

Anchor Trust

Millfield

Inspection report

Huddersfield Road
Waterhead
Oldham
Greater Manchester
OL4 3NN
Tel: 0161 620 3477
www.Anchor.org.uk/carehomes

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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 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

Millfield offers accommodation and personal care to up to 37 people. The accommodation is purpose-built and is

approximately two miles from Oldham town centre. Millfield is on a main road with good public transport access to Oldham. At the time of our inspection the home was fully occupied.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider.

Summary of findings

This was an unannounced inspection. During the visit, we spoke with the registered manager, hospitality worker, four care staff, three visitors, and 12 people who live at the home.

We found staff understood how to promote and protect the rights of people, particularly where they lacked the ability to make important decisions for themselves. Training and development opportunities were provided so that staff were able to develop their knowledge and skills in specific areas of support people needed.

We saw people's care records provided good information to direct staff in the safe delivery of their care and support. Records were kept under review so information reflected the current and changing needs of people. Information was stored securely ensuring confidentiality was maintained.

Opportunities were provided for people to take part in activities of their choosing. This provided variety to people and enabled them to socialise with others.

Staff worked closely with healthcare agencies when addressing the changing needs of people so that their health and well-being was maintained and people received safe and effective care.

Records showed people who had applied to work at the service had been robustly recruited so only those applicants suitable for employment were offered work.

We saw sufficient numbers of staff were available to support people in a kind, sensitive and unhurried manner.

Effective management systems were in place to monitor all areas of the home including the care people received, recruitment of new staff, safety checks to the building and emergency procedures. This demonstrated the provider regularly reviewed the service so that people living at the home had a positive experience.

We saw people were offered a varied and nutritious diet. Mealtimes were well organised, unhurried and provided a pleasant opportunity for people to socialise with each other.

People living at the home and their visitors were complimentary about the staff and care and support provided. People told us their needs were met promptly by staff that were caring and respectful. All the people we spoke with were confident if they raised any issues or concerns these would be dealt with to their satisfaction.

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. There were robust systems in place to ensure the safety and protection of people living at Millfield. Where people were being deprived of their liberty the registered manager had acted accordingly so that people's rights were considered and protected.

Suitable arrangements had been made so that prompt action could be taken to minimise the risks to people in the event of an emergency. This helped to keep people safe and reduce the risk of harm or injury.

We saw up to date and detailed records in relation to the recruitment of new staff and relevant safety checks were in place so that people were protected against the risk of harm.

Good



Is the service effective?

The service was effective. Opportunities for staff training and development were provided. This helped staff understand what was expected of them and enabled them to develop the knowledge and skills required to meet the specific needs of people.

We saw people's needs and wishes were clearly detailed in the assessment and care plan records and taken into consideration when delivering their care and support. Plans were kept under review so that information reflected the current and changing needs of people.

We found the service worked closely with health and social care teams so that people were appropriately supported in meeting their health and well-being. People were provided with a choice of suitable and nutritious food. Meal times were relaxed and people told us they enjoyed the food.

Good



Is the service caring?

The service was caring. People told us they were happy with the care and support they received. We saw privacy and dignity was respected. Interactions were polite and staff were patient. Staff had a good understanding of the individual needs of people and offered encouragement and support where necessary.

We saw individual care records were in place for people living at Millfield. People were involved in reviewing their care plans so their wishes were taken into consideration when planning their care.

Good



Is the service responsive?

The service was responsive to people's social, emotional and physical needs. Staff consulted with people about their routines to see what they would like to do, offering a range of activities and social opportunities.

Where necessary people were helped to make important decisions about their care and support. People were able to access independent advocates or support from family to help them express their views and wishes.

People had access to information about how to raise issues or concerns. People spoke openly with staff and we were told no concerns had been raised with the registered manager.

Good



Summary of findings

Is the service well-led?

The service was well-led. The registered manager had worked at Mill field for some considerable time and was clearly aware of her role and responsibilities and offered good leadership and support to the team.

Effective systems were in place to regularly monitor and review the service and facilities provided at Millfield. Opportunities were provided for people living and working at the home to comment on their experiences. Where improvements were identified these were acted upon.

The registered manager notified the Care Quality Commission (CQC) as required by legislation of any accidents or incidents, which occurred at the home.

Good



Millfield

Detailed findings

Background to this inspection

We visited Millfield on the 11 August 2014. We spent time speaking with 12 people living at the home and three visitors. We spoke with the Registered Manager, hospitality worker and four care staff. We observed how staff supported people in the large lounge/communal areas; we looked at people's care records as well as information about the management and conduct of the service.

The inspection team was made up of an adult social care inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed all the information we held about the home. The registered provider also sent us a completed provider information record (PIR) prior to our

visit. This provided us with information about the service and helped to focus our work and the areas we looked at. We contacted the local authority commissioning and safeguarding teams to seek their views about the service. No concerns were raised with us.

The last inspection of the home was carried out in September 2013. The home was meeting all the assessed standards inspected at that time.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

All of the people we spoke with were happy with the standard of care and support provided at the home. One person told us “Yes, I am very well looked after”; another said “It’s wonderful, it’s excellent”. A visitor also told us, “It’s a place of great safety” and “It’s excellent”.

We saw policies and procedures were available to guide staff in areas of protection, such as safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is deprived of their liberty in a safe way.

We found the registered provider to be meeting the requirements of the Deprivation of Liberty Safeguards. We were told that four applications had been made to the supervisory body (funding authority) to deprive people of their liberty. Three applications had been authorised and one was pending assessment. The registered manager and senior staff were clearly aware of their responsibilities to ensure the rights of people were considered and protected.

We spoke with staff to check if they had any knowledge or understanding of the MCA and DoLS procedures. Senior care staff were able to tell us their understanding of the MCA and DoLS procedures and knew what to do so that people were protected.

We also asked staff what their understanding was of the whistle-blowing and safeguarding procedures. Staff spoken with were able to tell us what action they would take if they suspected abuse or if a concern was raised with them. They also told us they felt confident the management team would listen and take any action required. On examination of the training records we saw most staff had completed training in this area. Refresher training was being planned to remind staff of the procedures in place and promote good practice.

On examination of three people’s care records we saw that potential hazards had been identified and planned for. Where people needed additional support, such as nutritional supplements or aids to promote independence, these were provided.

We looked to see if up to date servicing certificates were in place. This included certificates for the gas safety, calls bells, small appliances and hoisting equipment. This helped to ensure that people living and working at the home were kept safe.

Plans were in place in the event of an emergency. Anchor services have an emergency contact line ‘Anchorcall’. The contact number is accessible to staff and provides contractors who will call out in the event of an emergency. A new fire risk assessment had been completed July 2014; action identified was being completed by the registered provider. Personal emergency evacuation plans (PEEPs) had also been completed for everyone living at the home these provided clear information about the individual needs of people. This helped to prioritise the support people needed should an emergency arise.

We looked at the records for three staff employed to work at the home since our last inspection. We found that relevant recruitment information, such as an application form, written references, identification and interview records were held on file. Criminal record checks were also carried out with the Disclosure and Barring Scheme (DBS). This meant people were supported by staff that had been assessed as suitable to work at the home.

During the inspection we saw sufficient numbers of staff were on duty. These included care staff, a hospitality worker, domestic and kitchen staff as well as the registered manager and administrator. This meant people had access to staff when needed. We were told that agency staff were not used, the registered manager told us the home had a good supply of ‘bank staff’ who would pick up shifts as and when required. This provided flexibility when additional support was required and when cover was needed due to annual leave or sickness.

Is the service effective?

Our findings

Before people moved into the home they had their needs assessed to ensure staff were able to provide the care and support needed. People were able to visit the home as part of the decision making process and where appropriate relatives were also consulted with. One visitor told us a second relative had moved into the home as they had been happy with the quality of care provided at the home. They said following their relatives admission to the home, “They had settled very quickly and have expressed their contentment.”

Following admission, care plans were written detailing how people wished and needed to be supported. We looked at the care records for three people living at the home. Records detailed people’s preferences, needs and wishes and provided good information about the care and support people received. Risk assessments were also completed where potential hazards had been identified, such as, nutrition, falls and mobility. This meant staff had clear information to direct them in the safe delivery of care ensuring people’s needs were effectively met. We were told by a visitor that occasionally reviews were held with people and their relatives. They said the home “Actively encourage participation.”

We looked at the training and development offered to staff to support them in their roles. We saw records to show that new staff completed an induction on commencement of their employment along with essential training. Staff spoken with confirmed they had undertaken a period of induction training and had shadowed more experienced staff when they commenced work. This helped them to learn their role and what was expected of them. Staff spoken with said they could speak with senior staff if they were still unsure about anything.

A system of staff supervision meetings was also in place. Senior staff had delegated responsibility to meet with junior staff to discuss their work and any areas of development. Meetings were also held with heads of department, team leaders and care staff. There was an expectation that staff attended a minimum number of meetings throughout the year. Staff spoken with confirmed they received regular support both on an individual and group basis.

Staff had access to a comprehensive e-learning training package which incorporated mandatory health and safety training as well as topics specific to the care and support needs of people. The registered manager told us the home was piloting a new training package. This incorporated DVD training, followed by the completion of a workbook. We saw the training material was easily accessible to staff and could be completed on an individual basis as well as part of a group. Staff spoken with said; “There’s lots of training”, “I feel the team works well”, “There’s good communication and I feel supported” and “I’m happy working here”. People could feel confident that staff understood their role and responsibilities and had the knowledge and skills needed to provide a good standard of care.

We looked at how people were supported in meeting their nutritional needs. A small kitchen area was available in the dining room on each floor. Using SOFI we observed people having lunch in the first floor dining room. The expert by experience had lunch with people in the dining room on the ground floor. We saw that tables were nicely set, daily menus were displayed on the tables and people were offered hot and cold drinks.

People were asked which meal option they would like, this was served by one member of staff whilst a second staff member served potatoes and a choice of vegetables from tureens. People were then offered a choice of deserts. The food looked appetising, well cooked and well presented. One person did not want the meal option offered and requested an alternative which was made by the chef. The meal time was relaxed and people were not hurried to eat their meals. Those people wishing to have their meal in their own rooms were able to do so. Food was covered on trays when being carried through to people’s rooms. One person told us; “I prefer my main meal in the evening, so the kitchen staff accommodate my choice”. When people were asked for comments about the quality of the food they said, “On the whole it’s quite alright” and “It’s basically very good” and “It’s all right” and “It’s good.”

Care records showed that nutritional risk assessments were completed where people were at risk of weight loss. Where concerns had been identified increased monitoring was in place and, where necessary, additional support and advice was sought from the person’s GP or dietician. This meant timely action was taken to minimise the risks to people.

Is the service caring?

Our findings

During the inspection we spent some time speaking with people and their visitors as well as observing the care and support provided by staff. We saw people's care needs were being met by staff who responded promptly and appropriately to people's requests. Staff were seen to be respectful and were kind and caring towards people. One person said, "The staff are very attentive." We saw that people had been assisted in addressing their personal care and appearance, they looked clean and were nicely dressed.

People had access to suitable walking aids, such as walking sticks and frames to promote independence. We saw staff were patient and sensitive to people's needs, offering reassurance and encouragement, where necessary.

We spoke with 12 people who lived at the home and three visitors. All the people we spoke with were very satisfied with the home and the care they received. People told us they were able to follow routines of their own choosing. Whilst some people liked to spend time with others in the lounge areas, other people preferred the privacy of their own rooms. One person told us; "I am looked after well", "It's wonderful, it's excellent", "Yes, I am very well looked after". A visitor also said they were now on the waiting list for admission to the home in the near future.

A number of people were visited in the privacy of their own rooms. People had personalised their rooms with belongings from home. We saw people were provided with comfortable, well maintained accommodation. We spoke with one member of staff whose role two days a week was 'hospitality'. Their role was involved making sure those new and existing residents were made comfortable and had everything they needed. One person told us; "They help us with everything, nothing is too much trouble".

Individual care records were in place with regards to people living at Millfield. Daily reports and monitoring sheets were completed so that any changes in need or behaviour could be monitored. A staff handover also took place at each shift change so everyone was made aware of anyone whose needs had changed. This meant people received consistency in the care and support they received.

We saw people had access to all NHS entitlements to help maintain their health and well-being. These included; GP's, chiropody, home liaison service and district nurses. We saw that appointments and visits were recorded. People were supported by relatives, where necessary or some people, through private arrangement, utilised the support of a 'companion', who would support people in attending appointments. All the people we spoke with said they were helped to meet their health care needs so that they stayed healthy. People were able to see health care professional in private when they visited them at the home.

Is the service responsive?

Our findings

Information about the home was provided to new and prospective residents in a 'Welcome Pack'. This informed people about what they could expect should they wish to live at Millfield.

People living at Millfield had varying needs and abilities. Whilst most people were able to chat about their daily lives, some people were not able to understand and make important decisions about their care and support. From our observations staff were sensitive to people's needs and offered reassurance and encouragement where necessary. Staff spoken with had a good understanding of the individual support people needed and knew what to do to meet the current and changing needs of people.

The home currently had a vacancy for an activity worker. The manager had made alternative arrangements until an appointment was made. This meant the programme of activities displayed were still offered to people. These included; music night, drinks in the conservatory, crafts, board games, short stories, quizzes and exercises. We were told a church service was also held every Sunday so that people could continue to follow their religious and cultural needs. A monthly newsletter was provided which informed people about events within the home. This also included the activity plans so that people were aware of what was taking place.

During our inspection we saw a number of people take part in a game of balloon volleyball and an arts and crafts session. People enjoyed pleasant interactions with staff and were heard laughing and joking during the volleyball game. We also saw a staff member playing dominoes with two people, who were clearly enjoying the interaction and stimulation.

On the ground floor, near to the dining room the home provided a tuck shop where people could purchase toiletries, confectionary, cards and gift wrap. We were told this was popular and enabled people to shop for their own personal items. On the first floor there was a hairdressing salon, which we were told this was popular with people. A beauty room was also available where people had their nails done. This helped to promote people's independence and choice.

The registered manager told us that one person had moved into their home with their cat. They were supported by 'Cinnamon', an agency which helps people to keep their pets and continue to care for them.

Suitable aids and adaptations were in place to help keep people safe, whilst enabling people to maintain their independence. These included pressure mats and pendants, which would alert staff if help was needed.

We saw a copy of the homes complaints procedure was provided in the welcome pack given to prospective and new residents and their families. We saw there was a system for the reporting and responding to people's complaints or concerns. The registered manager told us that no serious issues had been raised with her over the last year, however two recent concerns had been brought to her attention, which she was responding to them.

We asked one visitor if they had ever needed to raise any issues or concerns. They said they had not, however added; "I have every confidence that if I had to go to the office something would be done." Two people spoken with agreed they were well cared for and when asked whether they had any complaints said, "No" and "There is no need to complain." Another person said, "They [the staff] are all very, very good" but added "If I had any complaints I would go straight to the top."

Is the service well-led?

Our findings

The manager of the home had worked there for a considerable number of years and was registered with the Care Quality Commission (CQC). We asked one visitor their opinion about the overall management of the home. They said; “I think the service is well-led and that’s why the home works well, there’s a good ethos.”

We discussed with the registered manager what systems were in place to monitor and review the quality of the service offered to people. We saw comprehensive audit systems were in place which explored all areas of the service. A weekly log was kept on complaints, infections, safeguarding incidents and staffing. Monthly audits were also undertaken and focused on a specific area. Any issues identified were detailed within an action plan and monitored to check that improvements were being made. These were also reviewed by a senior manager who regularly visited the home as part of the internal quality monitoring.

We were told feedback surveys were distributed to people to seek their feedback about the service they received. Surveys focused on specific areas such as food or housekeeping. Other opportunities were provided so that people and staff could comment about the service provided. This included resident and relative meetings and the staff team meetings.

The home had recently been involved in a MORI poll, this was commissioned by Anchor Trust but was undertaken by ‘Your Care Rating’. The home was one of four care homes across the country to take part. The poll looked at customer satisfaction and compliance. The result of this poll showed the home achieved over a 90% positive response in people’s satisfaction.

The home co-operated with the local authority quality monitoring team. We were told the home was last visited in July 2013 and was awarded an ‘excellent’ rating.

Whilst no formal tool was used to determine staffing levels. The registered manager told us these were reviewed when any new people moved into the home or where people’s needs changed.

The Care Quality Commission had been informed of any incidents or accidents which occurred at the home, as required by current legislation. These had been received in a timely manner.

Systems were also in place for recording and responding to any complaints or concerns. Records were maintained of any issues brought to the registered manager’s attention along with action taken. People spoken with said they felt able to speak with both the registered manager and staff and had confidence any issues raised would be dealt with.