

# Abbeyfield Society (The) Millbeck House

## 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 |  |

### Overall summary

We inspected Millbeck House on 19 March 2015. The inspection was unannounced.

At the last inspection on 19 December 2013, we asked the provider to take action to make improvements to the way they planned and delivered care and to the numbers of staff available to deliver that care. These actions had been completed.

Millbeck House provides personal care and support for up to 32 older people. 29 people were living in the home on the day of the inspection. The home is situated in the town of Arnold in Nottinghamshire.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

# Summary of findings

are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection no-one who lived at the home had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS.

People were safe living in the home and they were treated with dignity and respect. They were involved in planning and making decisions about the care and support they received. Staff respected their views about the way they wanted their care delivered. Support was delivered in a kind and caring manner.

People had access to appropriate healthcare services and were provided with a diet that took account of their needs and preferences. Their medicines were managed safely. They were also supported to enjoy activities and interests of their choice.

People could voice their views and opinions and felt able to raise concerns or complaints if they needed to. Staff listened to what people had to say and took action to resolve any issues.

Staff were trained and supported to deliver a good quality of care for people and they understood how to manage any concerns for people's safety and welfare. They were appropriately recruited to ensure they were suitable to work with vulnerable people.

There was a system in place to regularly monitor and improve the quality of the services provided within the home.

# 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 safe.

People were safe living in the home. Staff were trained to keep people safe and minimise any risks to their safety, health and welfare.

There were enough staff, with appropriate training to make sure people's needs, wishes and preferences were met.

Good



### Is the service effective?

The service was effective.

People had access to appropriate healthcare and their nutritional needs were met. They were supported to make their own decisions where they were able to.

Systems were in place to support those people who lacked capacity to make decisions for themselves. Staff received training and support to meet people's needs, wishes and preferences.

Good



### Is the service caring?

The service was caring.

People were treated with dignity and their views, choices and preferences about their care were respected.

Support was provided in a kind and caring manner.

Good



### Is the service responsive?

The service was responsive.

People were supported to engage in activities and interests of their choice and they knew how to raise concerns and make a complaint if they needed to.

They were involved in planning for the care and support they wanted and needed.

Good



### Is the service well-led?

The service was well-led.

People were able to voice their opinions and views about the services they received.

Local community links had been developed to enable people to have a wider social experience.

There were systems in place to regularly monitor and improve the quality of the services provided within the home.

Good



# Millbeck House

## 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 checked whether the provider was 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 19 March 2015 and was unannounced. The inspection team consisted of three inspectors.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with nine people who lived in the home and a visiting health professional. We looked at four people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of the care they received.

We spoke with nine staff members, the deputy manager and the registered manager. We looked at four staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

# Is the service safe?

## Our findings

At our last inspection on 19 December 2013 we found the provider was in breach of Regulation 9 and Regulation 20, HSCA 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action to make improvements to the levels of staffing that were available to meet people's needs. At this inspection we found these actions had been completed.

For example, the number of care staff on duty matched the planned rota. Care staff were supported by catering and housekeeping staff. The registered manager and deputy manager were also on duty during office hours. One person told us, "They [staff] are always busy but you don't have to wait long to get their help." Other people told us there were times, for example when there was short notice sickness among staff that they had to wait a little longer for help than usual. They told us extra staff were brought in to cover for sickness and rotas confirmed this. Staff told us generally there were enough staff to meet people's needs but they would like more time to spend chatting with people and getting to know them better. The registered manager told us there were job vacancies for permanent staff and we saw that they had a recruitment plan in place to address this.

The registered manager told us that levels of staff on duty were dependent on people's needs and how many people were living in the home. They also said they were awaiting guidance from the registered provider and local authority about the most appropriate tool to use to calculate staffing levels in a more formal manner. During the inspection we saw that at least one member of staff was available within the communal areas of the home so that people could make their needs known. We saw staff responded in a timely manner to people's requests for help and support.

Two people told us their choice of times for getting up and going to bed were sometimes limited by the numbers of staff on duty. They said they were aware of the staff's need to help other people and therefore fitted round them. One person said, "We have to be in bed by 11pm," but added that this was not a problem for them. Another person said, "I would like to be in bed by 8pm each evening but I don't always get there as they have other people to do." The registered manager said they would look into this issue.

All the people we talked with said they felt safe at the home. One person said, "I do feel safe, yes. Staff want to protect me." Another person said, "They keep me safe and remind me to be careful when I'm walking."

The registered manager and staff maintained links with the local authority safeguarding team. Staff said they received training about keeping people safe and were able to describe the different types of abuse that could occur which meant that they would be able to identify it and take action if they saw it happening. They said they would raise any concerns with senior carers and managers. They were also aware of the location of contact numbers for other agencies if they needed them. A senior carer told us if there was an issue about someone's safety they would report it to the local authority safeguarding team.

Care records contained individual assessments for risks such as pressure ulcers, moving and handling and nutrition. Where a risk was identified there was a care plan to address that risk. There was also a document called a Personal Risk Screening Tool. It included people's needs in relation to pain, medicines management, tissue viability, mobility and falls.

Each person had a fire safety risk assessment and personal evacuation plan detailing the help and support they would need in the case of an emergency within the home. People told us there were regular tests of the fire alarm and they would wait for staff to tell them what to do. We saw equipment in place for the safe moving and handling of people with mobility needs. As well as hoists there were special chairs at the top of each staircase to enable people with mobility needs to be evacuated in an emergency.

Staff recruitment processes were in place to protect people from the risk of being cared for by inappropriate staff. Records showed the registered provider obtained information such as personal identification, previous employment references and Disclosure and Barring Service (DBS) checks. DBS checks show whether a person had any criminal record that would make them unsuitable to work with vulnerable people.

People told us staff looked after their medicines for them and they received them regularly. They said staff explained their medicines to them and they supported them to take them in the right way. Staff demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which

## Is the service safe?

required special control measures for storage and recording. They carried out medicines administration in line with good practice and national guidance. They told us, and records confirmed they received training about how to manage medicines safely.

# Is the service effective?

## Our findings

People told us staff knew their needs and preferences well. One person said, “They know what I like and don’t like.” Another person said, “They listen to what you want.” A health professional also told us staff knew people’s needs and wishes in detail.

Records showed and staff told us they had received training in subjects such as pressure area care, dementia awareness, moving and handling people and first aid. The registered manager said that all staff regardless of their role in the home received the same training. She added, “They all spend time with people, so they need to understand their needs”. A member of staff told us they were also supported to undertake nationally recognised training courses about caring for people appropriately.

Staff told us and records showed they received regular supervision and support. They said they found the sessions useful to help them develop their skills. One member of staff told us they did not have to wait for a meeting to raise issues as the registered manager would listen to concerns at any time.

Throughout the visit we saw staff and managers communicated well with each other. At the beginning of each shift staff clearly communicated information about people’s current needs and planned their specific roles for the forthcoming shift. All staff were involved in the handover meetings, including housekeeping staff.

People said they were able to do as they chose. Care records contained forms which people had signed to consent to the care and support provided for them. Where people were not able to make informed decisions about their care, their records showed staff had considered and followed legal guidance about providing care in the person’s best interest. Throughout the visit we saw staff checking with people that they were happy to be supported when they needed help and explaining what they were going to. We saw two occasions when people were not ready to be helped and staff respected their views and returned later when the person was ready.

Staff had received training about Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate an understanding of the subjects

when we spoke with them. At the time of our visit no-one needed to have authorised restrictions to their freedom of movement put in place.

People had varying views about the food provided for them. Most people told us the food was of a good quality. They made comments such as “The food is good, very good”, “There is some wonderful food, cooked by good people.” However, two people told us there was a lack of variety and “lots of stews.” We sat with five people whilst they ate their lunchtime meal. We saw they had been served with the food they each chose and all said the food was tasty. The food served was at a temperature people found acceptable. One person said, “There’s too much for me but it tastes lovely.”

The cook told us menus were planned in advance. They demonstrated that they were aware of people’s dietary needs. They told us how they would adapt meals so that people’s preferences still met their dietary needs. For example, one person only ate meat if it was in a pie; different soups were offered to people who did not like soft food but had difficulties with swallowing; desserts were made with the needs of people who had diabetes in mind.

Staff monitored people’s food and fluid intake and weight when it was required so they could identify any issues at an early stage. Records showed some people were weighed every month and some people more frequently. However, their care records gave no clear indication as to how the frequency had been determined or why.

Care records showed when people had been seen by health professionals such as their GP, surgery nurses and chiropodists. Arrangements were in place for a GP from the local surgery to visit the home each week to make sure people had their health monitored and were prescribed treatment in a timely manner. The GP visited during our inspection. We saw staff had planned which people needed to see the GP and had explained to those people why they would need to see them.

People said staff noticed when they were feeling unwell and made an appointment for them to see their GP when necessary. One person described a situation in which they had needed to go to hospital in an emergency. They said staff called the ambulance quickly and stayed with them

## Is the service effective?

when they went to hospital so they felt reassured. A health professional told us that staff were good at identifying health issues at an early stage and they made clear reports about their concerns.



# Is the service caring?

## Our findings

People said they were happy living in the home. One person said “Its home from home, I really like it here; staff are lovely and very kind.” Another person said, “Staff are always cheerful. We do have a laugh sometimes.” A further person said, “The care’s good. All the staff are helpful. They are very kind.” A health professional told us they thought the home was a “lovely place” and staff genuinely cared about people.

People told us staff listened to them and respected their views. One person described how staff had supported them to understand the health risks associated with smoking but had respected their choice to continue to smoke. Another person told us how older staff in particular had empathy with them and understood the reasons they may be feeling low in mood for example.

People told us staff protected their privacy and dignity when providing care. They said staff knocked on their door before entering and they had a choice as to whether they wished staff to check them during the night. We saw staff made arrangements to speak with people in private about their needs or spoke with them in lowered voice tones so others did not overhear. Where people needed extra privacy in a communal area, for example in an emergency situation, staff made sure screens were available.

People were supported to maintain their independence as much as possible. For example, we saw one person being supported gently to move from one part of the lounge to another. Staff kept a wheelchair with them to help the person complete their journey when they became tired. We also saw that people had equipment to help them eat more independently when they needed it. Staff told us that it was one of the registered provider’s policies to promote independence as far as possible.

We sat and spoke with people during lunch in the dining room. The room was bright and airy and tables were laid with table cloths and condiments. Some people chose to eat in the lounge area or their bedrooms. There was a relaxed atmosphere and food was served in a timely manner.

People said they had a choice of what they wanted from a menu. They told us second helpings were available if they wanted them. When there were changes to the menu, they said the cook would offer ‘tasters’ so that people could decide whether they liked the food or not. When a person needed individual support with their meals there were staff available to do this.

# Is the service responsive?

## Our findings

At our last inspection on 19 December 2013 we found the provider was in breach of Regulation 9 and Regulation 20, HSCA 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action to make improvements to the way in which they planned and delivered people's care. At this inspection we found these actions had been completed.

For example, one person we spoke with knew about their care plan and said they were involved in planning what they wanted. Other people we spoke with could not remember if they had a care plan but said staff listened to their views and involved them in deciding upon the care they received. One person said, "They talk to me about the care." Another person said, "They get used to the way you like to do things."

People had a range of care plans in place which gave a good description of the person's current needs. There was a care plan monitoring sheet in each care record which indicated care plans had been checked monthly. The plans were centred on the person's preferences in relation to their care and support. Two people's plans regarding their dementia needs lacked detailed instructions staff about the action they needed to take to support them. However, staff we spoke with were aware of the people's needs and they described clearly how they would support people in these needs. The registered manager said they would review and update these plans.

Care records contained up to date information about people's social contacts and the hobbies and interests they enjoyed. We saw staff made arrangements for people to continue with the things that interested them. For example, staff told us about a person who liked to feel involved in cleaning and was encouraged to help clean up after meals. Another person told us they were interested in music so they had been encouraged to choose background music that would play in the home during the day. Other people told us they liked to read books or garden and we saw

arrangements were in place to help them do this. Another person told us they did not like joining in social activities and preferred to watch films in their own room. They said staff supported them to do this.

Two members of staff were employed to support people with their hobbies and interests and they kept records of activities people had enjoyed. The previous month's records indicated people had enjoyed activities such as a lantern making workshop, church services, carpet bowls, hand massages and an art workshop. People also told us there was a large viewing screen so that they could watch films together and have ice creams. One person said, "It's just like going to the pictures."

We saw that the activity co-ordinators had introduced people to using computers and started poetry reading sessions for those who liked poetry. They had also developed links with a Nottingham based arts project. As part of this link there was to be a live screening of a classical music concert direct to the home. This was the first time nationally this would have been done and the audience and actors would be greeting the people who were watching from the home. This was an innovative way of ensuring that people who lived at the service were able to access and feel part of the community.

People told us they felt able to voice any concerns or complaints they had. There was a complaints policy displayed in the home. One person we spoke with did not recall being given any information about how to make a complaint. They said they had no reason to complain but if there was an issue they would speak to one of the senior staff. Another person described their experience of making a complaint and having it resolved in the right way.

Records showed that one complaint had been made since the last time we visited and it had been addressed in line with the registered provider's policy. Staff told us if they received any complaints from people they would raise the issue with the registered manager and felt comfortable to do so.

# Is the service well-led?

## Our findings

People said staff always listened to their views and they had a chance to say what they thought about things in meetings. They also told us the registered manager was approachable and they could talk with her when they wanted to.

The registered provider commissioned surveys through an external organisation for people and their relatives to give their views about the quality of the care provided within the home. The results from the last survey showed that people rated the home highly in respect of staffing, providing choice for people and quality of life.

The registered manager and staff had developed local community links through groups such as a local art based organisation and local choirs. They also helped people to develop awareness of and become involved in national topics such as pension issues.

Staff said the registered manager was approachable and they could talk to her if they had any issues. One care worker told us, "If you've got any issues in work or outside work it could be raised with the manager through supervision." Staff understood the registered provider's whistleblowing arrangements and said they would feel comfortable to use them if they needed to.

Staff told us they were very comfortable with taking ideas to the registered manager. The registered manager told us the registered provider was supportive and willing to change the way the home was run if it was needed. They

said proposed ideas and changes were supported if they were able to demonstrate how it would improve outcomes for people. The registered manager gave us an example of how recent changes to staff working patterns had provided better continuity of care for people.

One member of staff told us they felt that Millbeck House was a service which wanted staff to develop their skills. They said, "There is a good team around here, supporting one another." Two members of staff told us how they had been supported progress in their career. Another member of staff told us, "I love working here. If you want to develop, management will assist with training courses."

The registered manager understood their responsibilities under The Health and Social Care Act

2008 and associated Regulations. They made sure we were informed of any untoward

incidents or events within the home in a timely manner.

There was a system in place to monitor the quality of the services provided within the home. Regular audits were carried out for areas such as care planning, infection control, health and safety and staff records. The registered provider's representatives also carried out regular, unannounced, quality monitoring visits to the home. Records showed they checked arrangement for areas such as keeping people safe and involving people in their care. Action plans with a timeline for completion were in place to address any issues identified as a result of audits or quality monitoring visits.