Qualia Care Limited

Millfield Care Home

Inspection report

Bury New Road
Heywood
Lancashire
OL10 4RQ

Tel: 01706621222

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12 March 2018

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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

The inspection took place on 12 March 2018 and was unannounced.

Millfield Care Home is situated close to Heywood town centre. There is ample parking to the front of the building for visitors.

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

The home operates with three units; On the ground floor there is the Wham Bar Unit that provides nursing care for younger adults. On the first floor there is Summit Unit that provides mainly general nursing care and Hopwood Unit that provides personal care. There is a fourth unit on the ground floor that is not currently in use. On the day of the inspection there were 60 people living at the home, 13 in Wham Bar, 20 in Summit Unit and 27 in Hopwood Unit.

At the time of the inspection there was a manager who was in the process of registering with the Care Quality Commission. 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.

People told us they felt safe at Millfield Care Home. There was an appropriate safeguarding policy in place and staff had undertaken relevant training. We looked at staffing levels across the home. On the day of the inspection staffing levels were sufficient to meet people's needs.

Staff files included all relevant documentation and each individual had a disclosure and barring service (DBS) check to help ensure their suitability to work with vulnerable people.

Individual and general risk assessments were in place and relevant health and safety records were in evidence. We looked at medicines systems across the nursing units and saw these were safe and records were complete and up to date. Infection control procedures were adhered to throughout the home.

Information in care files was comprehensive and monitoring sheets for issues such as food and fluid intake and positional changes were completed as required.

The staff induction programme was thorough and mandatory updates and further training were on-going. Staff supervisions were undertaken regularly and we saw completed records.

The kitchen was well stocked with fresh and frozen supplies and was clean and tidy. Nutritional

requirements and special diets were recorded and adhered to and people were given choices with regard to meal options.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People told us staff were kind and caring and we observed friendly and relaxed interactions throughout the day. People's privacy and dignity was respected and records were kept securely to help maintain confidentiality.

Residents' and relatives' meetings, where people could raise concerns and put forward suggestions, were held regularly.

The service encouraged people to be as independent as possible. We saw evidence that people who used the service, and their relatives if they wished to, were involved in care planning and reviews. Appropriate information was given to people who were thinking of using the service and their relatives.

People told us staff were responsive to their needs. Care plans we looked at were person-centred and very detailed and were reviewed and updated on a regular basis.

There was a range of activities, outings and events on offer at the home. Activity records were held to evidence what people had enjoyed and participated in.

People were given choices and beliefs, religion and diverse interests were respected. People's wishes for their care when nearing the end of their lives was clearly documented and some staff had undertaken training in this area.

Complaints were responded to appropriately and the service had received a number of compliments.

There was a manager in place who was in the process of registering with the Care Quality Commission. Staff felt well supported by the management at the home.

Regular supervisions and staff meetings took place. The manager also completed regular 'walk rounds' within the home during the day to help identify any issues or concerns. Feedback was sought from people who used the service on a regular basis.

We saw evidence of quality assurance systems where an overview of accidents and incidents, complaints and safeguarding issues was undertaken. There were a number of regular audits in place and these were clearly recorded and included actions to address any issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe at the home. There was a safeguarding policy in place and staff had undertaken relevant training. Staffing levels were sufficient to meet people's needs

Staff files included relevant documentation and each individual had a disclosure and barring service (DBS) check to help ensure their suitability to work with vulnerable people.

Individual and general risk assessments were in place and health and safety records were in evidence. Medicines systems were safe and records were complete and up to date. Infection control procedures were adhered to throughout the home.

Is the service effective?

Good

The service was effective.

Information in care files was comprehensive and monitoring sheets for issues such as food and fluid intake and positional changes were completed as required. Nutritional requirements were recorded and adhered to and people were given choices with regard to meal options.

The staff induction programme was thorough and mandatory updates and further training were on-going. Staff supervisions were undertaken regularly.
The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring and we observed friendly and relaxed interactions throughout the day. People's privacy and dignity was respected and records were kept securely to help maintain confidentiality.

Residents' and relatives' meetings, were held regularly. The service encouraged people to be as independent as possible.

People who used the service, and their relatives, were involved in care planning and reviews. Appropriate information was given to people who were thinking of using the service and their relatives.

Is the service responsive?

Good

The service was responsive.

People told us staff were responsive to their needs. Care plans were person-centred and detailed and were reviewed and updated on a regular basis.

There was a range of activities, outings and events on offer at the home. Activity records were held to evidence what people had enjoyed and participated in.

People's wishes for their care when nearing the end of their lives was clearly documented and some staff had undertaken training in this area. Complaints were responded to appropriately and the service had received a number of compliments.

Is the service well-led?

Good

The service was well-led.

There was a manager in place who was in the process of registering with the Care Quality Commission. Staff felt well supported by the management at the home.

Regular supervisions and staff meetings took place. The manager completed regular 'walk rounds' during the day to help identify any issues or concerns. Feedback was sought from people who used the service on a regular basis.

Quality assurance systems were in place and there were a number of regular audits undertaken. These were clearly recorded and included actions to address any issues.

Millfield Care 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 checked 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.

The inspection took place on 12 March 2018 and was unannounced. The inspection was carried out by two adult social care inspectors from the Care Quality Commission 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. The expert who accompanied us was experienced with dealing with people with a range of disabilities.

We had not requested a provider information return (PIR) from the provider as the inspection had been done at short notice, due to a change in the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Prior to the inspection we looked at information we held about the service, including notifications the provider had sent to us. A notification is information about important events which the provider is required to send to us by law. We also contacted a number of professionals who were responsible for organising and commissioning the service on behalf of individuals and their families. The professionals told us they had no concerns about the service.

As some of the people living at Millfield Care Home were not able to tell us about their experiences, we spent some time observing interactions and support from staff to help us understand the experience of people who could not talk with us.

During the inspection we spoke with six people who used the service, four relatives, the regional director, the manager, one unit manager, two registered nurses, a kitchen assistant, and two care assistants.

We looked around all the units in the home, looked at food provision, five people's care records, six medicine administration records and the medicine management system, four staff recruitment files, training

records and records about the management of the home.

Good

Is the service safe?

Our findings

We asked people if they felt safe at Millfield Care Home. Comments included; "Oh yes I feel safe, the staff are very good and always there if you need them."; "Yes I do, we have our own room, lots of staff around and if we buzz they come fairly quickly"; "Yes, I don't know I never seem to have to worry about anything"; "Oh yes, because I have more people around me as I am always falling. I was in and out of hospital and they told me I wasn't safe at home as I fell and broke my hip"; "If I didn't feel safe I would punch the buzzer and talk to the care staff. They are all very nice". A relative told us, "100% yes, [relative] has nurses round her 24 hours a day, checking on her, making sure she gets up, motivating her and if you ask questions they listen to you".

There was an appropriate safeguarding policy in place and staff had undertaken relevant training and were knowledgeable about how to recognise and report any issues. There was a safeguarding poster displayed in the reception area. People told us they felt able to speak to staff if they were concerned.

Each care file included a dependency assessment to indicate the level of assistance each individual required, which helped inform staffing levels. We looked at staffing levels across the home and looked at dependency levels and rotas. On Wham Bar, there was a qualified nurse and four care assistants in the morning and one qualified nurse and three care assistants in the afternoon. The night shift consisted of one qualified nurse and one care assistant. On Summit Unit the staffing levels were the same as Wham Bar. We looked at the needs of the people on this and saw that there were 16 who required two to one assistance with personal care needs. People on this unit had a range of significant nursing needs, including percutaneous endoscopic gastrostomy (PEG) feeds, which is when a person is unable to eat their food orally and receive it through a tube into their stomach, fungating wounds, leg ulcers and pressure ulcers. On the day of the inspection staffing levels were sufficient to attend to these needs, but we discussed the need for staffing levels to be continually monitored due to the high level of needs.

People who used the service, when asked if there were enough staff, commented; "I think so, there is for me"; "No I don't there is, not as many on as there was in the beginning when I first came"; "I think there is enough staff"; "Yes I do but they are a little bit short at the moment as there has been flu going around". Relatives told us, "Yes there are enough staff".

We looked at four staff files and saw they included all relevant documentation, such as interview notes, a full employment history, minimum of two references, job description, proof of identity and a disclosure and barring service (DBS) check. DBS checks help ensure staff are suitable to work with vulnerable people.

Individual risk assessments were in place for issues such as falls, moving and handling, nutrition, use of bed rails and skin integrity. Where risks had been identified we saw that there were detailed plans to manage the risk and these were reviewed and updated regularly. There were good regimes in place for people who were fed via PEG. Similarly we saw good pressure sore prevention measures in place.

There were general risk assessments in place relating to the environment. We saw that all health and safety records were complete and up to date. These included emergency plans, fire risk assessment, fire drills and

fire safety records, electricity and gas safety certificates, legionella certificate, nurse call monitoring and water temperature records. Each person had a personal emergency evacuation plan (PEEP) in place. These included information about the level of assistance they would require in the event of an emergency and they were held in a 'grab' file in the office for easy access.

There was a passenger lift and a stair lift, as a back-up in case of the lift being out of order. The main door to the home was locked via a key pad; there was also a key pad from the upstairs units, Summit and Hopwood, for people to access the stairs or lift. Some people on the residential unit, who had capacity, had the code for the lock.

We looked at medicines systems across the nursing units. We saw that staff were required to sign a document to state they had read and understood the medicines policy prior to administering medicines. There were two treatment rooms. We saw the treatment room on Wham Bar. The temperature of the room was taken regularly to ensure medicines were stored correctly. The fridge was locked and controlled drugs, which are some prescription medicines that are controlled under the Misuse of Drugs legislation, were stored safely. Records were clear and up to date.

We looked at six Medication Administration Record (MAR) sheets on Wham Bar and there were photographs on all of them, to help ensure staff did not give medicines to the wrong person. Each MAR included details of any allergies and risk management plans where appropriate, for example, when there was an identified risk of aspiration. We saw feeding tube regimes, patch application records and detailed medication protocols for each medicine. We saw a letter from the GP giving approval for medicines to be crushed if required. Topical cream charts were in evidence in people's rooms with body maps and clear directions about how and where to apply them. There were self-medication assessments in place to make it clear whether people were able to self-medicate if they wished to. Day to day totals were recorded and there was a daily post medicines round review.
People who used the service told us, "I have had one or two tablets that have not agreed with me and they have changed them"; "Every day they come with them they don't forget morning and dinnertime and suppertime. They bring it in for me, they never forget"; "They bring them and make sure you take them with a glass of water"; "They bring it to me and make sure I take it"; "They bring it in a cup and wait until I have taken it".

There was an appropriate infection control policy and procedure and a file with information about all infection control issues, outbreaks and protocols to follow. At the last infection control audit carried out by the local infection control team the home had scored 91%. Their annual review was due in the near future.

We asked people if staff adhered to infection control procedures. They told us, "They always wash their hands and wear gloves and aprons"; "When they help me to have a shower they wear gloves and aprons"; "Yes they wash their hands when helping you to shower and wear gloves and apron"; "When they are bathing me they wear gloves and aprons".

Good

Is the service effective?

Our findings

We looked at five people's care records. The information was comprehensive and each care file included a photograph of the individual and general information and a detailed pre-admission assessment. There were care plans for all areas of care and daily progress notes. Each file had a professional contact log and a relatives' communication log.

We looked at monitoring sheets for five people. These were for monitoring issues such as food and fluid intake and positional changes. The charts were completed as required and were up to date. There was a transfer to hospital form for each individual which included relevant information and details about the individual's health, medicines and general wellbeing. This was sent with them in the event of an admission and helped ensure appropriate and consistent care.

There was an induction policy and staff were required to undertake all mandatory training as per the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff were required to read key policies and procedures prior to commencing work.

We saw that refresher courses for mandatory training were regularly undertaken and there was a range of other training on offer, such as oral hygiene, catheter care and end of life care, to help staff develop their knowledge and skills. One staff member told us, "It is good to work here. I have had plenty of training".

Staff supervisions were undertaken regularly and we saw completed records. Staff also had annual appraisals where they could reflect on the previous year and identify training and development needs for the coming year. There was a range of topics discussed, including performance and on-going personal development. Supervision records were signed by both the supervisor and the supervisee.

We looked around the environment, which was clean, warm and well-lit. Communal areas, such as lounges and dining rooms were pleasant and welcoming and people were encouraged to furnish their bedrooms with personal effects if they wished to. There were 'interest' areas around the building for people to sit and look at items which aid reminiscence.

We looked at the kitchen, which was well stocked with fresh and frozen supplies and was clean and tidy. We spoke with a member of the kitchen staff who was able to tell us about special diets, fortified foods and nutritional needs. We saw the menus, which were regularly reviewed and we observed some of the lunchtime meals. The dining tables were set nicely and people were assisted as they required.

People's likes and dislikes, such as whether they took sugar in their drinks, were displayed, as well as whether they needed adapted cutlery. People were given two choices of meal, but could have an alternative if they did not like the choices on offer. The lunchtime meal on the day of the inspection was egg, bacon and chips or soup and sandwiches. The main meal was served at tea time. One person who used the service said, "The food is good, good choice and plenty of it". Another told us, "You get choice in the meals, two things at each meal". A third commented, "It is alright, not special but I enjoyed my eggs and chips today, I

like plain food. If I don't like what is on the menu I have soup and sandwiches". A fourth person said, "The food is very good we sometimes get too much of it". They told us they were regularly offered drinks and snacks throughout the day.

We asked if they could take their meals where they wanted to. One person said, "I usually have my meals in my room". Another told us, "I usually have my meals in the dining room but if I want it in my room they will bring it to me", and a third commented, "I like to eat in the dining room, I like my own company but they have encouraged me to mix at the home and I enjoy the company of other people".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We 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 were being met. One person told us, "They always ask for my consent when checking me". Consent forms for agreement to care had been signed by people who used the service, where possible. If they were unable to sign or to make the decision, or had indicated verbal consent, this was clearly recorded.

Mental capacity assessments were in place and their level of capacity to make decisions was clearly documented. An advocate was accessed for people who required someone to speak on their behalf and staff displayed a good understanding of working in people's best interests. There was a DoLS tracker in place which flagged up a reminder six weeks prior to the review being due. Staff we spoke with also had a good understanding of DoLS.

Good

Is the service caring?

Our findings

We asked people how they were treated and if staff were kind and caring. One person who used the service told us, "Yes, the staff are kind to me". Another said, "Staff are great. Lovely girls". A third commented, "I can talk to the staff, if I am a bit down they can tell by my face and they come in and sit and talk to me. I know them they are friendly and we have good laugh". One relative we spoke with said, "Yes, [relative] is well looked after". Another told us, "They are lovely very friendly, I think we have built up a good relationship, [relative] was in here and family stayed each night so I built up a good relationship with the staff they couldn't do enough for us. The staff are very caring there is not one that isn't, on both shifts". A third said, "They do a good job". We observed friendly and relaxed interactions between staff and people who used the service throughout the day.

There were notices put on people's doors when personal care was being administered advising people to knock as care was in progress. This helped ensure people's dignity and privacy was respected.

People's records were kept securely to help maintain confidentiality. There was an appropriate policy and procedure in place and staff were aware of the importance of confidentiality.

We saw minutes of a recent residents' and relatives' meeting, which included information about updates and changes, activities and upcoming events and a slot for suggestions and ideas. Actions were recorded with a note of the person responsible for the completion of the action. People told us, "I have been to a residents meeting when they were talking about selling this place they just reassured us"; "I have been to a couple but I can't hear what they are saying"; "I can't remember there being one but I wouldn't go if there was".

The service encouraged people to be as independent as possible. People who used the service said, "I am quite independent, I dress myself"; "Yes they do they encourage me to dress myself, they get the bowl ready and I wash myself".

We saw evidence that people who used the service, and their relatives where appropriate, were involved in care planning and reviews. One person said, "There is a file in my room but I don't look at it". Another told us, "I think my daughter did my care plan in the beginning, I don't think I have had a review".

There was appropriate information given to people who were thinking of using the service and their relatives. There was a service user guide which included information about the staff team, accommodation, services offered, health and wellbeing, inspection reports, fees and quality assurance. There was also a statement of purpose which set out the aims of the home, residents' rights, facilities and services, information about the management and organisational structure of the home and complaints procedure.

Good

Is the service responsive?

Our findings

We asked people if the staff were responsive to their needs and they told us they were. One person told us, "You just press the buzzer and they are there".

Care plans we looked at were person-centred and very detailed. They were reviewed and updated on a regular basis. We saw that people's preferences and choices were documented, for example, people could express a preference about the gender of carer who assisted them. People could choose their preferred time of rising and retiring.

Care files included information about people's backgrounds, family structures, friends, work history, hobbies, interests, likes and dislikes. We saw that assistive technology, to help with communication, had been applied for to help an individual who had particular difficulties with communicating.

We saw photographs around the home depicting outings, events and activities that took place on a regular basis. Some people were joining in with crafts on the day of the inspection. There was a room set up like an old fashioned tea room, named 'Milly's Tea Room'. This was open from 11 am each day and tea, biscuits and cakes were available. The tea room was very popular with people who used the service and their visitors. The home had recently had a 'Round the World' themed activity, where people had tasted the food, discussed the culture, participated in a quiz and listened to the music of various countries, including China, India, France and Spain. This had been a popular event. We also saw pictures of a visit from Zoolab, where exotic animals had been brought in for people to see and touch. This had also proved very popular. On Wham Bar there was a cinema room where films were shown sometimes.

One person who used the service told us, "I have just started getting involved in the activities, yesterday I had a hand massage, I went into Milly's Tea room and the lounge the other day". Another person told us, "I sometimes go out with one of the activities ladies to Morrison's for a look around". A third commented, "I help with craft work for various events, I go to film nights, they have singers in, there is a lady who comes to do church services. We come into the cafe for a cup of tea and a chat". A fourth said, "I didn't used to mix but since I have been here I now go into the dining room and I enjoy being with people. Yesterday a lady came in and massaged my hands and arms and I enjoyed it". We saw that an aromatherapist had offered cut price treatments on mother's day, which had been enjoyed by some of the people who used the service and their relatives.

Activity records were held to evidence what people had enjoyed and participated in. We saw information about hand massage and pampering, bingo sessions, themed days and outings within the records.

People's beliefs, religion and diverse interests were respected. There were church service for those who wished to participate and some people had been taken to visit their own church. One person said, "I am catholic and a lady comes in once a week to give us communion".

People's wishes for their care when nearing the end of their lives was clearly documented. Some staff had

undertaken the palliative care passport training via the local hospice and others were booked to do the training in the near future.

The complaints procedure was prominently displayed in the reception area of the home. There was a central log of complaints and these were monitored and analysed for any patterns or trends occurring. We asked if people knew how to complain. One person said, "I would just talk to staff". Another told us, "I complained about staff noise at night and about the food. It's less noisy at night, they were shouting and singing. They are much quieter now". A relative told us "I have never had any concerns or complaints".

We saw a number of compliments received by the service. These included; "I wanted to formally write a thank you for everything you and all the staff at Millfield did for my [relative]. Although she could never remember the names of all the staff, she knew their voices and faces and they treated her with dignity and respect and I am very grateful for this".

Good

Is the service well-led?

Our findings

There was a manager in place who was in the process of registering with the Care Quality Commission. As the home had just had a change of provider we asked the manager how she felt about this. She said she was feeling very positive about the change and that the higher management were extremely supportive towards her.

We asked staff if they felt supported by the manager. One staff member told us they were, "Well supported" by management. Another said, "It is really good here. A good unit to work on". People who used the service and their relatives told us the manager was approachable at any time.

We saw that staff were supported with regular staff supervision sessions, annual personal development plan meetings and staff meetings. We saw minutes of some of the staff meetings which included various staff groups There were notes of discussions around clinical high risks, safeguarding, occupancy, customer feedback, paperwork, food and fluids, personal care, CQC inspections, infection control and audits.

The manager also completed regular 'walk rounds' within the home during the day to help identify any issues or concerns. They also used these to check the environment and look at any problems in this area. There were daily '10 at 10' meetings at which unit managers and some other staff could discuss any updates, issues or concerns with management.

We saw evidence of quality assurance systems where an overview of accidents and incidents, complaints and safeguarding issues was undertaken. This helped the service identify any patterns and trends and learn from past incidents to help ensure continual improvement to service delivery.

There were a number of regular audits in place, including medicines audits, health and safety audits, staff competency checks and documentation reviews. All were clearly recorded and included information about issues identified, actions required and person responsible for the completion of the actions.

Regular feedback was sought from people who used the service so that they could put forward suggestions and raise concerns about the service. We saw that the most recent feedback had been very positive about the service.

Prior to the inspection we checked that CQC had received the relevant notifications about deaths, serious incidents and allegations of abuse. These had been sent in appropriately.

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