Healthcare Homes Group Limited

Mill Lane Nursing and Residential Home

Inspection report

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Ratings

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

Overall summary

Mill Lane Nursing and Residential Home provides accommodation and nursing and personal care for up to 30 older people, some living with dementia.

There were 26 people living in the service when we inspected on 20 July 2015. This was an unannounced inspection.

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.

Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support. However,

Summary of findings

this was not always recorded and acted upon. Monitoring of people's food and fluid intake was not robust enough to demonstrate that people had received what they needed to support their overall wellbeing.

Quality assurances systems were in place and in some areas worked well. However they were not robust enough to pick up the shortfalls we had identified during our inspection and take action to ensure people were provided with good quality care at all times.

Improvements were needed to ensure staffing numbers were assessed against and reflected people's dependency needs. This was to ensure that people are provided with care that promotes their independence and autonomy as far as possible. Staff training needed to be consistent to support staff to meet the needs of the people who used the service.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. Guidance for staff was not always clear about people's specific care needs and how staff were provided with up to date information about people's changing needs. Some people were at risk of social isolation especially those people who remained in their bedrooms.

The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS). Where needed appropriate referrals were made to external professionals.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

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?
The service was not consistently safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

Improvements were needed in how the levels of staff needed were assessed.

People were provided with their medicines when they needed them and in a safe manner.

Requires improvement

Is the service effective?
The service was not consistently effective.

Improvements were needed to make sure that all staff were provided with the training and support they needed to meet people's needs. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Monitoring was not robust enough to ensure that people had received enough to drink to ensure their continued wellbeing?

Requires improvement

Is the service caring?
The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was not consistently responsive.

Improvements were needed in how people's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

Changes were not always recorded to make sure that staff were provided with the most up to date information about how people's needs were met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Requires improvement

Is the service well-led?
The service was not consistently well-led.

Requires improvement

Summary of findings

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system, however this was not robust enough to identify shortfalls and take action to improve the service.

Mill Lane Nursing and Residential 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.

This inspection took place on 20 July 2015 and was unannounced and was undertaken by two inspectors.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with nine people who used the service, a visiting professional and the relatives of two people. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the provider's quality manager, the registered manager and four members of staff, including the deputy manager, care and domestic staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service. We also spoke with one health professional prior to our visit.

Requires improvement

Is the service safe?

Our findings

We received some concerns that there were not enough staff working in the service and this may compromise people's safety.

People's care records held dependency assessments but there was no clear tool used to assess people's dependency, including social needs, against the required staffing numbers. In a staff meeting in January 2015 staff discussed staffing levels and they were told by the provider that the staffing levels were sufficient. These were linked to staff per number of people not on their individual dependency. The registered manager was unable to demonstrate that people's varying needs had been considered. Given that the service provides some complex care including nursing this was of concern.

Despite this staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner. The registered manager said that they were fully staffed with nurses and there were vacancies for care staff which were covered by agency staff, who were regular to the service. This made sure that people were supported by staff who were known to them. This was confirmed by an agency worker who said that they had been providing support over a few years. There were also opportunities for existing staff to do overtime. Care staff had been interviewed and they were waiting for their recruitment checks to be received. In addition the registered manager told us that they were attempting to recruit a further staff member to work evening shifts and/or a catering staff member to assist with suppers to free up the care staff to support people.

People's comments on staffing levels varied. They told us that there were times when they had to wait for call bells to be answered. One person told us that they were waiting for staff to come to assist them with their personal care and that the staff were, "So busy." However it did not bother them. They told us, "Everyone has to wait at some stage," and explained they thought this was because staff might need to see to someone that had fallen or become unwell. A relative mentioned that staff, at times seemed to be, "Rushed off their feet." This was also commented on in minutes of a meeting in June 2015 which was attended by people who used the service. During our inspection visit staff responded to people's verbal and non-verbal requests for assistance, including call bells. The registered manager and quality manager told us that the registered manager was monitoring call bells and the times it took to respond to them to ensure that people's needs were being met and understand the reasons for any delays.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. This was confirmed by a staff member who said, "It is very good here, I could not start until everything was in."

People told us that they felt safe living in the service. One person said, "I was worried about living in a care home, but I do feel safe and secure." A person's relative told us when they went home at the end of their visit, "I never worry," because they knew the person is in safe hands. Another relative remarked, "I know they treat [person] well." They told us if the person didn't feel safe and secure, it would have shown in their body language that they were frightened. Instead whenever staff approached them, they always saw a positive response, "They have a good rapport, always that way, they are very, very good with [person]." A staff member told us that they felt that people were provided with safe care.

Staff had received training in safeguarding adults from abuse. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. Records and discussions with the registered manager showed that where safeguarding concerns had arisen action was taken to reduce the risks of similar incidents occurring and to ensure the safety of the people using the service. For example, lockers were provided for staff to store their belongings safely and they were advised that they should not be using their personal mobile telephones when supporting people. This was following a concern that staff were using their mobile telephones whilst they were supposed to be supporting people.

Staff checked that people were safe. For example, when people moved around the service using walking aids, the staff spoke with them in an encouraging and reassuring manner and observed that they were able to mobilise safely. When people were assisted to mobilise use equipment, this was done in a safe manner with encouragement and support.

Requires improvement

Is the service safe?

People's care records included risk assessments which provided staff with guidance on how the risks in their daily living, including using mobility equipment, accidents and falls, were minimised. One person showed us their pendant call bell they were wearing, and told us they rang it if they needed assistance when getting up, in case they fell, "Good one I can't lose it." People's risk assessments were reviewed and updated when their needs had changed and risks had increased. Where people were at risk of developing pressure ulcers we saw that risk assessments were in place which showed how the risks were reduced by monitoring the condition of people's skin and other related health needs. There was a notice in the nurse station which advised staff on action they should take if there was a power cut to make sure that people could still use their pressure relieving equipment to avoid further damage to the ulcer or pain.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the lift had been serviced and checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Checks were undertaken to make sure that call bells were in working order, in case people called for assistance. Checks and action was taken, such as flushing unused water outlets, to reduce the risks of legionella bacteria in the water system.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person told us, "I do like that I don't have to worry about my pills, they give them to me when I need them."

Medicines were managed safely and were provided to people in a polite and safe manner by staff. One person told us that nursing staff always ensured that they received their medication as prescribed, "Bring my pill and a glass of water."

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed. Medicines audits were undertaken and any shortfalls were identified in an action plan and addressed within planned timescales.

Requires improvement

Is the service effective?

Our findings

People's records showed that people's dietary needs were being assessed. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician. However, records did not identify that the recommendations made by the dieticians, or the service's own action plans, were being acted on to support weight gain. Records for some people, for example those living with diabetes or dementia, showed that they needed encouragement to eat healthy / calorific snacks to support a healthy weight. Not all of the records for those at risk of not eating enough were completed. There was some recorded evidence of snacks being offered to people such as milk shakes, and regular fluids offered to keep people hydrated, but not in a consistent manner.

Where people's records showed that they were not being given enough fluid, there was a lack of clinical input from nurses to show what action was being taken to address it. We saw records which showed when people were prescribed with medicines for short term conditions. The document for July 2015 showed that six people had urinary tract infections which could be an indicator that they were not receiving sufficient fluids. The minutes from a staff meeting in May 2015 showed that staff were advised that the registered manager was to be told if people who were at risk were having less than a 1000mls to drink each day. However, fluid charts were not always completed, the amount of fluids were not always totalled, and when they were, several were below 500 mls. There was no evidence of a system of monitoring in place or that the registered manager had been told and taken further action. The registered manager agreed that they could not demonstrate that some people had enough fluids and said they would look at making improvements straight away?

This is a breach of Regulation 14: Meeting nutritional and hydration needs of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, "Since I have been here, the food has been very good." Another person said, "Food is very good, good meals, [chef] cooks some good food." Another person told us how staff supported healthy eating by serving plenty of vegetables, "Sprouts, runner beans, peas, broccoli, marvellous selection, homemade soup as well."

We saw that the meal time was a positive social occasion. Where people needed assistance with their meals this was done by staff in a caring and encouraging manner. For example, a staff member approached a person smiling, and sat next to them, explaining what the dessert was. We could see the person needed encouragement, "I've got some spotted dick with custard, do you want to give it a try, or would you like something else, bowl of custard, or ice cream, smells nice." The interaction was not rushed, as the staff member's focus was on the person as they supported them to eat.

People told us that the staff had the skills to meet their needs. One person said, "I am happy here, not been here long but it is good, they [staff] all seem very good and competent."

Staff told us that they were provided with the training that they needed to meet people's needs and preferences effectively. One staff member said, "We definitely have enough training, I did infection control and got manual handling tomorrow." The registered manager told us that there was a rolling programme of training which they could access for staff to attend. There were notices in the nurse station with forthcoming training dates.

However, we found there were two staff members had experienced a delay in their training or had not been provided with all the training they needed when they started working in the service including fire safety and health and safety. The registered manager told us that sometimes staff were booked onto training but could not attend and had to wait for the next training to be booked. There was no risk assessment in place which reflected how the service worked with gaps in staff training or staff analysis which considered whether staff on shift had the right skills mix to ensure that they received effective care.

Staff told us that they felt supported in their role. However, only nine of 22 staff had received a supervision in 2015. These meetings provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. The registered manager told us that they had a plan in place to make sure all staff received

Requires improvement

Is the service effective?

supervisions, records seen confirmed this. However, at the time of our inspection not all staff had been provided with the support, feedback and opportunity to raise concerns on a one to one basis.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. Staff sought people's consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs.

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training and they knew how to recognise when they needed to take action to refer for an assessment where there was a risk that someone may need additional protection to keep them safe. We saw that DoLS referrals had been made to the local authority as required to ensure that any restrictions on people were lawful and appropriate.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent, this was identified in their records and the arrangements for decisions being made in their best interests. However, these records needed improvement and further detail to show, for example the specific decisions that people required assistance with and how their capacity varied over time.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us that they were pleased to have retained their own GP when they moved in, as they had, "Got all my notes," which supported continuity of care.

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. We saw that a system had been developed to record issues and concerns of people's wellbeing which was provided to a nurse practitioner who visited the service on a weekly basis. This meant that none of the issues identified were missed during these visits and people were provided with the health care support that they needed. A staff member told us that the service had a good relationship with the health professional and if they had any concerns outside of their weekly visit they could call them at any time. There were documents in place which monitored if people were at risk, for example from falls and pressure ulcers. These triggered staff to seek advice and support if people were at risk.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "They are respectful, I get on better with some than others but that is expected. That's how I am." Another person remarked, "I am kind to them [staff] and they are kind to me…we have a good laugh." Another person commented, "All [staff] very good to me." A card sent from a person's bereaved relatives stated, "A very big thank you to you all for the care, love and attention you gave."

Staff talked about people in an affectionate and compassionate way. We saw that the staff treated people in a caring and respectful manner. People responded in a positive manner to staff, including smiling and chatting to them and were clearly comfortable. Staff supported a person to move into an armchair in the lounge. They reassured the person and checked that they were comfortable. Before they left them they checked that had a drink of their choice within their reach and that they knew how to use the remote control for the television. When the staff left the person smiled and told us that the staff were, "Very pleasant."

People told us that they felt staff listened to what they said. People and their relatives, where appropriate, had been involved in planning their care and support. The minutes from meetings which had been attended by people who used the service showed how their choices were sought, listened to and acted upon. For example, activities that they wanted to be provided.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. A staff member walking with a person who had decided to walk independently into lunch using their mobility aid was heard offering the person a wheelchair. They declined, but then worried, "I don't want to hold you up." The staff member smiled back, and explained that it wasn't a problem, to take their time, "Just let me know if you're getting tired out." They continued to support the person in an unrushed, respectful way.

We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they moved around the service using walking aids.

Requires improvement

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person told us that they chose when they wanted a bath, this they had that day and they said, "I did enjoy my bath today." Another person commented, "I am okay here, do what I like." A person's relative told us that the, "Staff are very good," and that they were, "Satisfied," with the care being provided.

Staff knew about people and their individual likes and dislikes and those living with dementia, and how these needs were met. This was confirmed in our observations, staff communicated with people effectively.

Records provided staff with information about how to meet people's needs. However, we noted that there was limited information, if any, on people's life history, hobbies, interests and end of life decisions. There was a lack of information reported on how people's specific needs were met and how their condition may affect their wellbeing, for example, those living with dementia or other mental health needs. We also noted that the care plans were not routinely updated when changes had occurred but these were recorded on review documents. This meant that staff would have to read through all of the review sheets to find out people's most up to date needs and how they were met. A staff member told us that they didn't have the time to read people's care plans, and relied on verbal handovers. This could result in changes in people's needs and preferences being missed and so people being provided with inappropriate care. In addition it did not ensure that people's individual and personalised care needs would be consistently met. For example how they were assisted or supported with personal care, what they could do independently or what they needed more help with. This would encourage people to live within their ability and maintain independence and control where ever possible?

People told us that there were social events that they could participate in. One person was looking at the activities list which was displayed in the service and they said, "Just looking at what I fancy doing this week." We saw people participating in a range of activities throughout the day of our visit, including karaoke and reflexology.

The activities programme was displayed in the service, which included items such as exercise, bus trips out in the community, visiting entertainers and games. There were items of art which people had done in the service and a notice board with lots of photographs of various activities and entertainment that people had participated in. These included Pimms during Wimbledon, a talk on Australia and visits from people from another nearby care home. Minutes of meetings attended by people who used the service showed that they were asked for their suggestions about future activities.

People who were more mentally and physical frail did not have equal access to stimulate their mind and senses to ensure their wellbeing. For example people who chose to stay in their bedrooms or needed (because of their health) to remain in bed had limited social interaction. We heard one person living with dementia shouting out, and saw that they were restless, trying to get out of their bed. Staff responded when we rang the call bell and the person became less agitated in their presence. The staff were able to tell us that social interaction brought calmness and wellbeing to the person, but this was reliant on them having the time to do this. It was not part of their daily plan of care which records confirmed.

People told us that they could have visitors when they wanted them, this was confirmed by people's relatives and our observations. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. One person said, "If I have a problem, I tell someone and then we can just get on with it." Another person told us about an incident where they felt a member of staff had not been respectful and had reported it to the management, "Not sure what happened, but have no problems now."

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. People were also reminded about how to raise complaints in a recent meeting in June 2015 attended by people who used the service. Records showed that complaints were well documented, acted upon and were used to improve the service. This included discussions about complaints received in staff meetings and guidance provided to staff on the expectations on them.

Requires improvement

Is the service responsive?

We recommend that the service seek advice and guidance from a reputable source to look at introducing more opportunities for people who are mentally and physically frail to be protected from social isolation and be stimulated through their senses, including touch, smell and sound.

Requires improvement

Is the service well-led?

Our findings

The service's quality assurance processes had not independently picked up the shortfalls which we had identified in our inspection. As a result the leadership of the service had not taken the necessary action promptly to ensure that people were provided with safe, effective and responsive care at all times. The service was not ensuring that they were up to date with regards to best practice for ensuring staffing levels were demonstrated as being linked to people's individual needs. In addition there were shortfalls which effected the quality of the care for some of the most frail and/or vulnerable people we met. For example care records were not always up to date or accurate, the arrangements in place to avoid social inclusion for people who remained in their bedrooms were not robust or assessed for, and there were concerns about how the staff ensured people had enough to drink to keep them hydrated and well. Because of this we were not assured that the service had a consistent approach to ensuring that people using the service benefited from good governance that ensured the quality of the care they received.

This is a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audits and checks were made in areas such as medicines, infection control and falls. Where shortfalls were identified actions were taken to address them. Records showed that incidents, such as falls, were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. For example an incident/ accident form showed that a person who had fallen had monitoring in place, identified that the person had been referred to other professionals to seek a link or trends to their falls, they had a pressure alert mat in their bedroom and a pendant where they could call for assistance if they were not in the area where a call bell was.

There was an open culture in the service. People gave positive comments about the management and leadership of the service. People told us that they could speak with the registered manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon.

Staff understood their roles and responsibilities in providing good quality and safe care to people. We saw the minutes from staff meetings where staff were kept updated with any changes in the service and people and were advised on how they should be working to improve the service when shortfalls had been identified. We saw from these meeting minutes that staff were thanked for their hard work. One staff member said, "We all get on well, a good team." Another commented, "There is a good atmosphere, we have a laugh."

Prior to our inspection we had received a concern which stated that people's choice was not respected with regards to when they had breakfast. We discussed this with the registered manager who told us that they had looked at ways of ensuring people's needs were met during the morning and they had tried various things, which were ongoing and they were open to staff suggestions to improve the service. The minutes from a staff meeting in May 2015 showed that staff were advised that people's choices should be respected when they got up in the morning and had breakfast. This was also confirmed by a person we spoke to, who showed us what they had ordered for breakfast, "Can have something else if you want, but this is my choice."

The registered manager understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. There was support in place for this to happen through meetings with managers of other services and the managing director.

People were involved in developing the service and were provided with the opportunity to share their views. Meetings with people using the service and their relatives were held. A relative told us that they always tried to attend as they found it beneficial, "Feel you can bring anything up." The minutes from these meetings showed that people were kept updated with the changes in the service and provided a forum to raise concerns or suggestions. They were kept updated with any actions that arose from the meetings. For example people had raised concerns about missing laundry. The registered manager advised that they had purchased labels for clothing and there were new laundry staff in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs People who use services were not protected against the risks associated with not eating and drinking enough because of inadequate monitoring. Regulation 14 (1) (2) (a) (b) (4) (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Quality assurance systems were not robust enough to independently identify shortfalls and take action to improve the service. Regulation 17 (1) (2) (a) (b) (c) (f).