

Integrated Nursing Homes Limited

Millbridge Care Home

Inspection report

4 Lynn Road
Heacham
Kings Lynn
Norfolk
PE31 7HY

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Ratings

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

Summary of findings

Overall summary

About the service

Millbridge Care Home is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 53 people. The care home supports people in two adjoining wings, both of which have multiple floors. At the time of the inspection, one wing was closed and undergoing extensive renovation which was nearing completion.

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

There was enough staff on duty to enable people to remain safe and receive care in a timely way. The environment was safe, and people had access to appropriate equipment where needed. People were supported to take their medicines safely.

Staff had received appropriate training and support to enable them to carry out their role safely. Support was provided to people so that their health was well managed, and staff had positive links with healthcare professionals which promoted wellbeing for them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff sought people's consent before providing them with care and worked within the guidelines of the Mental Capacity Act 2005.

Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this.

People's records clearly identified support needs and preferences. Staff provided effective care for people which met their needs through person-centred care planning. Records accurately reflected the care that people had received. People actively participated in a range of enrichment activities. Complaints were managed in line with the providers stated procedure. People at the end of their lives were cared for to ensure they remained comfortable and supported in line with their own planned wishes.

Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received. Staff were motivated and enjoyed strong team work, they felt well supported by the manager. People and their relatives told us that the manager and provider were visible, open and approachable.

Rating at last inspection

The last rating for this service was Good (Published 23 November 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Millbridge Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector, an assistant inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, which for this inspection was the care of adults, some of whom were living with dementia.

Service and service type

Millbridge Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager who had applied to become the registered manager. The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection site visit activity took place on 11 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority who pay for the care of some of the people using the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives. We also spoke with eight members of staff including the registered manager, deputy manager, and three carers. We looked at records in relation to people who used the service. We also looked at records relating to the management of the service, policies and systems for monitoring quality.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities.
- People and their relatives told us they felt safe. One person told us, "I feel quite safe here, there are always staff around. Nothing bothers me and if it did I would speak to any of the staff."

Assessing risk, safety monitoring and management

- Risks to people`s well-being and health were assessed, and measures were in place to mitigate risks. Staff were familiar with the plans in place to manage the risks. This included risks associated with health conditions, mobility and nutrition.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation. Arrangements had been made to access the local village hall for the provision of shelter, hot drinks and food should the home need to be evacuated.

Staffing and recruitment

- People and relatives felt there were enough staff to meet people`s needs in a timely way. One person told us, "There are plenty of staff around, they are always checking on us." On the day of the inspection we saw that staff were quick to respond to people`s needs and answer call bells promptly. Staff had time to spend with people and did not need to rush their care or support.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. Staff could describe to us how they would assess when people needed these medicines. This helped to ensure that people received their medicines as prescribed

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. The home was clean. One person told us, "Everything is kept clean here, there are no nasty smells."

- A major refurbishment project was underway, including replacing of floor coverings. Some existing floor coverings were well worn and had some mild malodour but were all due to be replaced very soon once redecoration works were complete.
- Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

Learning lessons when things go wrong

- Staff told us there were lessons learned when things went wrong. The manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. The provider invested in face to face training which was carried out by accredited trainers.
- Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care. Once experienced, staff were supported to complete national vocational qualifications.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. A relative told us, "The seniors seem to do a good job of training the juniors. When they start that don't know very much, they can't even make a bed properly. It doesn't take long though before they are doing it correctly, I am very impressed with the training."
- Staff told us they felt well-supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development.

Staff working with other agencies to provide consistent, effective, timely care

- Staff working at the home were long standing and knew people well. Staff could promptly identify when people's needs changed and seek professional advice.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest.

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

- The home was nearing the end of an extensive refurbishment and modernisation programme. These improvements including changes to the environment to meet people's increasingly higher support needs. For example, ensuite washrooms and toilets that enabled the use of mobility equipment and promoted good infection control practices.
- We saw the plans for the adaptations to be made for the benefit of people living with dementia to navigate

around the home more easily. This included contrasting colours between handrails or walls, and more easily distinguishable bedroom doors, using photographs and pictures familiar to the person. The manager had experience and good understanding of best practice guidance for these types of environments.

- People were supported to make their rooms homely with their own belongings. People had call bells in their rooms to summons help and equipment, such as hoists, were available to meet people's needs.

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

- People had access to health professionals to help them live a healthier life. There were regular GP and matron visits. We saw evidence of dietician and district nurse involvement in people`s care as well as physiotherapists, speech and language therapists and opticians. Information was shared with other agencies if people needed to access other services such as going to hospitals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans.

- We saw staff asking for people`s consent before providing them with support. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of hot and cold drinks and asked where they wanted to spend their time and what they wanted to wear. Staff gave us examples of how they offered choices to people with a sensory impairment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw very caring interactions between care staff and people in the home. Staff greeted people and their relatives when they saw them, offering support and reassurance where necessary. All staff knew and used people`s names and made eye contact when talking to people.
- People told us staff were kind and caring and nothing was too much trouble for them. person said, "The staff are lovely, so kind and caring, they will do anything for you."
- Relatives told us they appreciated staff`s kindness and the attention they showed to people and this put them at ease. One relative told us, "[Family member] loves the people and the staff. I think the staff are marvellous and they are always friendly to visitors, residents and each other. I think this has a big impact on the residents."
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff knew how to understand a person's mood by observing body language or facial expressions. One person told us, "The staff seem to know me very well and they seem interested about me. They ask me lots of questions about my past, and it is nice to chat about it."

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

- Where people were not able to express their views and could not be involved in decisions about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- People told us that they were offered choices and felt in control of the care they received.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their dignity and privacy and promoted this. A relative told us "I have seen staff moving people in the lounge, and they will put screens around if they need to. That is good as it keeps things private."
- We observed that staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- People were supported to maintain their independence. Staff knew what people could do for themselves and were patient and supportive in helping them to do this. One person told us, "I like to do as much for myself as possible, if I needed help, they would soon come to me." Another person told us, "I can do as I please, staff don't tell me I can't do anything."

- Relationships were encouraged. Visitors were made to feel welcome and had no restrictions on visiting times.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care and support as they liked it, relatives confirmed this. Staff we spoke with could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care.
- Care plans detailed people's preferences, likes and dislikes. For example, their food likes and dislikes. Staff knew what people liked and offered favourite foods to people at meal times.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met people's information and communication needs, as required by the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a wide range of activities provided to people and these included exercises, musical entertainment, trips to local points of interest, card games or quizzes. As well as group activities, people were able to have time spent with them by staff on a one to one basis, and in their room if they wanted.
- There was an activities co-ordinator in post who was highly regarded by people who used the service and their relatives. People told us that this including supporting to them to attend appointments. One person said, "I have to go to appointments for my hearing aids, the activities person takes me in the car. She chats to me all the way, then waits with me. She really listens to me and repeats things if I don't hear her."

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. Feedback was gained from people and their relatives through day-to-day conversations.
- People and their families knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support

- The service provided end of life care for people. Care plans showed that people were asked to think about

their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.

- The manager was a registered nurse and accredited with the six steps pathway programme for providing high quality end of life care. They had detailed knowledge of best practice guidance and shared this with the staff team.
- Staff were compassionate in supporting the families and friends of people after they had died.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Everyone we spoke with told us that the home was well managed. People and their relatives knew who the manager was and told us they spoke with them regularly. One person told us, "The new manager seems very friendly and the staff that know her speak very highly of her." A relative told us, "From what I have seen, the home seems really well managed, and I would recommend it to other people."
- The manager was experienced in the care and support of people living with dementia. They showed a passion and commitment to people enjoying a good quality of life in the home.
- Staff felt listened to and told us the manager's door was always open if they needed support.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences. People and their relatives were very satisfied with the quality of care provided at Millbridge Care Home.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The manager and staff were clear of their requirements to notify the relevant bodies as and when they were required to do so.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to effectively manage all aspects of the service. The provider had an overarching governance system to ensure that good quality care and support was provided, this was regularly assessed by the provider's quality assurance officer and the service's manager.
- Staff told us they felt valued and listened to by the manager and provider. We saw that staff had one to one support appropriate for their job roles.
- Accidents and incidents were used as an opportunity for learning and improving.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way. People and their relatives told us they were encouraged to comment on the care delivered to them.
- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. Surveys were sent out annually to people, relatives, staff and other

stakeholders to gather feedback about the quality of the service provided.

- People told us there were regular meetings at the home that managers as well as staff attended. We saw from minutes of those meetings that representatives of the provider were actively involved in dialogue with people and their relatives.