Anchor Trust

Millfield

Inspection report

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Oldham
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Website: www.anchor.org.uk

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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

Millfield is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Millfield is a purpose-built home, owned and managed by Anchor, which is England's largest not-for-profit provider of support, care and housing for older people. It is set in a quiet location in the Waterhead area of Oldham. The service is registered to provide care for 37 people. At the time of our inspection there were 36 people living at the home.

Our last inspection of the service was in August 2014. At that inspection we rated the service good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems remained in place to help safeguard people from abuse. Staff had a good understanding of safeguarding matters, how to identify signs of abuse and what action to take to protect people in their care. Risk assessments had been completed to show how people should be supported with everyday risks.

Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond promptly to people's needs.

A safe system of medicine management was in place. Medicines were stored securely and records showed that staff received training and competency assessments before they were permitted to administer medicines.

The home was well-maintained, clean and decorated to a high standard. It provided a pleasant environment for people to live in. There were effective infection control and prevention measures within the service. Checks and servicing of equipment, such as for the gas, electricity and fire-fighting equipment were up-to-date.

Staff had undergone training to ensure they had the knowledge and skills to support people safely. All staff received regular supervision. This ensured the standard of their work was monitored and gave them the opportunity to raise any concerns.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff worked closely with health and social care professionals to ensure people were supported to maintain

good health. People were supported to eat a well-balanced diet and were offered a choice and variety of good quality, home-cooked meals.

Staff interacted with people in a warm and caring way, respected people's privacy and dignity and promoted their independence.

People's care plans contained detailed information about their preferred routines, likes and dislikes and how they wished to be supported. A range of activities were available for people to take part in.

The service had a formal process for handling complaints and concerns. We saw that complaints had been dealt with appropriately.

Although both the manager and deputy manager were new to their posts, we found they provided good leadership of the service and were committed to maintaining and improving standards. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Millfield

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 was an unannounced inspection which took place on 28 and 29 June, 2018. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider and the Provider Information Return (PIR). Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority and Healthwatch Oldham to ask if they had any concerns about the service, which they did not. Healthwatch is the national independent champion for consumers and users of health and social care in England.

During our visit we spoke with the manager (who was in the process of becoming the registered manager), deputy manager, three care assistants, the activities coordinator, a cook, three people who used the service and three relatives. We looked around the home, checking on the condition of the communal areas, toilets and bathrooms, laundry and kitchen. We looked in several bedrooms after we had received permission to enter them. We spent time observing the lunchtime meal and the administration of medicines.

As part of the inspection we looked in detail at three sets of care records. These included care plans, risk assessments, daily notes and monitoring charts. We reviewed other information about the service, including training and supervision records, three staff personnel files, audits and maintenance and servicing records.

Good

Is the service safe?

Our findings

People who used the service and relatives told us Millfield was a safe place to live. One relative said, ''I know she's safe here 24 hours a day.'' Information about safeguarding procedures was displayed in the reception area. Staff were knowledgeable about what was meant by safeguarding and whistleblowing and knew how to report any concerns they had about people's safety.They were also aware how to escalate their concerns if the response they initially received was not satisfactory. This meant people were protected from harm .

There were sufficient staff to keep people safe and meet their needs. As well as the manager (who was in the process of registering with the CQC) the service employed a deputy manager, senior care assistants, care assistants, a maintenance person, housekeepers, kitchen staff, an activities coordinator and an administrator. The service did not use agency staff and gaps in the weekly rotas due to sickness or staff leave were filled by the regular care team. The service used a dependency tool which gave an indication of the level of staff needed to provide safe care for the number of people living at the home. This was used to help plan staff rotas. All staff carried pagers and mobile phones, which helped them respond promptly to calls for assistance.

The home was very well-maintained and clean. There were several communal rooms which were decorated to a high standard and provided pleasant environments for people to relax in. Steps had been taken to minimise risks to people from the environment. All servicing of equipment, such as hoists and hoist slings were up-to-date. There had been some recent problems with the passenger lift, which had meant it was out of action for a period of time. The service had put systems in place to ensure this had not affected the delivery of care. The lift was working at the time of our inspection.

The home was secure. The front door was kept locked by a keypad entry system. Regular visitors to the home, such as people's relatives, were given the code so that they could enter the building as and when they needed. A sign was displayed asking people to be vigilant and ensure they did not let anyone out of the building when they entered it. This maintained the safety of people who lived at the home.

There were systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels, and handwashing posters showing the correct handwashing method were prominently displayed. Personal protective equipment, such as disposable aprons and gloves was used appropriately by staff. For example, while carrying out personal care. From reviewing training records, we saw that 100% of the staff had completed 'controlling the risks of cross infection' training. The kitchen had achieved a rating of five stars following its last food standards agency inspection in November 2016. This meant food ordering, storage and preparation were classed as 'very good'.

Staff were recruited safely and full employment checks were carried out before staff started work at the service. We looked at three staff files. They contained the required documentation including references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Fire safety procedures were in place to protect people from the risk of fire. These included regular checks of escape routes, the fire alarm and emergency lighting. Fire extinguishers and the fire alarm had all been recently serviced and the fire exits were clear at the time of our inspection. Staff had received training in fire safety and evacuation, and regular fire drills, for both day and night staff, had been carried out. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency. The service had a 'business continuity plan' to follow in the event of an emergency, such as a power failure or loss of heating.

Medicines were managed safely. All medicines, including controlled drugs, were stored correctly. Controlled drugs are prescription medicines controlled under the Misuse of Drug legislation e.g. morphine, which require stricter controls to be applied to prevent them from being misused, obtained illegally and causing harm. The temperature of the treatment room and medicine fridge were checked daily to ensure that medicines were stored at the correct temperature, and our observations of the temperature recording sheet confirmed this. Medicines Administration Records (MARs) contained information necessary for the safe administration of medicines, such as photographs of people living at the home, information about allergies and any special instructions, such as 'take before food'. Those we reviewed had been completed correctly, which indicated that people had received their medicines as prescribed. The appropriate documentation was in place for people who received medicines 'when required', such as pain relief. Two people looked after their own medicines.These were locked away in a cupboard in their rooms to ensure they were stored safely.

Risks to people's health, such as from the use of paraffin-based creams/ointments had been assessed. These creams can soak into fabrics, including bedding and clothing, which can easily ignite if they come into contact with naked flames, cigarettes or any other heat source. All risk assessments were reviewed regularly to ensure they remained up-to-date.

Accidents and incidents were recorded and managed correctly. This included the analysis of any trends, which enabled action to be taken to prevent reoccurrence. The service used a 'post falls check list'. This ensured staff had taken the appropriate action if a person had fallen and included information, such as recent medicines reviews and eye tests.

Good

Is the service effective?

Our findings

People were supported by staff who had the appropriate skills and knowledge. A programme of mandatory training was provided at the service which staff completed through e-learning and face to face. Training was provided through the provider's own training academy, 'Anchor Academy'. Some staff were 'champions' of different subject areas. For example, the service had a 'falls' champion and a 'react to red' (pressure sore prevention) champion. These staff had a special interest in their subject and shared their knowledge with the rest of the team, which helped to ensure staff were up-to-date with best practice.

All new staff received an induction to the service and completed an induction workbook which demonstrated they had achieved the required knowledge to start work at the home. Staff received regular supervision and an annual appraisal. Supervision is important as it provides staff with an opportunity to discuss their progress and any learning and development needs they may have.

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 so that they can 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).
We checked whether the service was working within the principles of the MCA. Records showed relevant DoLS applications had been submitted to the local authority and were awaiting authorisation. People told us staff always asked them for their consent before providing support and we observed this during our inspection. Care files contained records of people's consent in relation to photographs and care and treatment. When people were unable to provide consent, decisions were made in people's best interest in line with the principles of the MCA. For example, we saw information about a best interest meeting that had been held when a person was unable to consent to receiving their medicines.

People were supported by staff and external healthcare professionals to maintain their health and wellbeing. Care records showed advice was sought from healthcare professionals such as GPs, district nurses and speech and language therapists. For example, we saw that during one month, one person had fallen three times. They had been referred to the falls team who carried out an assessment and put an appropriate falls prevention strategy in place.

People were supported to eat a varied diet. Nutritional assessments and care plans were in place and these helped identify if people were at risk of malnutrition or dehydration. People were weighed regularly. Where it was not possible to weigh someone, for example, because they were unable to use the scales, staff estimated their weight by measuring the mid upper arm circumference (MUAC). This is a method for estimating a person's body mass index (BMI). Where people had lost weight they had been referred to a

dietician for specialist advice. Information about people's dietary requirements was recorded in a comprehensive 'dietary summary' booklet which was kept in the kitchen and on the drinks trolley, so that it was easily accessible for staff to refer to. Details recorded included people's food preferences, appetite, portion size, and special dietary requirements, such as pureed and/or fortified meals. All information was reviewed weekly.

During our inspection we observed lunch in one of the two spacious dining areas. Tables were attractively laid with linen tables cloths, napkins, crockery, cutlery and flower decorations. Menus were provided on the tables. We found there was a real emphasis on making the dining experience pleasant and similar to that found in a restaurant. Staff wore white linen aprons. People were offered homemade soup, followed by a choice of sandwiches or a light lunch. All the food was nicely presented. There was a sweet trolley with a variety of sweets and fresh fruit. People were shown plated samples of the food options. People responded well to this and were easily able to make their choice. The atmosphere during the meal was calm and well-organised, with sufficient staff to attend to people's needs, such as to cut up food, if required. We observed staff were friendly and supportive throughout the meal.

The service operated a four-weekly menu plan, which varied between summer and winter. The main meal of the day was in the late afternoon/early evening with a lighter meal offered at lunchtime. People could have a cooked breakfast if they wished. Snacks and drinks were provided between meals. In addition, there was an area in the conservatory set aside with a hot flask, juice cartons, biscuits and crisps, for people who used the service and relatives to help themselves to.

People's needs were met by the adaptation, design and decoration of the premises. The service was well decorated, with good lighting and wide corridors suitable for wheelchairs. A passenger lift provided access to the upper floor, for those people who were unable to use the stairs. There were several nicely decorated lounges and a conservatory, which opened out onto an attractive garden. The patio area, which was in the process of being renovated, contained garden furniture, flower pots, a fountain, a small herb garden and a bird feeder. It provided a pleasant environment for people to sit out in. All rooms had en-suite facilities and were decorated to a high standard. Some people had brought their own furniture, photographs and pictures to make the rooms more personalised. There was a small area outside each bedroom where people could display pictures, ornaments or other mementos familiar to them. This helped them identify their room.

The service had a small shop where people could purchase sweets, toiletries and greeting cards. One person told us, "The little shop is very handy.'' There was also a hairdressing salon. Bathrooms were nicely decorated with paintings, flower arrangements and candles. One bathroom had a jacuzzi bath and people could bathe and relax to soothing music.

Good

Is the service caring?

Our findings

We received positive and complimentary comments about Millfield and its staff. These included, "The staff are brilliant; very approachable'' and "We are very happy with the home.'' We read many 'thank you' cards with comments such as, "Thank you for the sincere love, care and attention you gave to our Mum'' and "I think every one of you does a brilliant job.''

Throughout our inspection we observed staff interacting with people in a polite, caring and friendly manner. Staff we spoke with were keen to provide people with a comfortable and caring environment and to make people's experience of living at Millfield a happy one. For example, during the afternoon of our inspection the weather was very hot and we saw that staff offered everyone ice lollies. One care assistant told us, "Its their home and we are here to provide good care for them'' and another said, "It's nice to see how people settle in.''

Staff had built caring relationships with people and from listening to conversations it was clear that staff knew the people they cared for. The home operated a 'key worker' system. Each care assistant was the named carer for one or two people living at the home and through this role developed a closer relationship with them. It was their responsibility to check that their room was kept tidy and ensure that their care needs were met. One care assistant told us, "It's about being involved.'' They went on to say that as a key worker it was also their responsibility to choose a birthday present and card for their named person.

People's dignity and privacy was respected. For example, as part of the initial assessment process people were asked if they had any preference about the gender of staff carrying out their personal care. Staff we spoke with were able to give examples of how they promoted dignity and privacy when caring for people, such as knocking on doors before entering. One relative told us, "People here are treated with respect.'' People were encouraged to remain as independent as possible. One care assistant talked to us about how she helped promote independence through encouraging people to have confidence in their ability. She said, "I just say to them, try and do it for yourself and if you are struggling I will help you."

People were supported to maintain contact with friends and relatives and those we spoke with told us they felt welcome at the home. There were no restrictions on visiting. We read a comment written on a recent 'thank you' card which said, "Millfield has been the best. Like a second home to the family.''

The service was committed to promoting equality and diversity and all staff had completed training in this area. During our inspection we saw that information about the provider's lesbian, gay, bisexual and transgender (LGBT) group was displayed in the reception area.

Confidentiality was respected by the staff. Records in the office were stored securely and the care staff were given training in data protection. Staff were not allowed to use mobile phones for personal use while on duty.

Good

Is the service responsive?

Our findings

We reviewed the care records of three people living at Millfield. They contained comprehensive assessments, including information about people's life history. Each person had detailed care plans which described how they should be supported and cared for. For example, one person had swallowing difficulties. Their nutrition care plan contained details about the consistency of their food and fluids, the position they should sit in to eat and observations required to ensure they did not choke. Care plans were reviewed regularly and amended when people's needs changed. Where people required regular monitoring, charts were in place to record the actions staff had taken. For example, one person who spent considerable time in their room, was unable to use their call bell to summon assistance. Staff carried out regular observations of this person and recorded each intervention. We checked this person's charts and saw that they had all been completed. People told us they were always kept informed if there were any changes to their relative's health and were involved with care reviews.

There was evidence in the care records that, where appropriate, people's wishes for their end of life care had been discussed with them. When people were receiving 'end of life' care, the staff were supported by the district nursing service. Millfield had completed the 'Six Steps to Success – Northwest end of life care programme for care homes', which aims to provide staff with the knowledge to offer high quality end of life care. We saw several positive comments about 'end of life' care at Millfield. One email said, "You have done a truly wonderful job in caring for (name) over many years and also in looking after us, her family during the last few days of her life.''

When a person who used the service was admitted to hospital, information from their care records was sent with them. This facilitated good communication and provided hospital staff with the necessary information to enable them to care for the person in a way that was familiar to them. On return to the home, staff checked people's skin to ensure they had not acquired any pressure sores during their time in hospital.

All staff attended a handover meeting at the start of their shift. These meetings helped promote good communication, informed staff of any changes in people's care needs and ensured staff were kept up-to-date with all that was happening within the home.

The service had an up-to-date complaints policy and people we spoke with knew how to make a complaint and were confident any complaint would be dealt with promptly. One person said, "They have dealt with everything I have ever complained about.'' There was a record kept of each complaint received and we saw that each one had been investigated and responded to in line with the provider's policy. The service had received only three minor complaints during 2018.

The service provided a range of activities which were planned by the activities coordinator. Discussions about what activities people liked were held at the monthly resident meetings. This helped to ensure that people could make suggestions and influence what activities the service provided . A range of activities were offered, including arts and crafts, film shows, quizzes, current affairs discussion, armchair exercises and gardening. Visiting entertainers included a folk singer and a classical violinist. Some people took part in

outings, such as to a nearby garden centre, a men's club and a local 'tea dance'. Special events, such as birthdays were celebrated. We saw photographs of people enjoying themselves at a recent 'Great Gatsby' themed party. Where people were unable, or preferred not to take part in group activities, staff and the activities coordinator provided one-to-one support. We were told of one person who liked to paint and draw. The activities coordinator had arranged for this person to receive art lessons. People who wanted to continue practising their faith were able to receive communion from a local priest who held a service at the home once a month.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a manager at the home who was in the process of registering with the Care Quality Commission (CQC). 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. The manager had recently been promoted from the position of deputy manager. The manager was supported by a newly appointed deputy manager, who had also recently been promoted.

Although both the manager and deputy manager were new to their posts we found them to be knowledgeable, enthusiastic and committed to providing a good quality service. They told us they were receiving good support from their district manager.

Staff, people who used the service and relatives spoke positively about the management team. Comments made included, "The management are very aware of everything that is happening'' and ''The manager is at the top of her game." People told us there was an 'open door' management approach and during our inspection we saw that there was frequent friendly interaction between the management team, relatives and people who used the service.

The manager talked to us about the importance of valuing the good work of the staff. The service had a monthly 'Smile Award' which enabled staff, relatives and people who used the service to nominate a member of staff who they felt was particularly deserving. Staff we spoke with were all very positive about working at Millfield and many of the staff had worked there for a considerable time. One person told us, "I couldn't imagine working anywhere else.''

The service recognised the importance of staff wellbeing. Staff had access to the provider's counselling service. Other staff benefits offered by the provider (Anchor) included a cycle to work scheme and on-line shopping discounts.

Records we reviewed showed regular staff meetings took place. These are a valuable means of motivating staff and keeping them informed of any developments within the service. Minutes from the most recent staff meeting showed topics discussed included keyworker duties, catering issues and confidentiality. The service also held residents/relatives' meetings. Discussions at the most recent meeting focussed on activities, new staff and a welcome for people who had recently moved into the home. The service produced a colourful monthly newsletter called 'What a Palaver'. This include information about activities, the smile award, future events and photographs of recent celebrations.

There were effective systems in place for monitoring the quality of the service. Records showed that checks were undertaken on all aspects of the running of the service. These fed into an ongoing action plan which highlighted areas where improvements were needed and a timescale for completion. This showed us that the management team were committed to continually reviewing and improving the service.

The service had up to date policies and procedures in place to guide staff on their conduct and their practice.

The service worked in partnership with other agencies and had developed links with the local community. For example, monthly meetings between the district nursing team and the manager ensured health/nursing concerns about people who lived at Millfield were dealt with promptly. They also promoted effective communication between the two services.

The manager told us about how the service had recently developed a link with a local primary school. People living at Millfield had written their names on pebbles, which had been hidden around the school. When a child found one of the pebbles, they wrote to the person whose name was on it and became their 'pen pal'. Other examples of links with the local community included 'life story' work with Age UK and work experience placements for students from a local academy.

The service had several ways in which it sought feedback from people who used the service/families and staff. An annual survey gave people the opportunity to comment on the service and facilities provided. Surveys were analysed by the provider and a report published with the results. We saw that there was a 'you said, we did' notice board in the reception area. People living at Millfield /relatives could comment on the quality of the meals by writing in the 'your dining experience' books which were kept in the dining rooms.

There was an on-going programme of maintenance and redecoration at the home, which showed that the provider was committed to improving and developing the service. The laundry had recently been redecorated and new storage units, flooring and driers installed. The patio area of the garden was in the process of being renovated.

We checked our records before the inspection and saw that notifications, such as accidents and incidents the service is required to send to the CQC by law, had been sent. This meant we could see that appropriate action had been taken by management to ensure people were kept safe.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We found that the rating from the last CQC inspection was displayed prominently in the entrance hall and on the provider's website.