Care UK Community Partnerships Ltd

# Mill View

## Inspection report

Sunnyside Close
East Grinstead
West Sussex
RH19 4AT

Tel: 01342337220

Date of inspection visit:
30 January 2020

Date of publication:
19 March 2020

## 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

Mill View Care Home is a residential care home providing personal and nursing care. The home accommodates up to 70 people in one purpose built two storey building. On the day of this inspection there were 62 people living at the home. People living at the home had a range of needs including nursing needs, mental health needs and some people were living with dementia.

People's experience of using this service and what we found
There had been improvements in the service since the last inspection. People were being effectively supported to have enough to eat and drink. Systems to manage risks associated with choking had been reviewed and these positive changes had been sustained and were embedded within staff practice.

There had been improvements in the deployment of suitable staff. One person told us, "I think above all it's the carers that make this a good home. They put the people they are looking after first. The management are good, but the carers are excellent."

Management systems were used effectively to identify shortfalls in quality and to drive improvements. There were robust governance systems in place and the registered manager had oversight of the quality of the service. People, relatives and staff spoke highly of the registered manager and described them as being approachable and accessible. People, relatives and staff, were included in developments at the home and their views and suggestions were welcomed. One person said, "I can't think of anything they need to improve on."

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.

Staff received the training and support they needed to provide effective care. People's needs were assessed regularly, and care plans were comprehensive. Staff considered people's diverse needs, their preferences and choices. People were treated with dignity and respect and they were supported to be as independent as possible. Staff were kind and caring in their approach and knew people well. One person told us, "The staff are always kind. They never appear stressed and they really put themselves out to make things nice."

Staff understood their responsibilities for safeguarding people. Risks were assessed and managed effectively and there enough staff to keep people safe. People were receiving their medicines safely and there were effective infection control systems in place. When things went wrong, lessons were learned. Analysis of incidents identified patterns and trends and informed the development plan for the service.

People were receiving a personalised service and staff knew people well. Activities were relevant to people's needs and interests. People were supported to plan for end of life care. Staff were responsive when people's needs changed.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 6 February 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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 effective.

Details are in our effective 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

**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.

Inspection team
The inspection team consisted of three inspectors 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 registered 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
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

During the inspection
We spoke with 10 people who used the service and nine relatives about their experience of the care

provided. We spoke with 11 members of staff including the registered manager, deputy manager, senior care workers, care workers and support staff. We spent time observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight 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.

Good

# 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 focussed inspection in October 2018 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Improvements in systems for assessing and managing risks meant that risks were being managed safely.

● Some people were assessed as being at risk of choking because they had difficulty with swallowing. Appropriate referrals had been made to a speech and language therapist (SALT) and their advice was included within people's care plans. Staff had clear guidance on what to do if someone was choking, and staff were aware of the risks to people. Since the last inspection systems had been reviewed and strengthened to ensure that risks of choking were communicated effectively to staff. Staff demonstrated a clear understanding of the needs of people who required a modified diet and there were effective systems in place to ensure that people were receiving their food and drinks in the way they needed. Staff provided the support people needed with eating and drinking according to their care plans.

● Some people were assessed as being at risk of developing pressure ulcers. For example, a person was assessed as being at high risk of skin damage. Their risk assessment and care plan included guidance for staff to ensure the person maintained their fluid intake to support skin integrity and to support the person to move around to relieve pressure points and reduce risks of skin damage. We observed that staff were aware and following the care plan for this person. Records confirmed that there were regular checks in place to assess any changes in the person's skin integrity.

● Another person was assessed as having a very high risk of pressure damage. The risk assessment and care plan provided clear guidance for staff in how to prevent pressure damage including equipment to use, maintaining a target amount for fluids each day and supporting the person to change position very regularly. We observed that staff were following the care plan and were knowledgeable about the person's needs. One staff member told us, "We use a barrier cream to protect their skin and we make sure they move regularly. Keeping fluids up and having good nutrition is also really important." Records confirmed that staff were consistent in following the care plan.

● Staff supported people to retain their mobility and to remain independent where possible. For example, one person had fluctuating mobility and staff told us they had to assess their mobility each time they supported them to move around. One staff member explained, "Their condition is deteriorating but we are trying to keep them as mobile as possible. We only use the hoist if they are showing signs of being tired or too weak to stand themselves." We observed staff supporting people with the use of a stand aid and a hoist. They were calm and confident throughout the manoeuvres and supported people with clear instructions and reassurance.

● Environmental risks were assessed, monitored and managed. There were systems in place to ensure that regular checks were undertaken to manage environmental risks. For example, regular checks were in place to ensure fire safety standards were maintained. Personal emergency evacuation plans (PEEPs) were in place and up to date. These identified individual risks and the support people required to evacuate the

building in an emergency.

Preventing and controlling infection

● People were protected by the prevention and control of infection. The premises were clean and hygienic, and staff were observed to be using appropriate personal protective equipment (PPE) and following good infection control practices.

● The registered manager told us about a recent incident of infection at the home. They described how staff had followed infection control procedures to ensure that the spread of the infection was controlled and contained and did not become widespread throughout the home. Risks had been effectively managed and reported appropriately to other agencies to prevent the spread of the infection beyond the home.

● Records showed that appropriate checks were in place and completed consistently to ensure infection control risks were managed effectively.

Systems and processes to safeguard people from the risk of abuse

● People were safeguarded from risks of abuse. Staff were confident about their responsibilities for safeguarding people, they described signs that might indicate abuse and knew how to report any concerns. One staff member told us about an incident that they had reported to the registered manager saying, "It was dealt with there and then."

● Records showed that safeguarding incidents had been reported appropriately in line with safeguarding procedures. Care plans and risk assessments had been reviewed following safeguarding incidents to identify changes that could prevent further incidents from occurring. For example, security arrangements in the front lobby had been reviewed and changed following a safeguarding incident to ensure people's safety was maintained.

● People told us they felt safe living at Mill View. One person told us they felt safe because staff were available when they needed them. They said, "There's always someone to chat to and help you if you want it." A relative told us they felt their relation was safe, they said, "They look after him very well and the carers are very good."

Staffing and recruitment

● There were enough suitable staff deployed to care for people safely. People told us that there were enough staff to respond to their needs. One person said, "Mostly you can get hold of a member of staff easily if you need one." Relatives told us there were enough staff and that people did not usually have to wait for their needs to be met. Throughout the inspection we observed that staff were quick to answer call bells and there were enough staff to respond to people's needs in a timely way. During the lunchtime meal we observed that staff were deployed effectively across the home so that people received the help they needed with eating and drinking.

● Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. The provider had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Documentation confirmed that nurses employed had up to date registration with the Nursing and Midwifery Council (NMC).

Using medicines safely

● People were receiving their medicines safely and in line with their prescriptions. Only staff who were trained and had been assessed as competent were able to administer medicines. We observed medicines being administered and noted that staff knew people well and supported them to have their medicines in a

personalised way. One staff member spent time with each person, explaining the purpose of the medicine to them.

● Medication Administration Record (MAR) charts were electronic and staff told us this system was reliable and accurate. The registered manager said that there had been a reduction in medicine errors since the electronic system had been introduced. We observed that records were completed consistently.

● Some people were prescribed PRN (as required) medicines. There were clear PRN protocols in place to guide staff in how and when these medicines should be administered. Each PRN protocol was easily accessed on the electronic system and required staff to complete and assessment of how effective the PRN medicine had been.

Learning lessons when things go wrong

● There were effective systems in place to record incidents and accidents. The registered manager had oversight of incidents and said that staff were consistent in recording events when they occurred. Records showed how care plans and risk assessments had been reviewed when things went wrong, and changes were made to prevent a reoccurrence. For example, a person with Parkinson's Disease needed to have their medicines administered within a specific timeframe. A complaint was made when the person did not receive their medicine on time. To ensure that this did not happen again a pre-programmed alarm system was introduced to alert staff when the medicine was due to be administered.

Good

# 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 focussed inspection in October 2018 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
At the last focussed inspection in October 2018 people were not always receiving the support they needed at mealtimes and this was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and there was no longer a breach of regulations.

● Improvements had been made in how people were supported with eating and drinking. There were enough staff deployed to help people in the dining areas and those who were eating in their rooms. A staff member explained the changes that had been made, including all staff assisting at meal times. They said this had led to better continuity and improved understanding of people's needs. For example, one staff member had been supporting a person at meal times and over time, noticed they were having difficulty with swallowing some foods. This led to a referral to the Speech and Language Therapist (SALT).
● Staff had received training in the different types of modified foods that people needed. Staff were knowledgeable about people's needs and the requirements of the International Dysphagia Diet Standardisation Initiative (IDDSI) levels. For example, a staff member could tell us about a person's assessed need for IDDSI level 6 diet. They understood what this meant and were able to tell us how food should be prepared and what food should be avoided. Staff induction training for new staff and agency staff, included clear guidance about dietary needs and choking risks as well as what actions to take if a choking incident occurred. One staff member told us, "There is a clear emphasis on people's nutritional needs, starting with questions about my understanding during the job interview."
● Some people were assessed as being at risk of malnutrition and dehydration. People's weight was monitored and when people had unplanned weight loss this was highlighted with the GP and a referral was made to a dietician if needed. Care plans contained clear guidance for staff where people required food supplements, additional high calorie snacks and drinks, and encouragement or support with eating and drinking. One relative spoke positively about people's meal time experience, saying, "They have put on a stone since coming here from hospital. I think part of that is the social atmosphere at mealtimes." There were snacks including fresh fruit, cakes and drinks available in communal areas of the home for people to help themselves.
● Staff were aware of people's individual needs and preferences. For example, one person who was living with dementia had refused to eat their lunchtime meal. A staff member engaged them in a gentle way and encouraged them to have a chocolate bar which they enjoyed. This was in line with guidance in the person's care plan if they refused their meal.
● People told us they enjoyed the food on offer and said they were offered a choice and their preferences

were considered. One person told us, "They always ask me what I want. I always enjoy my meals." We noted that staff offered people who were living with dementia a visual choice between two meals, explaining what was on each plate and giving them time to decide. When people did not like the meals offered, they were given other options. We observed staff providing one person with a sandwich they had chosen as an alternative to the meals offered.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

● Assessments were comprehensive and holistic, considering the full range of people's diverse needs, their preferences and choices. People's needs were assessed in accordance with best practice guidance to plan how to achieve good outcomes for people. For example, nationally recognised tools were used to assess people's risk of malnutrition and skin integrity. People's oral health had been assessed and care plans guided staff in how to support people with their oral hygiene.

● People were supported with technology where appropriate. For example, a sensor mat was used for a person who was at risk of falls. This alerted staff when they were moving around so staff could support them to move safely.

● Some people were living with dementia and staff told us about improvements in the decoration of the home that had supported people's needs. One person had been uncomfortable with using the bathroom and staff felt this was because the room had a clinical feel. They had made suggestions about improving the decoration of the room to make it more homely. A staff member told us, "We really noticed a difference, the person was much more relaxed and able to enjoy having a bath in the redecorated room." The registered manager told us that plans were in place to redecorate other areas of the home to support people who were living with dementia to orientate themselves.

Staff support: induction, training, skills and experience

● Staff had received the training and support they needed to provide effective care to people. People said they had confidence in the skills of the staff. One person told us, "They seem to be well trained," another person said, "I think the carers are well trained, remarkable really, after all, it's not an easy job." A relative of a person who was living with dementia spoke highly of staff training and skills. They told us, "I think the staff are well trained and they are very aware of any changes." They described how they had been impressed when staff had noticed their relative was avoiding sitting in a certain position and realised it was because they were sore. They said, "The staff got the doctor in straight away to have her checked out and kept us up to speed with what was happening."

● Records showed that staff training was updated regularly, and staff were alerted when they needed to refresh their knowledge. One staff member told us, "They are hot on making sure you are up to date with training." Training was relevant to people's needs and staff told us it was helpful. One staff member told us about the dementia training they had received saying, "I was impressed, we had dementia seminars in small groups." They explained how the use of real-life case scenarios had provided an effective illustration to support their learning. Another staff member also commented on the dementia training saying, "It helped us to think about how dementia really effects the people we are caring for."

● New staff were supported with an induction programme. One staff member said, "I wasn't allowed to work on my own until all my essential training was in place." Records confirmed that staff had received a comprehensive induction. Another staff member described how the induction had helped them to feel confident in their role. They told us how they received training in the administration of medicines. They were assessed as competent, but they had continued to be accompanied and supervised until they felt confident themselves.

● Staff described feeling supported in their roles and said that they received regular supervision. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a

meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that staff received regular supervision and appraisals to support their development and learning. One staff member told us about a qualification they were about to start, saying, "It's one of the reasons I came to work here, you get a lot of support."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were supported to access the health care services they needed. Staff described positive working relationships with health care professionals. One staff member told us, "The GP is excellent and works with us." Records showed that staff had made appropriate referrals to health care professionals when required, including for a speech and language therapist when people developed swallowing difficulties. People were supported to keep regular appointments to maintain their general health and well-being, including with a chiropodist, dentist and optician.

● One person told us, "We are really well looked after, they call the GP in when they need to." A relative said, "If there's any health problems, they are quick on it." Records showed that staff were making timely referrals when needed. Advice received from health care professionals was included within people's risk assessments and care plans.

● People were supported to make choices in decisions about their health needs. For example, one person's needs had changed, and they needed more support. Staff discussed this with them and their family and suggested that they move to a different part of the home where their nursing needs could be supported. The person tried this but decided they would like to move back to their original room which they preferred. Staff respected this decision and arranged for staff to support their increased needs in the other part of the home. This showed that staff were able to be flexible to support people's needs and wishes.

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.

● Systems were in place to ensure consent was considered and people's rights were protected. Staff involved people in decisions about their care. Staff had received training in MCA and DoLS and were able to tell us about the principles of the legislation and their responsibility for gaining people's consent for care and treatment. We observed staff checking with people throughout the inspection. When people had been assessed as lacking capacity to make specific decisions this had been documented appropriately. Staff had involved relevant people and professionals when needed to make decisions that were in the person's best interest.

● One person had been assessed as lacking capacity to make a particular decision. The registered manager had made a timely application in line with DoLS to ensure that their rights were protected. People were supported in the least restrictive way. For example, a sensor mat was used to support a person who was at risk of falling if they got out of bed at night because this was the least restrictive option to support them.

Good

# 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 continued to be treated with kindness and respect. People were consistently positive about the caring attitude of staff members. One person said, "Everyone is so kind and ever so friendly." Another person told us, "The carers are brilliant. Truly amazing, and they do a fabulous job." A relative spoke highly of the support provided to their relation who had complex needs. They said, "The staff are very caring, they are trying very hard and she's not always easy." Another relative told us, "They provide consistent good care and mum is very relaxed and happy. I've never worried because I know I would see a change in her behaviour if anything was wrong."

● Staff had developed positive relationships with people and spoke about them with compassion and understanding. One staff member told us how much they loved their job, saying, "The residents are great, I came here as agency staff for a week and decided to stay." Another staff member spoke about their belief that "kindness is the most important thing." They described how they would be happy for a family member to live at the home saying, "It's a good home and the staff love the residents." Throughout the inspection we observed positive interactions between people and staff. People appeared relaxed and comfortable with the staff and there was a warm and friendly atmosphere. We observed how staff were patient with people and used a soothing tone of voice and gentle touch to reassure and comfort people if they showed signs of discomfort or distress.

● People told us they felt well supported and that staff cared about them. One person said, "They were really thoughtful. They are lovely, lovely staff." We observed how staff had time to spend with people and took time to offer them choices and explain what was about to happen. For example, we observed staff supporting a person to move from a wheelchair to a comfy chair. The staff member took time to check where the person wished to sit, they explained what they would do to help them to move and gave reassurance and clear guidance to the person throughout the manoeuvre. Afterwards the person told us, "They can't do enough to help, they are so kind and caring. Even though I have to be helped now, they still make you feel in control."

●Staff supported people in a way that was sensitive to their diverse needs. For example, one person's nationality was important to them. Staff were aware of this and we observed a staff member spending time with the person, discussing a food item that related to their nationality. Another staff member told us about traditional music that the person enjoyed they told us, "I think it's really important to them, they have a strong sense of their identity, I think they feel a connection when they hear the music. It's lovey to see them enjoying it."

● A relative told us that the staff were supportive of them as well as their relation, saying, "The carers are very kind. Not just to (relation) but to me as well."

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

● People and their relatives were involved in making decisions. One person, who was living with dementia, told us how staff supported them in a sensitive way to make decisions on a daily basis. They said, "The staff are amazing, they couldn't be kinder. My memory isn't what it used to be, it's a good job they're around to put me straight sometimes." A relative described how staff ensured they and their relative were involved in care planning and decision making. They said, "We were fully involved with the care plan, what could she do, what couldn't she do, what did she like, all that. They've been very good at communicating with us and keeping us in the loop about what's happening. You don't feel you're being kept in the dark about anything."

● Records showed that people had been involved in planning their care and support. People's preferences and choices were included in their care plans. For example, staff told us one person sometimes liked to stay in bed for the day and this was recorded in their care plan.

Respecting and promoting people's privacy, dignity and independence

● People told us they felt comfortable with the staff and they were treated with dignity and respect. One person described how carers were sensitive when supporting them with personal care and this put them as ease. They told us, "The staff are very kind, we get on well and have a bit of a laugh when they are helping me." A relative said, "They are very friendly but in a respectful way." They explained how staff always asked them to leave the room to protect their relative's privacy. They told us, "The staff ask me if I mind stepping outside while they help him. It probably doesn't matter to him if I'm there or not but it's about dignity really. Not everyone wants to be seen being helped with such intimate tasks."

● We observed that staff were proactive in maintaining people's privacy and always knocked on doors and waited for a response before entering. Records containing people's personal information were kept securely. Staff understood the importance of respecting people's confidentiality. One staff member told us, "I know we must be careful about what we say and who to. Sometimes visitors ask me things and if I'm not sure whether I should tell them, I always refer them to the nurse on duty."

● People were supported to be as independent as possible. One person told us, "They do help me, but I like to do most things myself, the staff are there if I need them." Staff told us that they encouraged people to retain their independence. For example, one person who was using a wheelchair, liked to move themselves around independently. The footplates on the wheelchair had to be removed to accommodate this. Their care plan identified this positive risk that enabled the person to retain their independence. Staff were aware of this and said they monitored the person when moving around to ensure they did not come to harm.

● A relative told us how staff had supported their relation to become more independent. They told us, "The activities staff helped them move their arm to be able to join in the bowls. Now they can just about bowl them self. That's down to the staff's persistence."

Good

# 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

● People continued to receive a personalised service. People and where appropriate, their families, had been involved in developing care plans. One person told us that they knew about their care plan and had been involved in developing it. They said the staff knew them well and respected the choices they made. They explained, "They know what I like and what I don't like. When I like to get up, when I like to go to bed. They go along with what I want." A relative told us that their relation was receiving personalised care saying, "I think the help she has is specific to her."

● A relative told us, "They really make the effort to get to know the residents." Another relative described how staff were supportive when their relation first moved into the home and sought ways to get to know them. They said, "Staff were very kind, they really tried hard to help them settle in." People had their needs reviewed regularly and relatives told us how they had been involved in this process. One relative said, "Once a month they have "resident of the day" and they ring me up to ask about any concerns I have. I think they generally make an extra fuss of the person on that day." Staff confirmed that people's risk assessment and care plans were reviewed through the resident of the day process to ensure information was up to date and accurate.

● Some people were living with dementia and staff demonstrated a good understanding of their needs. For example, one person was very active and spent much of the day walking up and down the corridor, including at meal times. Staff said this was not unusual and that the person was sometimes reluctant to eat. We noted that they had been identified as having lost weight and were at risk of malnutrition. We observed staff walking with the person, chatting and offering snacks and drinks to improve their calorific intake. The person responded well to this approach. One staff member told us how they had found out that the person liked to eat pork pies and, in an effort, to support their calorific intake, a supply of pies had been arranged for them.

● Staff were attentive to people's needs and knowledgeable about strategies that were effective in supporting people. For example, a staff member told us about one person who regularly refused support saying, "We have to enter their world and gradually encourage them, it follows a pattern that we know." Another staff member was supporting someone who was reluctant to eat their meal, they were holding the person's hand and spoke to them in a quiet and gentle way. This approach was effective, and the person was engaging and eating some food.

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 communication needs were assessed, and care plans guided staff in how to meet their needs. For example, a person who had visual sensory loss, relied on verbal communication but found it difficult to process information. Guidance for staff in the care plan included using short sentences, speaking slowly and clearly, and giving the person time to understand the information. The guidance included repeating the information slowly to make sure the person had understood. We observed staff using this technique to good effect.

● Another person had communication difficulties due to Parkinson's Disease. Their symptoms fluctuated making communication difficult at times. Their care plan provided clear guidance for staff about the variable nature of their needs and how to support them, including allowing time for the person to express themselves. Staff described how information on communication needs were passed to other health and care professionals. Information was available in different formats to make it accessible for people.

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

● Staff were supporting people to remain connected and to maintain relationships that were important to them. Some people were at risk of social isolation. Staff were proactive in maintaining social contact. For example, a person had been sitting alone for some time without interacting with those around them. We observed how a staff member had noticed this and engaged with them, checking that they were alright. Later another passing staff member spoke to them and this became a pattern, with every staff member pausing to talk to the person, ensuring they were included and not forgotten.

● One staff member came and sat with a person who was living with dementia and had not wanted to join in with an arranged activity. The staff member successfully engaged them in a conversation and the person soon became animated when talking about their memories and clearly enjoyed the discussion. A person was not able to communicate verbally and a relative told us, "The staff still interact with her even though she doesn't say very much now." Later we observed how a staff member was chatting to the person who was settled in bed, they sang with her before wishing her a good sleep. Another person told us they preferred to spend most of their time in their bedroom. They said they did not feel isolated because staff checked on them regularly. They said, "The staff are always popping in to check on me."

● People were supported to maintain contact with people who were important to them. A relative said, "Whenever we visit the staff are very friendly." Another relative said, "I can come in whenever I want. When I do, I'm welcomed, and they always ask how I am and bring me up to speed with how things are."

● People told us they had enough to do and they enjoyed the activities that were on offer. One person told us about the visit from a local nursery saying, "There's always something going on, some of it I don't like, but they had the little ones in this morning, it's lovely to see them and I enjoyed that." People spoke highly of the activities programme and described how there was something for everyone. We observed staff engaging people in singing and they were clearly enjoying the music and joining in.

● The provider employed lifestyle co-ordinators who were responsible for arranging activities. People's diverse needs were considered within their lifestyle assessment and care plan. For example, a person's religious needs were identified, and their care plan identified how they expressed their religious beliefs. Staff planned activities that were relevant to people's needs, their backgrounds and wishes. For example, one person used to work in a stately home. Two trips had been arranged to support this person's wish to revisit the home.

● People told us they were supported to go out when they wanted to. One person said, "The outings are lovely." We noted that records showed how people were supported to go out in the local community. One person told us they enjoyed using the garden. Another person had been supported to go to the local pub spontaneously, when they expressed a wish to do so. A relative told us, "When you look at the activities, there does seem to be a lot of effort put in to trying to make sure that people have the opportunity to enjoy

life as much as possible." Another relative told us, "It feels very inclusive, although they can't join in the activities now, they are still included so they are part of what's going on." Staff told us some people had been particularly engaged with an egg hatching project. This had been so popular that the chicks had remained in the garden so that people could see them grow into chickens. One person told us how much they enjoyed watching the chickens every day.

Improving care quality in response to complaints or concerns

● Complaints were recorded and responded to through the provider's complaints system. People said they felt confident that their concerns would be listened to and acted upon and they knew how to raise a complaint. One person said, "I mention a problem and it's sorted. I've never had to complain about anything because they respond so quickly to anything that's mentioned." A relative told us, "They do listen and act on things. I asked for her bedroom to be decorated because if was looking a bit tired and it was done."

● Records showed that complaints were addressed, and actions were taken to resolve issues as they arose. The registered manager described how monitoring of complaints ensured that lessons were learned when things went wrong. Staff told us that "coffee and comments" meetings continued to be successful. They explained how people used the opportunity to raise any low-level concerns so that issues were addressed before they needed to make a complaint.

End of life care and support

● People were supported to plan for end of life care. People's preferences, wishes and cultural or religious needs were recorded and planned. People's needs were anticipated to ensure they were comfortable. Medicines prescribed for symptom control at the end of life were available in case people needed them quickly.

● Relatives were included in planning when appropriate. One relative told us how staff had supported them to stay with their relation when they were gravely ill. They explained how staff had been supportive to them as well as their relative. They told us, "I couldn't fault them for the way they looked after him. I was very impressed with the night staff. They are the unseen carers most of the time, but they were wonderful."

Good

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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; 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

- Since the last inspection there had been improvements in the systems for monitoring quality and risks. The system for managing risks associated with eating and drinking had been reviewed and improved to address the previous breach of regulations. Staff demonstrated that they understood their responsibilities and the system for managing risks of choking were clear, effective and had become embedded within staff practice.
- Management systems were effective in identifying shortfalls in the quality of the service. Monthly monitoring of quality audits ensured that there was effective oversight and governance at the home and shortfalls in quality were identified and acted upon. For example, an audit of documentation had identified inconsistent information in some people's care plans. This was reflected in a low score for the audit. The registered manager had ensured appropriate actions were taken to address these shortfalls and a subsequent audit of documentation achieved a high score showing an improvement in the quality of the documentation.
- Legal requirements, including the duty of candour, were understood and met by the registered manager. Notifications about events that the registered manager was required to send us, had been completed consistently. This meant we could check that appropriate action had been taken.

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

- There was clear leadership at the home and people, relatives and staff were consistent in their view that the home was well-led. One person told us, "I think it is well run. You always see the manager around the home or you can catch her in her office. I've found her very helpful. I think it's a good home and I will recommend it wholeheartedly to anyone."
- Staff told us that the registered manager was accessible to them and visible in the home. We observed that the registered manager and the deputy manager were involved in supporting the lunchtime meal service. A staff member told us this was not unusual saying, "The managers are hands on, particularly at meal times." They described how the registered manager undertook regular observations of care practice around the home and spent time with people and staff as much as possible. Another staff member told us, "She's a brilliant manager, always available. She has a good understanding of all the job roles because she joins in herself."
- Staff spoke with pride about the home and described a positive culture where people's needs were

paramount. One staff member described how they were kept informed of changes and information was followed up. They said, "We get to hear about outcomes, so we know what's going on for people." They described the importance of this saying, "It helps us feel involved, so we share responsibility and provide continuity."

● A relative told us they had noticed improvements saying, "They have some really good staff now. They have more training, they are more caring and have more empathy with the residents. You used to hear the call bells going all the time but that's not happening so much now."

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

● Staff told us they were involved in day to day decision making. One staff member described their involvement in team meetings and said that communication was effective at the home. We observed a daily meeting where information was exchanged, and work tasks were identified and allocated. There was clear leadership of this process and staff were engaged and involved throughout the meeting. Afterwards a staff member told us, "There's a feeling of shared responsibility."

● Staff were involved in developing the service. Team meetings were held regularly, and staff described being able to raise questions and contribute their ideas. Notes from one meeting showed how staff ideas had been included in pledge cards for staff. These identified phrases that captured staff feelings. Staff told us their ideas were welcomed and accepted. One staff member said, "It's fulfilling here. People listen to ideas and they get acted on." They explained how they had suggested an electronic device that would support people with singing activities. They said, "I suggested it, so we can have a playlist to sing to, and we had it very quickly."

● People and their relatives were involved in developments. Surveys were used to gather their views on the quality of the service. People and relatives said they felt able to raise ideas or questions with staff. One relative told us, "If you have any queries you can always talk to the senior staff or the manager and I think they do take things on board."

Continuous learning and improving care

● Management systems were effective in identifying areas that needed to improve. The registered manager had oversight of incidents, accidents, complaints and safeguarding records. Analysis was undertaken every month to identify themes and trends and to drive improvements at the service.

●The registered manager also used information from staff meetings, resident's meetings and quality assurance checks to identify areas for improvement. For example, in one area of the home staff morale was identified as being low. The registered manager described how actions were taken to identify the cause of the problem. Changes were made in the deployment of staff and the allocation of work. Improvements were noted at the next team meeting.

● Improvements were identified through learning from incidents at other homes. For example, a fire in another home had been caused by a microwave oven being used and left unattended. This had resulted in a review of procedures for the use of microwaves at Mill View Care Home.

Working in partnership with others

● Staff had developed positive working relationships with other agencies. Records showed how staff provided relevant information to health and social care professionals to support the care provided to people. The registered manager told us how staff were working with mental health professionals to ensure that one person with mental health problems was receiving the support they needed.

● Staff had developed relationships with organisations in the local community. People told us how much they enjoyed visits from a local nursery school, and professional entertainers.

● A relative described how staff had supported them to remain involved in the care of their relation. They

told us that they had confidence in the staff and described it as a "partnership that works well". They said, "I was able to go away on holiday recently and I never worried for a second as I knew they would take care of him.  It was good I was able to switch off completely and relax."