

Aspire Healthcare Limited

Milldene Nursing Home

Inspection report

34 Field Street
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Tel: 01912846999

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Ratings

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

Summary of findings

Overall summary

About the service

Milldene Nursing home is a purpose built home providing personal and nursing care, over two floors, for up to 13 people living with enduring mental health issues. At the time of the inspection 12 people were using the service.

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

The provider had appropriate procedures in place to safeguard people from abuse. Risks related to people's care and the environment they lived in were monitored and managed. There were sufficient appropriately qualified staff who had been recruited using a safe and effective process. Medicines were managed safely. There were some areas of the home that required additional cleaning, but these did not pose an overall risk.

People's needs had been assessed and care was delivered in a manner that met and supported these needs. Staff had access to a range of training and development opportunities. People were supported to access adequate diet and drinks. Specialist advice regarding diets was followed by staff. People were supported to access a range of health services in order to maintain their wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People appeared happy and relaxed in staff company and staff had a good knowledge of individual's likes and personalities. People were supported to express their views about their care, as far as possible. Staff understood about respecting people's privacy and dignity and encouraged people to be as independent as possible.

Care plans reflected people's needs, were detailed and reviewed and updated, as necessary. Staff had a good understanding of people's individual communication method and needs. People were supported to access a range of activities important to them and were assisted to maintain important relationships. Complaints about the service were handled appropriately. People's end of life wishes had been incorporated into care records.

Staff were positive about the registered manager's approach and told us they were well supported. The registered manager had a clear view of trying to maintain the home as a small and personal environment for people to live in and feel settled. Systems were in place to involve people in the service, although we discussed alternative methods of involvement with the registered manager to further strengthen this participation. Staff told us they were supported to continuously learn and improve. There was evidence the home worked in partnership with other professionals.

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 this service was good (published 5 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milldene Nursing Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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.

Milldene Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Milldene Nursing 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 service had two managers 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. One of the registered managers was also the provider's Nominated Individual. They told us they wished to remain as a registered manager to step in and cover the provider's services in the event of any management issues. They were aware of the implications of maintaining their registered manager status.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Not everyone who used the service was willing or able to speak with us. We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, provider's nominated individual (second registered manager), a registered nurse, two support workers and the chef.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two advocates for people who used the service to gain their views on the support people received.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had in place a safeguarding policy. Where any safeguarding concerns had been raised about the service these had been investigated and action taken, if necessary. The provider had notified the local safeguarding adults team and the CQC of any potential safeguarding matters.

Assessing risk, safety monitoring and management

- People's care records contained information regarding risks related to care and support. Actions to mitigate potential risks were documented. We observed staff following guidance to minimise risk.
- We viewed copies of relevant safety certificates, such as those for electrical safety. Regular checks were undertaken on fire equipment and other key safety matters.
- The registered manager informed us that new LOLER checks were due to be undertaken later in the week of the inspection. We were forwarded copies of these certificates to demonstrate these checks were in place.
- People had personal evacuation plans detailing the support they may require in the event of an emergency. Whilst the documents were adequate we spoke with the registered manager about how the detail could be improved.

Staffing and recruitment

- Staff told us there were enough staff to provide individual care. They told us that when people had dedicated one to one time additional staff were employed to support these activities. We observed one person going out into the community with an additional staff member.
- Professionals we spoke with felt that more staff could be provided at times to further assist people with activities and support them on an individual basis.
- The provider had in place an appropriate staff recruitment process, including checks made with the Disclosure and Barring Service and the taking up of references.

Using medicines safely

- The provider used an electronic recording system to support medicines management and ensure medicine were given appropriately and on time. The system alerted the registered manager and staff to any issues or delayed medicines. We observed staff supporting people with their medicines and noted this was done safely and sensitively.
- Medicines at the home were administered by qualified nursing staff. Staff had received specific training with regard the safe management of medicines and staff competencies had been assessed.
- Some people were receiving controlled medicines. We saw these were dealt with safely and in line with the law covering these specific medicines.

Preventing and controlling infection

- The registered manager told us the home's housekeeper was currently away from the service and other staff were presently covering domestic hours and helping to keep the home tidy.
- We noted some areas of the home where additional cleaning would be helpful. The registered manager told us these would be addressed immediately.

Learning lessons when things go wrong

- The registered manager told us the service always looked at issues around any safeguarding matters or other incidents and considered how these may affect practice. We saw that, following a number of complaints, staff approach to care in certain situations had been revised.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Care plans had evidence of an assessment of need and were reviewed on a regular basis. Care details reflected the identified needs and the personal preferences of individuals.
- Staff were able to discuss in detail the needs of people living at the home, including their personal preferences and likes and dislikes. One staff member told us, "It's a lovely little home; You can actually get to know the residents."
- Professionals we spoke with told us staff worked in collaboration with them to provide good care for people and support their needs. They told us whilst the service was responsive to requests they would like them to be more proactive in their approach.

Staff support: induction, training, skills and experience

- Staff told us they had a range of training and records indicated that staff were up to date with statutory and mandatory training. One staff member told us, "All the mandatory training is done on-line but we have done practical moving and handling training and all the staff have recently undertaken a level two learning disability course."
- Staff told us they had access to regular supervision and annual appraisals and records confirmed this.

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

- People told us they liked the food. Meals were simple but seemed to be well received and we observed people ate well at the lunch time meal.
- Some people required specialist diets, including soft or pureed food. Kitchen staff were aware of these requirements and the implications of such diets. We observed staff supported people on specialist diets in line with advice provided by the speech and language service.

Adapting service, design, decoration to meet people's needs

- Some areas of the home needed redecoration and upgrading, including replacement carpets and vinyl flooring. Professionals we spoke with also felt the home looked dated.
- A number of the issues had been highlighted by the registered manager as part of his monthly audit process. The nominated individual told us the home was due to have a new heating system installed. Once this work had been completed the home would be redecorated and refurbished.
- People's individual rooms were personalised and comfortable.

Supporting people to live healthier lives, access healthcare services and support

- Care records indicated people were supported to access a range of health and social care services. On the day of the inspection one person was visited by their GP. Professionals told us the registered manager could be more proactive in chasing up some matters, such as accessing new equipment.
- The registered manager and one of the nurses told us they were aware of the CQC's latest report on oral health in care homes. People's care records contained plans to support them with oral health care, although many individuals carried this out for themselves. Staff had not received specific training on oral health, but the registered manager told us this was covered in other training, such as the recent specific training on learning disability.

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.

- A number of people living at the home were subject to DoLS restrictions. The registered manager monitored these and ensured reapplications or reviews took place in a timely manner.
- Some people had been deemed not to have capacity to understand detailed information or make more complex decisions, such as choices around health issues. Where this was the case we saw best interests decisions had been made to consider the most appropriate course of action.

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; good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at the home. One person told us, "The staff are all right, yes." We observed there to be good relationships between staff and people living at the home. Staff supported people with kindness and compassion.
- Professionals told us they were impressed by the caring approach of staff. They told us people seemed to have good relationships with staff and looked on them with fondness.
- Staff told us they viewed the people they cared for as almost like a second family. One staff member told us they would sometimes ring the home on their day off, to enquire about the wellbeing of someone who had not been well. They told us, "You feel like you are at home here with your family."
- Staff had received specific training with regard equality and diversity. Staff told us they had never encountered any concerns around this matter.

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

- There was some evidence in care records that people had been involved in care reviews. Some people had signed documents to confirm their agreement or it had been noted they had been unable to sign.
- We spoke with the registered manager about how people could be supported to have increased involvement, through different approaches or different formats for documents.
- Staff had a good understanding of how to help people be involved in as many decisions as possible. Throughout the inspection we witnessed staff supporting people to make choices as much as possible.
- An advocate told us the home was open to listening to people's views and requests and trying to act on them, if possible. Advocates told us they had no problems accessing the home or being able to speak privately with people.
- There were bi-monthly 'residents' meetings' during which people were able to raise issues and help make decisions. People had been involved in deciding on the types of activities at the home and changes to the menu.

Respecting and promoting people's privacy, dignity and independence

- Care records contained information about how people should be supported with dignity and respect. We observed staff providing care in a dignified and discreet manner throughout the day of the inspection.
- Staff spoke in detail about how they supported people to be as independent as possible. Care records indicated where people should be supported to self-care as much as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good. 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

- Prior to people living at the home their needs had been assessed to ensure the home could best support the individual.
- People's care records were specific and indicated the support they required with both physical and psychological health issues and social interests.
- Care plans had been regularly reviewed and updated as care needs changed. Plans included information regarding personal choices and preferences.

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.

- Staff had a good understanding of people's individual communication preferences and needs. They were able to describe how they supported people to understand information, such as breaking information down into small elements or offering people binary choices.
- There was information displayed on whiteboards and notice boards, although this tended to be largely in word format. We spoke with the registered manager about alternative communication systems, using pictures or easy read documentation, although acknowledged people often had fluctuating capacity.

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

- The registered manager told us that whilst some group activities did take place the majority of events were based around the individual and their personal needs and preferences.
- Care plans indicated the type of activities people enjoyed and we saw staff supporting them in these.
- Staff had a good understanding of people's likes and dislikes and the activities they enjoyed.
- Records showed people had enjoyed entertainment from a singing group earlier in the year and had asked they be invited back. The registered manager told us the group would be attending the home's Halloween Party later in the week.
- People were supported to maintain contact with friends and family as much as possible. One person told us their relatives came to see them every week, another person was supported by staff to telephone a relative back, who had rung the home earlier.

Improving care quality in response to complaints or concerns

- The registered manager maintained a record of complaints. All concerns were investigated and both a verbal and written response offered, detailing what had been done and the outcome of the investigation. All complaints had been dealt with fully and appropriately.

End of life care and support

- Where possible people's care records contained information about people's end of life wishes and how they wished to be cared for.
- Staff spoke movingly about how the deaths of people in the recent past had affected them and how, with the home being a small service, it was often like losing a family member.
- We saw a meeting had been held with people at the home to let them know one of their friends had passed away and offer support.

Is the service well-led?

Our findings

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

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

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

- Staff were positive about the approach of the registered manager. They told us he was approachable and supportive. Comments included, "He has a level attitude; he doesn't speak down to you. He says his door is always open and he means it" and "(Registered manager) is good; always fair. You can always go to him if you have any problems."
- Staff spoke about how they were supported to maintain the homely feel and how intimate the support was because the home was small. They said there was a good supportive team at the home, which worked together well.
- The registered manager spoke about how the service was often people's long-term home and how this needed to be considered and respected. He told us they tried to provide stability for people and allow staff to get to know people through spending time together.
- The nominated individual told us the registered manager was well respected within the wider organisation and was viewed as effective and efficient.

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 registered manager understood his responsibilities under the duty of candour. He had dealt with complaints in a full and appropriate manner. During the inspection he drew the inspector's attention to the fact that LOLER certificates were in the process of being renewed.

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

- The manager conducted a range of audits and checks on the home. Although these were largely tick-box in nature some action points were highlighted for follow up. Audits were also undertaken on medicines and on care files. Care file audit actions had been noted to say they were complete.
- The nominated individual told us they visited the home at least once a fortnight. They also carried out regular checks and reviews of the service. They forwarded us a copy of the most recent review of the home.
- The provider was meeting their legal requirements. The home's most recent quality rating was displayed within the home and on the provider's website. The registered manager had notified the CQC of significant events as they are legally required to do.

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

characteristics

- People were able to participate in a bimonthly 'residents' meeting'. People were asked their opinion about events and other things happening at the home. Events were organised in line with what people had suggested and staff identified action they needed to take.
- The registered manger conducted quarterly questionnaires with people living at the home. Some of these questionnaires were completed by staff members in conjunction with people. Whilst usually positive we noted the questionnaires were quite long, wholly word based and required only 'yes/no' answers. We discussed with the registered manager how this involvement could be improved and developed.

Continuous learning and improving care

- Staff told us they could access additional learning if they felt this was required.
- Nursing staff told us they were sufficiently supported with training and development to maintain their registration with the Nursing and Midwifery Council.
- One staff member spoke about training they had received in relation to the use of specialist` breathing apparatus for one person and how they had cascaded this knowledge to other staff.

Working in partnership with others

- There was evidence in care documents that the home worked closely with a range of health and social care professionals.