Aspire Healthcare Limited

Milldene Nursing Home

Inspection report

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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

This was an unannounced inspection which took place on 5 April 2017. The service was first inspected in January 2016 and breaches in regulation were found in relation to person-centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and staffing. Requirement notices were issued and the provider submitted an action plan after the last inspection explaining how they would become compliant.

A focused inspection was conducted in October 2016 and we found improvements had been made to all breaches of regulation. This inspection was conducted to ensure these improvements had been sustained.

Milldene Nursing Home is a 13 bed home providing nursing and personal care to older people with mental health needs. There were 13 people living there at the time of inspection.

Staff knew how to keep people safe and minimise possible harm from occurring. The staff were confident they could raise any concerns about the quality of the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns they might have.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed by nursing staff who were trained and monitored to make sure people received their medicines safely. The medicines storage area was organised and effective ordering and supply procedures were in place with a local pharmacy. People could be supported to manage their own medicines if they wished.

Staff received support from senior staff to ensure they carried out their roles effectively through mentoring and support. Supervision and appraisal processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink if required.

Arrangements were in place to request external health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. The service had made applications for people who may be deprived of their liberty and there was a robust review and renewal process in place. People were supported to make decisions about their own care and treatment.

Staff provided care with kindness; we saw positive interaction between people and staff. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and to make choices. The staff team knew the support needs of people well and took an interest in people and their families to provide individualised care.

People had their needs assessed and staff knew how to support people according to their preferences and choices. Care records showed that changes were made as people's needs changed and in response to requests from people using the service, relatives and external professionals.

People were supported to enjoy activities or their own personal interests. People could raise any concerns or suggestions and felt confident these would be addressed promptly by the manager and senior staff.

The home had a registered manager who was visible, hands-on and knew the support needs of people well. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. The provider had notified us of all incidents that occurred as required.

People and relatives views were sought by the service through surveys and day to day contact. People, relatives and staff spoken with all felt the registered manager was approachable and responsive.

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.

Staff knew how to keep people safe and prevent harm from occurring. People in the service felt safe and able to raise any concerns.

Staffing was organised to ensure people received support to meet their care and nursing needs.

There were systems in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well. Staff knew how to support peoples mental health needs.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and appraisal of their training and development needs.

People could make choices about their food and drinks and were supported to eat and drink to maintain wellbeing.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff provided care with compassion and took the time to develop relationships with people. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff worked with people to support them to maintain their dignity.

The staff took an interest in the needs of people and staff supported people to make choices.

Is the service responsive?

Good

The service was responsive.

Staff knew how to support people according to their preferences. People's care plans were detailed and personalised and subject to regular review.

The service offered in house and external activities to support people's interests.

People could raise any concerns and felt confident these would be addressed promptly if managed within the service.

Is the service well-led?

Good

The service was well led.

The registered manager had dedicated time to manage the service; make any required changes to the service and monitor and audit the quality of the service. The registered manager was considered approachable and supportive.

Issues raised at previous inspection had been addressed, and learning and review after incidents was taking place, with changes being reflected in how the service was provided.

Partnership working with external professionals was effective in supporting people's mental health needs.

Milldene 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.

This inspection took place on 5 April 2017 was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information we held about the service including notifications from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted commissioners of the service for any feedback.

During the inspection we spoke with four staff including the registered manager, as well as two people who used the service and one relative. We observed a medicines round.

Two people's care records were reviewed as were the staff training records. Other records reviewed included policies and procedures and accidents and incidents reports. We also reviewed complaints records, the recruitment, induction and supervision for three staff members, training files and staff meeting minutes.

The internal and external communal areas were viewed as were the kitchen, lounge/dining area, bathrooms and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service, and felt that the staff team supported them to be safe in the community. People told us the staff team were very mindful of their needs, checking on them regularly. Their relative also told us they were happy with the service. They told us that at a previous care service there had been issues around other people's behaviour. They told us that staff at Milldene seemed more observant and consistent in how they supported their family member.

Staff we spoke with knew how to raise a safeguarding alert and had attended the required training. They were aware of the possible vulnerabilities the people they supported may have. People accessed the local shops and some had risk assessments in place to review and manage any possible risks. These included aspects of risk to people's dignity due to their behaviour support needs. Staff told us that if they had any concerns they would raise them and felt the service worked well to support people. Since our last inspection the service had reported possible alerts externally and had taken steps to keep people safe where there were ongoing concerns.

People's care records contained risk assessments covering their support and care needs, for example supporting people with their personal and intimate care. These identified possible risks and mapped out for staff what actions were to be taken to minimise such risks. Staff we spoke with told us that risk assessments were subject to regular review to ensure that they addressed changing needs. The records we reviewed showed these risks were carefully considered alongside people's rights to make choices. These risk assessments and care plans balanced those rights alongside the need for the service to operate safely and involved people's families or external professionals as required.

We checked the service's audits and records relating to the environment as well as touring the service to look for possible hazards. The provider had audit tools the registered manager used to check around the service to look for possible risks to people's health and safety, for example infection control. We saw the environment had been adapted and maintained to keep people safe.

We reviewed the service's plans for possible emergencies that may arise, such as fire or an evacuation. Records showed that the service had in place a robust plan to support staff and people if such an event were to occur. Since our last inspection the registered manager had put in place a 'grab bag' containing essential items and information about people which staff may need in the event of an evacuation of the service.

Staff told us they felt able to raise any issues they had about the service. They told us that at staff meetings safety was discussed and actions were taken if required. Staff told us the registered manager responded positively to any concerns or issues they may have. No staff we spoke with had any concerns about the safety of the service.

The registered manager kept records of all accidents and incidents that occurred in the service, including 'near misses'. We saw that they took any immediate actions required. The registered manager also regularly reviewed any learning from these incidents to check if there needed to be any further changes to how the

service was delivered or to people's care plans. For example we saw the registered manager had changed how staff were deployed to support one person following concerns raised.

Staff were present in sufficient numbers and with the required skills to ensure safe levels of observation and to respond to any urgent need for help and assistance. They had the correct skill mix of nursing, care and ancillary staff. During the inspection we saw staff were busy, but not rushed. They had time to prioritise one to one time with people using the service and provided support at a pace that suited each person. The registered manager told us they had regular 'bank' staff they could call on to cover if required, but they had a full staff complement at present.

Staff were vetted for their suitability to work with vulnerable people before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks carried out by the provider included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Records we reviewed for the most recent staff member showed they had not been confirmed in post before a DBS check and two references had been received.

Suitable arrangements were in place to support the safe administration of medicines. Nursing staff we spoke with were able to explain the ordering, administration and recording procedures. Medicines were ordered on a monthly basis, delivered by the supplying pharmacy, and stored securely in the home. Nursing staff took responsibility for administering medicines. They were provided with annual training in the safe handling of medicines and comprehensive assessments to check their competency were also undertaken annually. Nursing staff described how they supported people with 'as and when required' medicines, such as pain relief. They offered a flexible service checking with people to see if this was required. We observed a medicines round and saw the nurse offering people a drink and ensuring they received their medicines, inhalers and eye drops as prescribed. A person we spoke with told us they had previously been supported by the service to manage their own medicines, but had recently accepted staff's offer to fully assist. Staff we spoke with told us how they encouraged this person to maintain their independence for as long as possible.

We saw that the service was clean and odour free, although some areas were in need of decoration. The registered manager told us there was a schedule in place for further redecoration of the service. We saw that rooms and bathrooms had gloves, aprons and appropriate hand washing facilities, such as liquid soap and disposable paper towels as required.

Good

Is the service effective?

Our findings

People and a relative we spoke with felt the service was effective. People told us the staff team knew them and looked after them in a way of their choosing and that they could make choices about how their care was delivered. They said, "I am happy now. Was not the same as where I was before, but I think it's better now."

We looked at how the service supported and trained staff to ensure they had the skills to meet people's complex needs. We saw in records that all staff now attended suitable training and had their competency checked where required, for example moving and handling. Staff had been provided with specialist training such as behaviour support. Refresher training had been provided as required and staff were reminded of the need to attend such updates through supervision and memos sent by the registered manager. Qualified nursing staff told us how the registered manager supported them to keep their clinical skills updated and supported them to access suitable training for their nursing registration. The registered manager told us how the provider's meetings with other registered managers supported them to share examples of best practice and learning between managers.

We looked at staff supervision and appraisal records. Supervisions were recorded regularly and were carried out by senior staff. Records showed that clinical and non-clinical staff received appropriate support and mentoring to ensure that staff follow agreed procedures. We saw evidence of detailed discussions about peoples changing needs and reviews of goal planning. All staff had an annual appraisal which was detailed; looking at personal goals as well as training for the next year. There was evidence of staffs' performance being managed and that senior staff were clear about their professional responsibilities within the home.

Records showed that the registered manager met, or sought the views of people using the service and communicated any changes to the service to them. 'House forum' meetings were regular and well attended by people. Notes of these meetings showed what actions had been agreed and what steps were taken by the registered manager between each meeting. For example we saw that a change had occurred to activities on offer, as well as discussion about improving the communal lounge areas. A relative told us, "The manager asks me each time he sees me if there is anything I want to suggest."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager showed us their records of applications made to the respective local authorities and authorisations. There were a number of people subject to DoLS at the service and the correct authorisations were in place, as well as having a review and renewal process to keep these up to date. The registered manager had also sent us the required

notifications of these authorisations.

In records we saw that people's consent was recorded, including when they refused support. In some cases staff followed the assessment process of the MCA to ensure that people had the capacity to decline support if there were concerns they lacked capacity to do so. Where they did have capacity to decline, this was respected by the staff team.

We spoke to the chef and they told us about how they supported people who were at nutrition risk. They had developed skills over time in preparing suitable and appealing foods in order to make the meal more appetising. We saw from people's care records there was information recorded about people's nutritional needs and that nutritional assessments were reviewed monthly. This helped staff identify people who were at risk of losing weight or needed support with weight management. Weights were monitored monthly or more frequently if a concern was identified. We saw entries in records that showed staff sought advice or assistance from healthcare professionals such as the GP and dieticians where concerns were identified. People's care plans showed the specific dietary needs they had, for example, if they needed prompting and support to eat their meals.

People who used the service were supported by staff to have their healthcare needs met. Staff told us they would contact the person's GP if they were worried about them. Records showed people had access to a range of healthcare professionals. For example, in people's care records there was evidence of input from GPs, psychiatry services, opticians, dentists, speech and language therapists and other external healthcare professionals. The relevant professionals were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. Care plans were updated and reflected the advice and guidance received.

Good

Is the service caring?

Our findings

People we spoke with told us the service was caring. One person told us, "The nurses keep an eye on me. They stop me getting upset and low by being there when I need them." Staff we spoke to about this person told us how they monitored their mental wellbeing throughout the day to prevent relapse. A relative we spoke with agreed the staff team had a caring nature; they told us the staff knew people well and responded to their needs promptly.

During the inspection we observed a relaxed atmosphere in the home. People were free to come and go as they pleased and to spend their time as they wished. Staff were knowledgeable about people's daily routines as well as their likes and dislikes. For example staff were able to tell us what time people preferred to get up on a morning to have breakfast and we observed people's wishes were respected. We saw one bathroom was being warmed up prior to a person using the bathroom. The registered manager told us this one person liked the bathroom to be very warm before they would use it, and how staff accommodated that wish.

Some care plans we looked at addressed personal issues, such as people's previous lifestyles and background. We saw these had been written in an appropriately sensitive manner, describing the way to support them rather than negatively labelling them for past actions. When we spoke with the registered manager and other staff they all spoke about people in a positive way, focusing on people's strengths or progress towards personal goals.

Staff sat with people when they had free time and engaged with them. Staff prioritised people's needs over the inspection process to make sure the service was not disrupted. Not all of the people using the service were able to consistently express their views verbally. Support plans provided detailed information to inform staff how a person communicated. For example, one care plan detailed how one person demonstrated if they were unwell or in pain through their behaviour.

Staff respected people's privacy and dignity and provided people with support and personal care in the privacy of their own room. We saw staff knocked on a person's apartment door and waited for permission before they went into their room. One person showed us their bedroom. They told us how they had been involved in choosing the décor of the room and had their own furniture. Other rooms we viewed had been redecorated in line with people's choices.

Some people had a history of poor personal care and of self-neglecting behaviours. Staff told us how they worked to encourage people to bathe, change their clothes and dress appropriately to increase their self-esteem. This was recorded in care plans and kept under review.

Records also showed where staff had assessed people's capacity to make unwise decisions. Staff gave them information and advice as part of the process, as well as sourcing advocacy support if required. We saw that where people had been assessed as having capacity their choices had been respected by staff and care plans were adjusted accordingly. People's independence and choices were recognised by staff as being

important. Staff we spoke with confirmed this was part of their work to support people to maintain their independence and free will. There was information about local advocacy services in the registered manager's office.

Care records were kept secure and staff told us how they ensured that personal issues were not discussed in communal areas where they may be over heard. We saw that staff sought people's agreement before carrying out any care tasks.

People were asked about their wishes in relation to end of life care. We saw people had information in their care plans about their preferences for care at the end of their lives or that this had been discussed and declined. Nursing staff told us they were trained to provide end of life care and they linked in with local GPs and specialist NHS nurses to administer medical support and in making advance decisions care plans.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their changing needs over time. Staff told us how they had recently had to review a person's support plans as a result of a rapidly changing physical need. They told us how this had meant offering increased observations of their wellbeing, as well as emotional support. A relative we spoke to told us the service had sought their input into the person's care right from the start. They said, "Yes, they asked me how best to care for [family member] as they moved here. And they seek my advice regularly".

People's care and support plans were personalised and detailed. They provided clear advice to staff on people's routines, activities and how best to support them inside and outside of the service. The records had been written to describe possible needs or behaviours people may have and how staff should respond to them consistently. Staff we spoke with told us that care plans were detailed enough to assist them, and that they contributed towards regular reviews. We saw detailed records were kept of any behaviour support incidents and reviewed by the registered manager to check if any changes were required to the person's support plans.

We looked at the care records of a person who had recently moved to the service. Their needs were assessed before they moved to the service and the previous provider shared key information about how to support this person. These plans were then added to as they were re-assessed over the initial period and were then subject to a monthly process of on-going review. Care and support plans had been updated and we found the content was person centred, describing the person, their needs and preferences in detail.

We spoke with the registered manager and staff about reviews of care plans. Records told us these involved people, families and external professionals as required. Staff told us they felt that by gradual and planned changes to people's care plans they had helped to reduce behaviours and assist people to retain their independence. From records we saw that reviews were effective, and that any required actions were promptly taken by staff. People set personal goals and these were checked for progress, for example one person was doing their own laundry with minimal staff support.

The service offered a range of activities, some group based, but also one to one. We spoke to a member of staff about activities and they told us how they sought out new or alternative activities, such as events in local public houses. They told us a number of people chose familiar activities and they wanted to increase the range on offer within the service.

People's families were welcomed and encouraged to attend by staff and we saw that they were able to attend as and when they chose.

The relative and people we spoke with told us they knew how to complain if they were unhappy about any part of the service, they had no complaints at present. Records showed that possible complaints, comments or suggestions was a topic of discussion at any meeting or review, and that staff encouraged and responded positively to any concerns people raised. Records showed that minor issues were also recorded and

responded to. We saw that the registered manager had responded to each of these in line with the provider's policy.

The service aimed to provide a smooth transition for people when they went to hospital. Care records contained brief key information which went with them to hospital if required, so hospital staff were aware of people's individual needs.

Good

Is the service well-led?

Our findings

People, relatives and staff we spoke with all told us they felt the service was well led by the registered manager. At previous inspections issues had arisen about the lack of dedicated leadership time for the service. These issues had now been resolved and the registered manager had the capacity to ensure the service continually improved. An example that staff gave us was that nursing vacancies had been filled and the staff were receiving regular supervision and appraisal. Staff noted there had been a number of improvements in the service since the new registered manager started.

The registered manager was described by people as "easy to talk to" and by a relative as "on the ball" and "just ask and he does it". Staff described the registered as "there for the team when we need support" and "realistic and honest". No one we spoke to had any negative comments about how the service was provided or managed.

The registered manager was open and transparent about any issues the service had, for example ensuring that staff who did not attend meetings read and signed the minutes. Where issues such as the minutes arose we saw they took robust action to ensure this was improved. Providers of health and social care services are required to inform the Care Quality Commission (CQC) of significant events such as allegations of abuse. The registered manager had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken. We reviewed these incidents with the registered manager and could see that after each event action was taken if required. They had also ensured that commissioners of the service were informed of any changes in need or concerns about people.

The registered manager described their approach to be based on meeting the needs of the people using the service. Staff we spoke to all felt the service worked in that fashion, working to support people in the manner of their choosing.

Records showed that a series of regular audits and checks were carried out across the service either by the registered manager or other staff as part of their quality assurance process. They had in place a regular series of checks of service effectiveness, and we saw from records that there were minimal areas for improvement outstanding. The main example being further improvements to the decoration and furnishings.

The registered manager arranged a series of staff meetings, as well as a successful 'house forum' for people using the service. Records showed that staff and people were encouraged to contribute towards these meetings and that any suggestions were taken on board. The registered manager kept a record of suggestions from people. These were then considered, then often raised and discussed further at the more formal meetings and action taken if agreed.

People's opinions and feedback about the service was surveyed on a three monthly cycle. The results were then fed into the staff and people meetings. We also saw that any individual issues were discussed with people if further information was required.

The registered manager told us they felt supported and that quality assurance staff visited the home and were available by telephone for advice and guidance. We saw that recent checks of the service quality by the provider did not find any issues or actions outstanding.