Advinia Care Homes Limited

Mill View Care Home

Inspection report

Bridgeman Street
Bolton
Lancashire
BL3 6SA

Tel: 01204319890

Date of inspection visit:
16 August 2023
17 August 2023

Date of publication:
20 September 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Mill View Care Home is a large purpose built residential care home which is registered to provide both personal and nursing care to up to 180 people. The home consists of 6 separate 30 bedded units which provide a mix of residential, dementia and/or nursing care, although only 5 units are currently in use. At the time of inspection, 117 people were living at the home.

People's experience of using this service and what we found
We found improvements were required with medicines management, governance processes and record keeping. We also identified staff did not always have time to complete all of the responsibilities asked of them.

We have made recommendations about how staffing levels are determined and the providers quality assurance process.

People felt safe living at Mill View Care Home and overall spoke positively about the care and support they received. Staff were reported to be very busy and as a result were unable to regularly facilitate activities, which was one of their newer responsibilities. Staff had received training in safeguarding and knew how to identify and report concerns. Accidents, incidents and falls were documented and reviewed to identify patterns and trends and consider lessons learned. Risk assessments provided guidance for staff on how to keep people safe and meet their needs. The home was clean, with effective cleaning and infection control processes in place.

Audits and monitoring were used to assess the quality of the care provided. However, these had not consistently identified shortfalls, such as the issues we found with medicines management. The majority of people and relatives we spoke with said they would recommend the home. They spoke positively of the care and the staff who provided this. People, relative and staff's views were sought through regular meetings. Views were also gathered though surveys and questionnaires. Although any actions from these were added to the home's improvement plan, feedback was not currently being provided to people or relatives.

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

Rating at last inspection
The last rating for the service was good (published 1 January 2022).

Why we inspected
This inspection was prompted by a review of the information we held about this service, along with concerns reported by the local authority during meetings held with them. Concerns included an increase in safeguarding referrals and other reporting.

We undertook this focused inspection to assess whether the current rating of good was still accurate. This report only covers our findings in relation to the key questions safe and well-led, as these were the only key questions inspected.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings at this inspection.

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.

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.

Enforcement and Recommendations
We have identified a breach in relation to medicines management at this inspection. We have also made a recommendation relating to staffing.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 3 inspectors, 2 medicines inspectors and 2 Experts 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 Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mill View Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
The inspection was unannounced.

What we did before the inspection
Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with 24 people and 8 relatives about the home and care provided. We also spoke with 20 members of staff, which included the registered manager, divisional director, nurses, senior carers, care assistants, activity, kitchen and housekeeping staff.

We reviewed a range of records and other documentation. This included 10 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We looked at medicines and associated records for 18 people. We also reviewed 4 staff files, to ensure safe recruitment practices had been followed.

After the inspection
We reviewed additional evidence from the provider. This included staff competency checks and governance documentation.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Medicines were not always managed safely. We found some medicines had not been administered as prescribed. For example, where people required medicines to be given at specific times, these times had not been adhered to consistently.

● Medicines were not always available to be administered. For one person we found the district nurse had been unable to administer a medicine as it was not available in the home. We also found stock balances did not always match what was stated on the home's electronic medicine administration record (eMAR) system. As a result, we could not be assured people had received their medicines correctly.

● Staff were not accurately recording when thickened fluids were being given to people at risk of choking or aspiration. As a result, we could not be sure fluids were being given or consumed safely. Following the inspection, the provider told us they had put an action plan in place to address this.

Although people had not come to harm, record keeping, administration practice and oversight of medicines was not robust. This is a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●For people receiving their medicines covertly, for example hidden in food or drink, information was in place to confirm this was in their best interest. Pharmacy guidance had also been sought to ensure staff knew how to safely administer each different medicine safely.

Staffing and recruitment

● The provider used a system for determining how many staff were needed based on people's assessed care needs. Although staff were deployed in line with this system, the system did not account for other tasks the care staff were expected to do, for example facilitate daily activities, due to only having one activity coordinator for the entire home.

● During the inspection we observed a lack of activities and stimulation across the units. This was supported by people and staff's comments. These included, "Activities are minimal, they are left for us, but not enough time to do them as there's always another care task to do" and "We don't do much all day, would like a bit more to do."

● People, relatives and staff provided mixed feedback about staffing levels, with some telling us there was enough, whilst others stated more were required to meet needs. Comments included, "The carers are lovely, help is always available", "There are not enough staff to meet needs. I feel more is being expected of less staff" and "I would like staff to spend more time with my relative. I do wonder how often they are checked on during the day."

We recommend the provider reviews how staffing levels are determined to account for all tasks care staff are required to provide.

● Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at Mill View. Comments included, "I am safe and I don't have falls anymore because the [staff] help me move around" and "I am safe because the [care staff] are there for me. I need quite a lot of help and I get it."
● Safeguarding concerns had been reported correctly and consistently in line with local authority guidance. A log was used to document referrals and actions taken were recorded on the providers electronic monitoring system.
● Staff told us they had received training in safeguarding, which was refreshed and knew how to identify the different types of abuse and report any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Each person's care records contained a range of risk assessments, to enable staff to keep them safe and meet their needs. We noted a number of examples of actions being taken to minimise risks to people, such as introducing safety equipment and referring people to professionals, such as the local authorities falls team.
● Accidents, incidents and falls had been documented on the providers electronic monitoring system, which included actions taken and outcomes. These were reviewed both by the registered manager and provider, to ensure appropriate action had been taken and consider any lessons' learned.
● Safety checks of the premises and equipment had been completed consistently, in line with guidance. Certificates were in place to confirm trained professionals had assessed the safety of items such as hoists, slings and the lift. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection; Visiting in care homes
● The home was clean with effective cleaning and infection control processes in place. Staff were observed wearing personal protective equipment (PPE) as and when required.
● Infection control policies and procedures were up to date and reflected current national guidance. The

home's infection control practices had been assessed by the local authority in May 2023, with the home receiving an overall rating of 92%.

● The registered manager confirmed relatives were welcome to visit at any time in line with current Government guidance.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A range of audit and monitoring processes were completed to assess the quality and safety of the care provided. These included in-home audits, alongside provider reviews and assessments.
- A service improvement plan (SIP) was used to record all actions generated from audits and quality monitoring. Although the majority of issues we identified on inspection were already included on the SIP, the issues with medicines management and the lack of activities had not been identified.
- We also noted of the 125 action points on the SIP, 88 had been generated following feedback from visiting professionals, such as the local authority, who had carried out visits to the home and identified shortfalls. This meant only 37 actions had been generated through internal audits and monitoring over the last 12 months.
- Daily notes and monitoring were being completed in line with people's assessed needs. However, records were not always contemporaneous, with gaps noted in some people's monitoring charts used to document wellness, oral care, skin integrity and if they had been repositioned.
- The provider and registered manager were proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary.

We recommend the provider review their quality assurance process to ensure it is effective in consistently identifying issues with the care and support provided to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively about the home and the care and support provided. One person stated, "I couldn't be happier. The staff are kind and caring."
- Relatives also provided positive feedback. One relative told us, "I have had meetings about my [relatives] care. I have been listened to and where possible requested changes have been made. I find all the staff approachable and caring." Another relative stated, "If anything goes wrong, such as [relative] has an accident, they ring me up and keep me informed. I'm very happy with the care provided, I've no concerns at all."
- Completion of resident, relative and staff meetings had been more consistent since the current registered manager commenced their role. They have recently introduced online relative meetings, to make them more accessible.

● People's views had also been sought through 'living in the home' surveys. However, whilst people's opinions on the home and care provided was captured, there was currently no system in place for providing feedback to people and relatives on what actions had been taken to address any issues or act on suggestions. We discussed this with the provider, who agreed to look into how best to communicate this.

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 home was meeting the requirements of the duty of candour. The registered manager was reported to be open and approachable. One person told, "I know who to go to if have any problems and they are dealt with."

Working in partnership with others

● Staff worked in partnership with others. We noted a number of examples of the home working in partnership with other professionals or organisations.

● The home had made links with local schools, a gardening club and was liaising with a local college about students completing some work experience in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines had not been always administered as prescribed, such as time specific medicines. Issues with stock control meant we could not be assured people had received their medicines correctly. The recording of thickened fluids was not being done consistently or accurately. As such, although people had not come to harm, this demonstrated record keeping, administration practice and oversight of medicines was not robust.