and staff were aware of these. The home provided activities each day and a schedule was displayed.

The service responded promptly and appropriately to complaints. Lessons were learned from any concerns raised. The service engaged well with people using the service, their relatives and staff. People were encouraged to speak up about what they wanted from their placement, via reviews and surveys and informally when chatting with staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 14 December 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about an increase in falls and a number of outbreaks of infections. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mill View Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Mill View Care 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 Care Act 2014.

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

The inspection was carried out by three inspectors, a medicines 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.

#### Service and service type

Mill View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who is currently in the process of registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because we needed to obtain some information prior to the inspection.

#### 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and 13 relatives about their experience of the care provided. We spoke with 15 members of staff including the area manager, the area director, the chief operations officer, the manager, the clinical service manager, five unit managers, and two senior carers, two care staff and the chef. We also spoke with the visiting hairdresser. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Although medicines were being administered safely, the medicine round we observed took a long time to complete.

We recommend this is reviewed to ensure medicines rounds are planned effectively.

- Systems were in place to make sure that all staff had the appropriate training and competency checks.
- Policies and systems were in place to help ensure medicines were handled safely.
- Medicine records contained detailed information about people to inform staff on how to administer medicines in a safe and person-centred way.
- Medicines were stored securely, and procedures were in place to make sure stocks were well maintained and people received their medicines as prescribed.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt they were safe at the home. One person said, "I feel [relative] is safe because they know her really well, they calm her down." Another relative told us, "I've never been concerned about [relative] not being safe. They [staff] do everything to make him comfortable and safe."
- There were robust systems in place to help safeguard people from the risk of abuse.
- Safeguarding concerns were logged and followed up with appropriate actions, including escalation to the local authority safeguarding team when appropriate.
- Staff had completed safeguarding training and had an understanding of how to escalate any concerns. One staff member told us about an incident where they had appropriately raised a safeguarding alert with the local authority.

### Assessing risk, safety monitoring and management

- The home had assessed risks to people's safety and wellbeing.
- Guidance about managing people's risks was contained in their care records for staff to follow. However, some risk assessments were showing as overdue, which was due to care plans were being transferred over to the new electronic system. Staff were working to upload all documents as soon as possible.
- All required health and safety certificates and risk assessments were in place and up to date.
- There was evidence of regular checks and servicing of health and safety systems and equipment.

### Staffing and recruitment

- Staff were recruited safely at the home. Staff files evidenced thorough checks, to ensure people were suitable to work with vulnerable people.

- Staff files included information about staff COVID-19 vaccine status. All staff had been fully vaccinated or produced evidenced of medical exemption.
- There were staff shortages on some units and the service was actively recruiting to fill these roles. Current staff were able to meet people's needs, with the support of regular agency staff, so there had been no impact on people who used the service.
- Relatives felt staffing levels were consistent, some staffing having been at the service for a long time. One relative said, "I think there are enough staff and [relative] has a good level of care." Another person told us, "There is a good mix of staff and they are regular and consistent which is as important as anything especially with dementia."

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

#### Learning lessons when things go wrong

- The service ensured lessons were learned when things went wrong. They used accident, incident, safeguarding and complaints logs to analyse any patterns and themes.
- Any issues identified were discussed at daily Heads of Department huddles. These were then cascaded to all staff via group supervision sessions. We saw evidence of several of these supervision sessions.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable. People's needs were reviewed and updated regularly.
- The service was in the process of transitioning between a paper care planning system and electronic system and there were some gaps on the electronic system. This was mainly due to records not yet being uploaded or to staff not being used to the new system. However, when asked for the information, staff were able to produce this immediately.
- People felt their relatives' needs were assessed and monitored effectively. One relative said, "[Relative] has a key worker who is continually assessing her. She knows her very well and often tells me what [relative] has said. They pay lots of attention to [relative] and they give me a run down on her." Another person told us, "[Relative] is always kept clean and well shaven. His hair is cut, his nails are clean and yes his mouth is too as far as I can see."

Staff support: induction, training, skills and experience

- Staff were well supported with a thorough induction and continued training programme.
- Training records were up to date and evidenced a high level of completion of all required training. The system flagged up when training was due so this could be chased up.
- Staff we spoke with felt there were plenty opportunities for training and development of their skills and knowledge.
- Staff told us they were well supported by the management team at the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutritional and hydration needs.
- People told us the food was good and there was plenty to eat. One person said, "I have good food, the food is great." Another person told us, "The food is OK, we do get a choice each day and I can change my mind if I want to."
- Where people required a modified diet, this had been provided in line with guidance. Food and fluid charts had been used to record people's intake. However, these were not always done consistently, and greater detail was required at times, to ensure entries specified exactly what people had eaten.
- The chef used moulds to make pureed food for those who required it. This ensured the food was presented well and looked appetising.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked with a number of other agencies to ensure provision of care and support was effective. One person told us the staff had noticed a deep vein thrombosis in them, and accessed medical help very quickly.
- Care plans evidenced appropriate referrals to other agencies, such as the Speech and Language Therapy team, district nurses and GPs.
- Some people required medical intervention for issues, such as percutaneous endoscopic gastrostomy (PEG) feeding, wound care, use of oxygen therapy and diabetes care. These interventions were carried out effectively at the home.

Adapting service, design, decoration to meet people's

- The premises were clean, odour free and well maintained. There was clear signage in place to assist people living with dementia. There was lots of space for people to move around freely.
- People's names were on their bedroom doors and some had memory boxes outside their doors to help them identify their own room.
- The communal areas were pleasant and warm, and there were Christmas decorations in place. There were menus on the wall to remind people what was on offer for the day. The dining tables were nicely set, with floral decorations and tablecloths in place.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was meeting the legal requirements and following the principles of the MCA.
- People's mental capacity had been assessed and was clearly recorded within their care plans.
- DoLS applications were submitted to the local authority and renewed as required.
- Where best interest decisions had been made these were documented and reviewed as required. When asked about best interests a relative told us, "Yes, I went to a meeting with the staff about [relative] and a social worker was there too".
- There was a best interests meeting, involving other professionals and family, taking place on one of the days we visited. The unit manager attended the meeting and was able to explain the purpose of it and how the home would now move forward with this person's care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated and supported. One person said, "There are plenty of people who support me. It's great. They have all been brilliant and nobody can say a word against them." Another person commented, "Yes, they are lovely and all look after me really well. I am very happy here. The staff are lovely."
- There was a positive atmosphere at the home and people were provided with care that was sensitive to their needs and non-discriminatory. This included respecting and supporting people's cultural and religious beliefs and sexual orientation. A relative told us, "They [staff] know [relative] well, the staff are friendly and cheerful which gives a nice warm feeling within the home. Nothing is too much trouble."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved with care planning and reviews. Care plans evidenced people's opinions, where they were able to express them, on how their care should be provided. One person told us, "Staff do talk to me about my needs and I think they write it down or something like that."
- The service carried out service user satisfaction surveys, where people could have their say about how they wished their support to be delivered. There were also residents' meetings where discussions took place on a number of topics.
- Most relatives felt they were given lots of encouragement to voice their opinions. One relative told us, "The staff keep me in the loop and talk to me straight away. The staff are fantastic, they are lovely with [relative] and me too. They really make me feel part of it." However, another relative commented, "[Relative] has been assessed but I think the communication could be better with regard to informing us how [relative] is, how she is changing with her dementia and decline in mobility". The management team were actively working on improving communication within the home to address this.

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people with respect in all units throughout the inspection. Staff used encouragement and persuasion to help preserve dignity and promote well-being.
- Staff ensured people who used glasses and hearing aids, were wearing them to help ensure their dignity.
- People were supported, with appropriate walking aids and equipment, to be as independent as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care files contained a range of person-centred information. The social history assessment provided staff with details about people's backgrounds, life histories, likes and dislikes. This helped staff understand people better as individuals and supported the provision of personalised care.
- Staff were observed to know people very well and ensured people were consulted about any interventions and support offered.
- Relatives felt their loved ones choices were respected. One relative told us, "Its good they can have their meals when they want it doesn't have to be at a set time. [Relative] has her breakfast when she wakes up at 10.30am, they don't wake her up to give it her early". Another relative commented, "They know [relative] well, her likes and dislikes, she has a good relationship with the staff and she's happy there."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's diverse communication methods were recorded clearly within their care plans.
- Staff were aware of how people communicated issues such as pain and distress. For example, for one person it was recorded that they would tap or hit their arm to indicate pain.
- Information was available in accessible formats, such as large print and other languages, to ensure it was available to as many people as possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported as far as possible to maintain their previous relationships. Some peoples took advantage of the café area within the home, to meet up with their partners or people from other units and enjoy a meal with them.
- When safe to do so relatives could visit and spend time with their loved ones.
- The home provided activities each day and a schedule was displayed. The service was recruiting a further activities coordinator to join the team. One relative told us, "[Relative] is not isolated and there's always something going on around her like dominoes. She's got a different colour of nail polish on each week. " Another relative said, "I think there is a lack of entertainment at the moment. [Relative] isn't possibly being stimulated, though the staff do sing-alongs and pyjama days".

- Some people enjoyed having their hair done by the visiting hairdresser.

#### Improving care quality in response to complaints or concerns

- The service endeavoured to improve quality in response to complaints received. We saw the complaints file which evidenced appropriate responses to people's concerns. A relative told us, "Any issues and they are quickly resolved". Another relative said, "When I've raised anything the staff have dealt with it".
- Actions were put in place once a concern had been identified and investigated, to help ensure similar issues did not occur.

#### End of life care and support

- People had supportive care records, which identified if people had a 'do not resuscitate' order in place.
- End of life care was supported by doctors and relevant other professionals.
- Where people had been willing to discuss their end of life care wishes this was recorded.
- Some staff had completed end of life training to help ensure good support for people at this stage.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been an issue with some CQC notifications not being submitted in a timely manner. This had been rectified immediately and will be dealt with outside this process.

We recommend the provider ensures notifications are sent in promptly in future.

- The unit leads were clear about their role and responsibilities and were supported by the manager and the provider. Care staff we spoke with were clear about their roles. One staff told us, "I love working here and enjoy it, but the pandemic has been hard." A second staff said, "It's the team culture that gets me through."
- It is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home and on the provider website and was available for all to see.

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

- A positive culture was promoted at the service and people were supported to express their wishes and preferences to enable care to be person-centred.
- Staff held a handover meeting in between each shift change to discuss each person. Notes of meetings we saw included identifying if any issues had arisen in the night or day, which ensured staff followed up on any required actions in timely way.
- Staff said the manager and unit leads were approachable and available should they need to raise any concerns. One staff member said, "[Manager name] has thanked me several times."
- Staff had completed training in equality and diversity and were aware of people's diverse wishes and needs.
- Relatives felt staff responded to people's individual needs. One relative said, "[Relative] wasn't eating very well and they were giving her large portions. It's nice they've taken notice and are giving her smaller portions and she's eating well now. She loves salmon, they will make her a salmon sandwich and serve it with a glass of wine watered down which she really enjoys."

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

- The provider had a good understanding of the duty of candour and endeavoured to be as open and transparent as possible. When mistakes occurred, they admitted them and looked at how to stop them

happening again.

- Complaints were responded to honestly and openly.

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

- The service engaged well with people using the service, their relatives and staff.
- People were encouraged to speak up about what they wanted from their placement, via reviews and surveys and informally when chatting with staff.
- We saw evidence of correspondence to relatives, particularly around the guidance relating to the pandemic, visiting arrangements and requirements. A relative said, "They [the management] keep me informed by telephone and letter because I don't have an email". Another relative commented, "Yes, they tell me what's going on. They phoned me to tell me there was an outbreak of chest infections at the home. I've received letters by post about COVID, PPE and visiting".
- Regular meetings were held with all the various staff groups, as well as individual and group supervisions to look at work issues, performance and to identify training needs.

Continuous learning and improving care

- Daily meetings identified concerns and suggestions for improvement.
- Monthly governance meetings included discussions of any lessons learned and actions to address these.
- We saw evidence of regular audits in all areas of service provision, including health and safety, environment, medicines, equipment and documentation. This helped the service identify any areas of concern and put actions in place to rectify any shortfalls.

Working in partnership with others

- The service worked well with other agencies and professionals.
- Partner agencies said the staff and manager cooperated fully with any discussions and meetings. One professional told us "I have always found the nursing staff to be cooperative and willing to work with services, they are professional and have a genuine empathy and compassion for the clients."