

Advinia Care Homes Limited

Mill View Care Home

Inspection report

Bridgeman Street
Bolton
Lancashire
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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

Mill View is a residential care home providing personal and nursing care for up to 180 people aged 65 and over. At the time of the inspection, the service was supporting 169 people across six single story units on the same site. Each unit specialised in; residential, nursing or dementia care.

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

Medicines were received, stored, administered and disposed of safely. Systems and processes were in place to safeguard people from the risk of abuse. Individual risks to people were assessed. There were sufficient numbers of staff deployed to meet people's assessed needs. Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). 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 had good relationships with health and social care professionals who had contact with the service. People's individual needs were assessed before they moved into Mill View. Staff received a good range of support including regular training. People were supported to eat a varied and nutritious diet based on their individual preferences. The premises were suitable for people's needs. Accessible bathing equipment was provided and signage throughout the building promoted people's independence.

Staff treated people with kindness, compassion and respect. Staff were able to identify people with different religious and cultural needs and explained how these needs were met. Residents' and relatives' meetings were held to enable people to raise issues and contribute to the running of the service. People were encouraged to be as independent as possible. Staff understood the need to protect people's privacy and dignity when providing care.

Care records were personalised for each individual and recorded details about their specific needs and preferences. Care plans were reviewed regularly to ensure they remained accurate and reflected people's needs. Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. People were supported to engage in a range of activities and to maintain important relationships. People's end of life wishes were considered as part of the assessment and care planning process.

The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements. The service had a positive learning culture where people were supported to reflect on performance and improve practice. The provider regularly engaged people using the service, their relatives and staff through, surveys, meetings and informal discussions. People said communication with

the management team was good. The service worked effectively with internal and external partners to develop practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 January 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mill View 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

The team consisted of two inspectors, a specialist nursing advisor and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mill View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had 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 took place over two days and was unannounced on the first day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and seven relatives about their experience of the care

provided. We spoke with 25 members of staff including the registered manager, nurses, care workers, activity coordinator and senior managers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 22 people's care records and multiple medication records. We looked at records in relation to staff supervision and a variety of records relating to the management of the service.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly ensure medication processes and practices were safely in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines and were assessed as competent to support people with their medicines.
- The registered manager and provider completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.
- People said they were given their medicines at the right time.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- Staff were confident about how to report safeguarding concerns.
- People and relatives told us that people were safe and secure. Comments included, "[I feel] very safe", "I just feel so comfortable and safe I don't think about it, I am so happy here" and "[Relative] has settled down brilliantly. Definitely 100% safe."

Assessing risk, safety monitoring and management

- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- The environment was safely maintained. However, we identified a small number of areas requiring attention. For example, door furniture in need of replacement. The registered manager confirmed this would be addressed.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- People had individual emergency evacuation plans in place.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- Some people reported delays in receiving care at the busiest times of the day. We checked the allocation of staff against the providers own assessment and found the correct numbers of staff were usually deployed to safely met people's needs.
- When staff were not available due to sickness, staff were re-deployed from other units until replacements were identified.
- Our observations showed that call bells were responded to promptly.
- Staff had been recruited safely.

Preventing and controlling infection

- Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves.
- Some staff complained the current supplies of PPE were not of sufficient quality. We discussed this with senior managers who agreed to review the products.
- We found the home to be clean and tidy throughout. People told us that their rooms were kept very clean at all times.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to maintain complete and accurate records relating to people's healthcare needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff had good relationships with health and social care professionals who had contact with the service. A visiting GP said, "With working with the same staff over a number of years we have built-up a good working relationship. There is a trust there."
- Regular meetings were held at the service to discuss people's needs. Healthcare professionals saw people regularly and referrals to services were discussed and taken forward.
- People attended other health appointments regularly, such as chiropodist and district nurse.

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

- People's individual needs were assessed before they moved into Mill View; this helped to ensure their needs were understood and could be met.
- Assessments of people's care and support needs were completed in detail and provided guidance for staff to support people based on their needs and choices. Where we identified gaps in information the service acted immediately to secure and record the relevant information.
- Staff knew people well and provided care in accordance with their needs and preferences.

Staff support: induction, training, skills and experience

- Staff received a good range of support including regular training. Staff told us training was appropriate and gave them the skills to meet people's needs.
- People told us staff were well trained and knew what they were doing. Comments included, "Very confident in staff", "The nurses are brilliant" and "[Staff are] "properly trained."
- Training records showed staff training was kept up-to-date.
- Staff received regular supervision and appraisal to support their developmental needs.
- Some staff had been supported to secure new qualifications. For example, as nursing assistants.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People's weight was monitored.
- People's comments included, "[Relative] loves the food and there are alternatives available if they don't like the main choice" and "Absolutely excellent, I never need to say a word about the food."
- We observed the dining experience on three units. People were served their food in well-presented dining rooms and given support to eat their meals as required. However, we observed staff were sometimes task-led and did not always have time to speak with people.

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

- The premises were suitable for people's needs. Accessible bathing equipment was provided and signage throughout the building promoted people's independence.
- The building was designed to provide people with choices about where they could spend their time.
- People's bedrooms were identified by photographs and familiar items. This helped people find their rooms without assistance.
- Each room was personalised with photographs and other items.

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 (DoLS).

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.

- Applications for DoLS authorisations had been made when needed.
- Mental capacity assessments had been completed to identify when a person had capacity to make a specific decision.
- Staff obtained consent from people before providing care.

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; respecting equality and diversity

- Staff treated people with kindness, compassion and respect.
- Positive and caring relationships had been developed between people and staff.
- Each unit had a stable staff team who knew people well. Staff were able to identify people with different religious and cultural needs and explained how these needs were met.
- People and their relatives spoke positively about staff and the relationships they formed. Comments included, "They've looked after [relative] and loved them from the minute they came here", "I'm always comfortable. Must be something right here, I wouldn't want to move anywhere else" and "The care is brilliant, the girls are absolutely wonderful."
- Relatives said they were made to feel very welcome and they could arrive at any time.

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

- Residents' and relatives' meetings were held to enable people to raise issues and contribute to the running of the service.
- Questionnaires were sent regularly to people and their relatives to monitor the quality of the service provided.
- We observed staff asking people for their views on several topics throughout the inspection. For example, TV programmes and activities.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible.
- People and their relatives told us staff encouraged people to do things for themselves when they could. Comments included, "[Relative] has improved since they came, they do more for themselves" and "My mobility is better since I came here."
- Staff understood the need to protect people's privacy and dignity when providing care.
- People told us staff knocked and identified themselves before entering their rooms.
- Confidential information was stored securely and treated in line with data protection laws.

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

- Care records were personalised for each individual and contained details about their specific needs and preferences.
- Care plans were reviewed regularly to ensure they remained accurate and reflected people's needs.
- Documents within people's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. This information was used to handover to staff when shifts changed.
- People told us they were able to get up and go to bed whenever they liked.

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.

- Care plans contained information about the support people might need to access and understand information.
- Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. For example, one person used an electronic tablet to communicate with staff. A relative told us, although their family member spoke reasonable English, there were staff at Mill View who could speak their first language and could provide support when necessary.

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

- People were supported to engage in a range of activities and to maintain important relationships.
- The service employed activities coordinators who organised individual and group activities. The activities were developed in response to people's needs and wishes and made use of both indoor and outdoor space.
- People and their families spoke positively about the service and how they were made to feel welcome. This helped people to maintain their relationships. For example, one person was supported to maintain a relationship with their spouse who lived on a different unit.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the

time scales.

- Each complaint was recorded and addressed in accordance with the relevant policy.
- People and their relatives said they were satisfied that any complaint would be fully addressed. One person said, "Anything I say is taken on board."

End of life care and support

- People's end of life wishes were considered as part of the assessment and care planning process.
- Where people had declined to discuss their wishes, this was recorded. Other records contained specific details and instructions regarding preferences for funeral arrangements and pain management.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to identify and correct issues found during the inspection. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- The response to issues raised during the inspection was positive and immediate.
- Each of the staff we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- Notifications regarding important events had been submitted as required.
- The provider placed continuous learning and improvement at the heart of their practice. They made use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.
- Lessons learnt from incidents and accidents in other services were shared with managers and staff to improve practice.
- Learning from other services managed by the provider was shared with senior managers and staff as appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive learning culture where people were supported to reflect on performance and improve practice.
- People had good outcomes and their health and wellbeing was prioritised by the service. People and their relatives told us the care they received had a positive impact.
- The registered manager and provider constantly monitored the provision of care and the environment to further improve people's experience of receiving care.

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

- The registered manager and provider understood their responsibility to share information with people when care had not met the expected standards.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. Family members, the local authority and CQC had been notified accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider regularly engaged people using the service, their relatives and staff through, surveys, meetings and informal discussions. People said communication with the management team was good.
- People were provided with information about Mill View in the form of a welcome pack. Information was available in a number of formats and different languages if required.
- The service had good links to the community including places of worship, schools and recreational facilities. The activities coordinators involved people and the local community in fund-raising activities and had plans to develop further links.

Working in partnership with others

- The service worked effectively with internal and external partners to develop practice.
- There was clear evidence of working with healthcare professionals and commissioners to improve outcomes for people. For example, a local GP was working on a project with staff to enable early identification of a specific health condition.