Care Quality Commission

Bupa Care Homes (CFHCare) Limited

Mill View Residential and Nursing Home

Inspection report

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Ratings

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

Overall summary

The unannounced inspection took place on 15 and 16 June 2015. At the previous inspection on 10 June 2014 the service was found to be meeting all regulatory requirements inspected.

Mill View is a care home providing nursing and personal care for up to 180 mainly older people within six houses, some of which specialised in nursing care, some residential and others dementia care. The home is situated about half a mile from Bolton town centre. The home is situated in its own grounds with garden areas and car parking available at the front of the home. At the time of the inspection there were 172 people living at the home and three pending admissions.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service, their relatives and professionals we contacted told us they felt the service was safe. There were appropriate risk assessments in place with guidance on how to minimise the risks.

Safeguarding policies were in place and staff had an understanding of the issues and procedures. There was also a 'speak up' policy for people to report any poor practice they may witness.

Recruitment of staff was robust and there were sufficient staff to attend to people's needs. Rotas were flexible and could be adjusted according to changing need.

We found some cleanliness issues in two of the houses and staff's knowledge and recording of wound care was found to be inconsistent. However, there was evidence that wounds were effectively treated at the home.

Medication policies were appropriate and comprehensive and medicines were administered, stored, ordered and disposed of safely.

We saw that people's nutrition and hydration needs were met appropriately and they were given choices with regard to food and drinks.

Care plans included appropriate personal and health information and were up to date.

The environment was effective for people living with dementia. There was good signage to aid people's orientation and help them to be as independent as possible.

The home worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who used the service and their relatives told us the staff were caring and kind. We observed staff interacting with people who used the service in a kind and considerate manner, ensuring people's dignity and privacy were respected.

Residents' and relatives' meetings were held regularly as a means for people to put forward suggestions and raise concerns.

The service endeavoured to support people at the end of life according to their wishes.

People's care plans were person centred and contained information about people's preferences and wishes. There were a range of activities on offer and the home put on a number of seasonal events.

There was an appropriate complaints procedure and we saw that complaints were followed up appropriately.

There was an appropriately registered manager at the service.

People told us the management were approachable and supportive. Staff supervisions and appraisals were undertaken regularly.

A number of audits were carried out by the service, issues identified and actions put into place. An annual residents' satisfaction survey was undertaken and the results analysed and acted on.

Summary of findings

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 consistently safe. People who used the service, their relatives and professionals told us they felt the service was safe.

There were appropriate risk assessments in place with guidance on how to minimise the risks. Safeguarding policies were in place and staff had an understanding of the issues and procedures.

Recruitment of staff was robust and there were sufficient staff to attend to people's needs.

There were some cleanliness issues found and staff's knowledge and recording of wound care was inconsistent, though there was evidence that wounds were effectively treated.

Medicines were administered, stored, ordered and disposed of safely.

Is the service effective?

Good

The service was effective. People's nutrition and hydration needs were met appropriately and they were given a choice of food at meal times.

Care plans included appropriate personal and health information and were up to date.

The environment was effective for people living with dementia, aiding their orientation and helping them to be as independent as possible.

The home worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People who used the service and their relatives told us the staff were caring and kind.

We observed staff interacting with people who used the service in a kind and considerate manner, ensuring people's dignity and privacy were respected.

Residents' and relatives' meetings were held regularly as a means for people to put forward suggestions and raise concerns.

The service endeavoured to support people at the end of life according to their wishes, ensuring the people they wanted near them were there.

Is the service responsive?

Good

The service was responsive. People's care plans were person centred and contained information about people's preferences and wishes.

There were a range of activities on offer and the home put on a number of seasonal events.

Summary of findings

There was an appropriate complaints procedure and complaints were followed up appropriately.

Is the service well-led?

Good

The service was well-led. There was a registered manager at the service.

People told us the management were approachable and supportive. Staff supervisions and appraisals were undertaken regularly.

A number of audits were carried out, issues identified and actions put into place.

An annual residents' satisfaction survey was undertaken and the results analysed and acted on.

Mill View Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 and 16 June 2015 and was unannounced. The inspection consisted of three adult care inspectors, a specialist advisor (SPA) who had experience as a nurse in tissue viability, a SPA who was a pharmacist 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the home in the form of notifications received from the service, including safeguarding incidents, deaths and injuries.

Before our inspection we contacted Bolton local authority commissioning team to find out their experience of the service. We also contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care.

We contacted four specialist health and social care professionals, who use the service regularly, to ascertain their views on the service and whether they had any concerns.

During the inspection we spoke with eight people who used the service, eight relatives and one professional visitor. We looked around the home and spent time observing care including observing the lunch time period in two of the houses. We reviewed records at the home including 13 care files, six staff personnel files, meeting minutes and audits held by the service.

Requires improvement

Is the service safe?

Our findings

We spoke with eight people who used the service. One person told us, “We can go out for a walk in the garden but we're fenced in around the building." Another said, “Yes, I feel safe here." A third person we asked said, "If I was at home I'd be on my own, so I'm better off here. I feel very safe here and very happy too” A fourth person commented, “I feel very safe”, and a fifth told us, “They're nice girls. They look after me. I feel safe here."

We spoke with eight relatives. One relative told us, “[My relative] is safe here. Security is good. A member of staff has to let you out." Another told us, “I feel that [my relative] is safe. [My relative] is being looked after. [My relative’s] room is clean.”

One health professional we contacted told us, “My team are confident that Mill View provides a safe environment for their residents”.

We looked at 13 care plans, which included a number of risk assessments and the control measures required to manage the risk.

Four people who used the service who had incident reports completed following falls were case tracked. The risk of falls was identified as ‘high’ by the home’s recording systems. Each person had a falls risk assessment and safety measures in place to reduce the impact of future falls, including lowering of beds and crash mats with alarms to alert staff if the person was attempting to get out of bed or had actually fallen.

The service had a safeguarding vulnerable adults policy which included the local procedures and processes. We had reviewed safeguarding issues followed up by the service prior to the inspection and found that concerns were reported promptly and appropriately. We spoke with staff who demonstrated an understanding of the issues and reporting mechanisms. There was also a ‘speak up' policy which informs staff how to raise concerns over safety issues and poor care practice. Posters with 'speak up' details were on display in the home and staff were required to sign to say that they had read and understood the policy.

There were personal emergency evacuation plans for each person who used the service to ensure they were given the correct level of assistance in the event of an emergency. These were kept together in the office to allow for easy access if they were required.

Fire evacuation drills were held six monthly and fire equipment, such as emergency lighting and alarms, were tested weekly. These tests were recorded appropriately and we saw that an assessment of the fire drills had been carried out, highlighting areas for improvement. We saw minutes of a quarterly health and safety meeting which included discussions around safety of equipment, first aid training, hand washing, portable appliance testing (PAT), call system and bell tests.

We looked at the recruitment procedures, which were robust. Within the six staff personnel files we looked at we found evidence of appropriate applications, interviews, production of references and proof of identity. We saw that Disclosure and Barring Service (DBS) checks had been undertaken for all employees and pin numbers (registration) for all qualified nurses were held by the service.

We looked at staff rotas which evidenced how many staff were on duty on each house. These were flexible and could be altered if needs changed. We observed each different house and saw that staffing levels were satisfactory to address the needs of the people who used the service.

We found some cleanliness issues in two houses and a toilet for people who used the service had an old, unhygienic toilet seat. A new one was ordered immediately by the clinical service manager (CSM) on the first day of the inspection and had been replaced by the following day. We saw that cleanliness was not an issue on the other houses and infection control was taken seriously, audits being undertaken regularly and issues addressed.

We observed a dressing change and the dressings that were removed were not appropriate, being foam and tape. The nurse had not assessed the wounds before deciding on the dressing, which was not good practice. There was evidence of pressure ulcers healing, which was to the home’s credit, but the records needed to be more explicit and individualised or person-centred.

We observed a percutaneous endoscopic gastrostomy (PEG) in place. There was a clean syringe but it was not dated. We were told by the house manager that syringes

Requires improvement

Is the service safe?

were changed daily. Storage of dressings was inappropriate and hoist slings were stored on radiators and there was no system for regular cleaning of the slings. This needed to be reviewed and an appropriate system implemented.

We saw that many residents had air mattresses. The house manager initially told us that the settings were automatic on the mattresses they used but as we checked them we found that most needed to be set according to the person's weight. Mattress training was undertaken a couple of days after the inspection.

We spoke with the registered manager about the issues, which were mainly found on one house. She was able to show us an audit undertaken the week before the inspection, where many of the issues raised had been identified for action. She took on board other issues and agreed to address them with the house manager and CSM who had responsibility for the house.

We reviewed all the medication policies, including administration, ordering, covert administration (when medicines are administered in food or drink without their knowledge), disposal, dealing with errors and as and when required (PRN) medication. The policies were robust but were a little overdue for renewal. We discussed this with the registered manager, who told us that all policies were in the process of being updated.

The provider was currently in the process of changing medication provider as part of a national change. This meant that policies would need to be updated in line with any changes in process resulting from this change of provider. There was a visit to the home by the new medicines provider on the day of the inspection, so we were able to attend the meeting.

We observed medicines administration on four of the six houses. Medicines were administered in a professional manner with dignity. All MAR charts had pictures of the person who used the service and their allergy status was clearly documented.

One person had a covert medicines order in situ. We reviewed the documentation for this and found it to be thorough and the result of a multi-disciplinary team (MDT) meeting.

One person refused to take their medicine, spitting it out. The staff member dealt with the situation professionally and appropriately. The medicine was appropriately placed for destruction and a note about the refusal made. We spoke with the staff member about how they would handle a medication related incident and asked if they felt comfortable in reporting any medication errors or problems. They said they were and the explanation given in terms of dealing with errors was consistent with the homes policy.

From our observations the staff had a good working knowledge about medication and conducted medication rounds in a safe and effective way maintaining necessary documentation. The home had completed medication audits that informed clear action plans. Training records and competency assessments were in place for staff along with an induction process for new staff. The home had a system for error reporting and recording.

Good

Is the service effective?

Our findings

We spoke with eight people who used the service and asked them about the food at the home and whether they got a choice of food. One person said, “I like the food”. Another person told us, “The food's quite good. You have a choice.” A third person told us, "I could have a cooked breakfast every day if I want." A fourth person informed us, "The food is good. You get good meals and sometimes we get a choice. You can ask the staff for anything and they will get it for you."

We asked relatives who were visiting the home about the food. One told us, “The food is OK and [my relative] eats well”. Another commented, “They [the staff] are very quick serving the food. They seem to be rushing them. The food is sometimes cold”.

We observed the lunch time meal on two of the houses. There was a hostess on each of the houses, seven days per week, who was additional to care staff and whose role it was to assist care staff in ensuring that people’s nutritional and hydration needs were being met.

We saw that alternatives were offered to people who did not wish to have the choices on the menu. Some people had not finished their soup when the next course was presented, making the meal seem a little rushed. People with diabetes were not offered the rice pudding but were offered suitable alternatives.

There were colourful posters on the wall of each house showing the meals on offer as a visual representation. The home had also implemented a ‘night bite’ menu, available from 10 pm, for those people who were up and about through the night. This can be important to people living with dementia who may not easily distinguish between night and day. We saw from looking at one person’s care plan that [the person] had requested and been provided with something to eat at 3.00am. There was also a birthday menu for people to choose from so that they could celebrate their special day at the home.

We saw minutes of a recent relatives and residents meeting where some points relating to nutrition and hydration had been raised and addressed. This showed that the management listened and responded to people’s requests and suggestions.

There was evidence that the chef manager checked the nutrition and hydration issues on each house on a weekly basis, including daily menu changes, temperatures checks, suggestions and weight losses. These weight losses were reported to the CSMs who took them forward for monthly evaluation and action if required.

The staff undertook a comprehensive induction programme on commencement of their employment, which included a range of basic mandatory training. We saw from the training matrix that training was on-going and regularly reviewed throughout people’s employment to ensure people had the correct level of skills and knowledge for their role.

We looked at care files for 13 people, which included a range of personal and health information. They were regularly reviewed and were up to date. A comprehensive range of risk assessments were being used to cover many areas, such as falls, nutrition and skin integrity.

One person had been identified as at high risk of pressure ulcers. They were on an air mattress at the correct comfort setting. Care was appropriately reflected in the person’s pressure ulcer prevention care plan and they were being repositioned 2-3 hourly.

The home had a 'resident of the day' programme which helped them keep care plans up to date. This enabled residents’ needs to be reviewed regularly. Daily changes in residents’ needs were communicated via staff handovers.

We saw that the care plans asked the questions ‘what can the person do for themselves’ and ‘what support does the person need from you’. In this way the care plans supported the promoting of independence and inclusion and sought to maximise individual abilities.

A social care professional who had recently visited the home told us, “I found all the files to be comprehensive, with relevant care plans and evidence they were being reviewed each month. The unit managers appeared to be knowledgeable and have a person centred approach to the residents”.

Some of the houses specialised in dementia care and the environment was effective for people living with dementia. There was good signage to help orientate people around the home and toilet doors had pictorial representations and contrasting colours to other doors. People’s bedroom doors were personalised to help them access these. We

Good

Is the service effective?

asked staff which dementia model they worked to within the home. All staff were aware that the home followed the model of person centred care for those living with dementia.

A health team who visit regularly told us, "On the whole we believe they are an effective service although there has been a couple of occasions when we have disagreed about the care & support of an individual."

The home had recently begun a scheme with the local GP service for them to visit several times per week to carry out medication and/or health reviews and to look at other health related issues. This also helped to reduce unnecessary admissions to hospital.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. There is also direction on how to assist someone in the decision making process. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Care files included signed consent forms for issues such as care interventions. These had been signed by the person who used the service or their relative if they were unable to sign due to lack of capacity. There was documentation of people's capacity to make particular decisions and clear records of the reasons why a capacity assessment had been undertaken. There were also records of the support required by the person and which family members or friends should be consulted and clear documentation of the best interests decision making process. Examples of day to day decisions which could be made by staff if necessary were also recorded.

There was a matrix kept for all the DoLS applied for, dates of authorisations, when the documents were received at the home and the date CQC were informed. We spoke with 22 staff members in various houses who were aware of the people subject to DoLS authorisations and understood the conditions. Staff confirmed that they had received training in MCA and DOLS and that there was a rolling programme for renewing training. A member of staff told us, "Capacity assessments are done because a person may not have the ability to make an individual decision by themselves."

Good

Is the service caring?

Our findings

We asked people about their experience of the home. One person told us, “It's very homely. I'm staying as long as I can. If you want anything they'll get it straight away”. "You couldn't make it much better than it is. The staff listen to you and help you if you want anything." Another said, "I really like it here. I think it's lovely. The carers are super. They're really good." A third person commented, “The carers are very good and I can't grumble. A fourth person told us, “The staff are very caring and kind and I can’t fault anyone”.

We asked visiting relatives about the care. People were generally very happy with the care and said they would recommend the home. Their comments included, "The staff are fantastic”, “[My relative] has lots of friends who come to visit. They are all very pleased with the way [my relative] is looked after", "It's the best place for [my relative]. It's turned out to be a good choice", “They are just a caring set of people”, “They’re unsung heroes really. They take care of the little things” and "It's a caring place. They treat residents with respect."

We observed care in the home throughout the day. Relationships between people who used the service and staff members were very warm. Conversations were of a friendly nature and there was a caring atmosphere. Staff attitude to people was polite and respectful using their names and the right approach and people responded well to staff. One staff member was reading the contents of a card to a person who used the service at one point and bent down to speak to the person at their face level.

The staff we spoke with demonstrated a good understanding of the people they supported, their care needs and their wishes. They were able to tell us about people’s preferences and how they endeavoured to ensure care and support provided was tailored to each person’s individual needs.

During the inspection people told us they were treated with dignity and respect by staff. The staff we spoke with understood how to treat people with dignity and respect when providing care. One member of staff said, “Person-centred care means giving support dependent on what the person wants in all ways.” Another member of staff said, “To respect a person’s privacy and dignity, I would knock on their door and wait till they said I could come in. I would ask if they needed any help (such as personal care) and if everything was OK and look at what mood they were in. This carries on throughout the day.”

During the inspection we overheard a member of staff interacting with a person in their bedroom. The member of staff knocked on the person’s bedroom door and waited to be invited in. The staff member asked the person what they wanted for lunch, explained what was on the menu and noted an alternate choice by the person. The staff member then thanked the person before leaving the room. One another occasion we witnessed a staff member assisting a person with mobilising. The staff member walked behind the person using a walking frame at a pace that was acceptable to the person. The staff member gently talked to the person as they went along. This practice was conducive with what was identified in the care plan.

Staff were caring and affectionate with the people they supported. It was clear that staff knew the people they were supporting and had developed an affectionate professional relationship. We heard laughter and saw people smiling as part of the interaction that took place.

We saw evidence of regular residents’ and relatives’ meetings where people who used the service and their relatives were encouraged to raise concerns and make suggestions. We saw newsletters where the questions were asked; What do we do well? And What could we improve? There was space for people to make their comments.

We spoke with the registered manager about people who were at the end of life. She told us the home endeavoured to support people according to their individual wishes and those of their family where appropriate to consult them. Individual care plans were used to ensure people’s wishes and needs were recorded and available to staff caring for them.

Good

Is the service responsive?

Our findings

We asked people if they experienced person centred care. One person told us, "I've signed my care plan and it's a good reflection of my wishes". We spoke with a person who was visiting a close relative on the day of inspection and who visited the home regularly. They told us, "Staff are very caring and maintain [my relative's] privacy in all aspects of care. On one occasion when I saw [my relative] was wearing a stained jumper I told staff and they immediately assisted [my relative] to their room and changed the jumper in private".

We saw that there were a variety of 'thank you' cards displayed on a notice board in the hallway. One card said "I have witnessed such amazing kindness over the past 3 weeks, I hope that you realise what a difference you make to all the residents. You give such a high standard of care partnered with dignity".

We received a comment from a family, passed on from another agency, which demonstrated that the staff at the home had endeavoured to respect individuality and culture. The comment was, "The family would like to say thank you to the staff of the Mill View Nursing Home for their culturally sensitive care which was so important to [our relative] and the family during this sad and difficult time."

We looked at a sample of 13 care plans. Each care plan we looked at contained evidence that initial assessments had been completed prior to people's care commencing. This enabled staff to gain an understanding of people's care needs and how they could best meet people's requirements. These covered areas such as people's current health, medication and mobility.

People who used the service had a care plan that was personal to them. This provided staff with guidance around how to meet their needs, what kinds of tasks they needed to perform when providing care and what the person could do for themselves. We found care plans included detail of whether people required support in making decisions, cognitive capacity, and whether a DOLS was in place. We saw that people's wishes were adhered to, for example, where they wished to take their meals and times of rising and retiring.

An activities coordinator was employed by the service. There were a range of activities on offer, including a film club, knitting club and gardening club. People told us that in summer there were also trips out. An activities board was displayed in the entrance hallway and outside of the office.

People were able to access other activities on different houses in the home. One person was supported to do Tai Chi. We saw some people being assisted to do some gardening and others taking walks around the grounds with a member of staff. Several people were accessing the hairdresser on the day of the visit. There was a café in a communal area within the home that was open several times per week. People could use this with their visitors or with staff and it helped them feel part of a wider community.

The home held a number of seasonal events throughout the year and we saw posters advertising the forthcoming summer fair. One person we spoke with who used the service was busy knitting novelty soap holders to sell at this event.

People were able to personalise their own room. All rooms inspected had personal family photographs and items relevant to the individual. People could use their own bedding if requested.

The service had a complaints policy and procedure and we saw that they followed this appropriately. We asked people if they knew how to complain and most people told us they would speak with the registered manager. One person said, "I know how to complain and feel that any complaints would be listened to." We saw that new training had been rolled out for staff regarding dealing with complaints appropriately. Complaints were appropriately audited and analysed for any themes or patterns which were then addressed appropriately by the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. Like Registered Providers they are Registered Persons. Registered Persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and relatives spoke favourably about how the service was managed. One relative said, "I feel that management know what they are doing." One person who used the service commented, "Management are approachable and understanding." Another person told us, "The managers are good, I have never been unhappy since I came in. Staff are always there."

The staff that we spoke with felt that the service was both well-led and managed. One member of staff said, "Management are very supportive and approachable. I would have no problem speaking with my manager or senior and I feel respected by them." Another member of staff told us, "Management are approachable and listen to what I have to say and I feel supported." A third staff member said the home was a "lovely place to work."

The culture was positive at the service, staff were encouraged to join in with social activities such as quizzes and this helped promote positive feelings and good morale amongst the staff. The registered manager had recently won a BUPA award for leadership and staff had put her forward for a national award. She had also attended a 'lead to succeed' course run over a six month period.

A health care team, who regularly visit the home, when asked if the home was well-led, told us, "Yes, we certainly do feel the home is well-led from each individual unit to the overall management team. The team report there has been an improvement in this since [the registered manager] took over at the home".

Staff supervisions were undertaken regularly and we saw that these were used to discuss issues appropriately on a one to one basis. Staff appraisals were carried out annually and were used to look at progress made, training needs and goals for the future. We saw evidence that the home followed the correct procedures when dealing with staff disciplinary issues.

We saw a number of audits in place, including a vulnerable adults audit, wound care audits, care plan audits, infection control audits, hand washing assessments and walk rounds or spot checks. These were appropriately recorded and records identified actions required, person responsible for actions and completion dates. We saw that actions were signed off within the required dates.

Each house conducted monthly medicines audits which were stored centrally. Action plans were also in place resulting from the audits. The office also contained training records for staff relating to medicines training. Staff received annual competence assessments and review dates for training were clearly documented.

We saw minutes of quarterly health and safety meetings with issues identified and actions set out and signed off. The home also held weekly clinical risk meetings to look at risks such as falls and identify actions to be taken to minimise the risks.

There was a relatives' satisfaction survey which was undertaken annually by the home. An action plan was put in place to address issues raised and we saw this had been implemented and issues addressed appropriately.

Meetings for people who used the service and their relatives were held regularly. We saw minutes of these meetings which indicated that frank and open discussions took place and matters raised were actioned where appropriate.

The management team visited each house on a daily basis to check on people who used the service and ensure there were sufficient staff in each house. There was also a meeting at 11am each day with the houses to discuss any incidents or issues.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required. Involvement with these servicers was recorded in care plans and included Opticians, Chiropodists and Doctors.

The registered manager regularly attended meetings such as Bolton Nursing Homes Quality and Safety Network and contributed to the meetings, demonstrating a commitment to improvement and learning.