

Aspire Healthcare Limited

Milldene Nursing Home

Inspection report

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14 October 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 23, 26 and 29 January 2016. Six breaches of regulations around statutory notifications, person centred care, managing risks to people, safeguarding people, audit and governance and staffing were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements. We carried out this focused inspection on the 14 October 2016 to check that improvements had been made at the service. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milldene Nursing home on our website at www.cqc.org.uk.

Milldene Nursing Home is a 13 bed home providing nursing and personal care to older people with mental health needs. There were 13 people living there at the time of the inspection.

A registered manager was in place who was in the process of de-registering and the acting manager was applying for registration. 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.

We found that the service had made significant improvements since our last inspection. The action plan submitted by the provider was almost complete.

The contingency plan for the service was now more robust and clear on what actions should be taken in an emergency.

The environment had been significantly improved and the manager was taking further steps to continue to improve the service.

Recruitment records were now in place for all newly appointed and existing staff. File audits had been carried out and any issues had been addressed.

All staff now had access to the provider's training and had completed updated training where required. New staff had completed induction and were signed off by the manager as being competent, following the provider's procedure.

Supervisions and appraisals for all staff were now occurring regularly and further training and support was put in place for staff where required.

The care plans and other provider documentation were now being used consistently. Care plans were more detailed, person centred and subject to a more thorough review process. Where people's support needs had

changed care plans were adapted quickly to reflect this. External professional advice was promptly incorporated into revised care plans.

The manager now had dedicated time to manage and capacity to monitor the quality of the service and make changes. The service now had a full staffing complement and access to its' own bank staff

Issues raised at the last inspection had been addressed. The manager carried out regular learning and review after incidents affecting people took place. This was to avoid repeat incidents and improve the quality and safety of the service.

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.

The environment had been improved and there was a clear plan for action to be taken to complete other decorative improvements within the service.

Staff recruitment records were now in place for all newly appointed and existing staff.

We could not improve the rating for: 'Is the service safe?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service was effective.

All staff now had access to the providers training and new staff were completing a formal induction process which was in line with the providers policy.

Supervision and appraisal of all staff were now in line with the provider's policy.

We could not improve the rating for: 'Is the service effective?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Care plans and other documentation of the provider were now being consistently used for all people using the service. Care plans were more person centred and subject to a more thorough review process.

Requires Improvement ●

We could not improve the rating for: 'Is the service responsive?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

The service was well led.

The manager now had dedicated time to manage the service and had the capacity to make required changes to the service and monitor and audit the quality of the service.

Issues raised at last inspection had been addressed, and regular learning and review after incidents was taking place, with changes being reflected in how the service was provided.

We could not improve the rating for: 'Is the service well led?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement 

Milldene Nursing Home

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.

We undertook an unannounced focused inspection of this service to check that improvements to meet legal requirements had been made after our comprehensive inspection.

We inspected the service against four of the five questions we ask about services: 'Is the service safe?', 'Is the service effective?', 'Is the service responsive?' and 'Is the service well-led?' This was because the service was not meeting a number of legal requirements at the time of our comprehensive inspection.

Before the inspection we reviewed the action plan the provider had submitted to us in response to our comprehensive inspection of January 2016. We reviewed the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We received feedback from local commissioners of the service and an external professional who had contact with the service.

This inspection was undertaken by one adult social care inspector. During our visit we spoke with four staff including the manager and with three people who lived at the home. We also checked the services records relating to care planning and other records around staffing and accidents and incidents.

Is the service safe?

Our findings

At our last inspection in January 2016 we found that the service had not reported all allegations of abuse to the local safeguarding authority and to the Care Quality Commission (CQC). We also found that the building and environment were in need of improvement, the service lacked a clear contingency plan for possible emergencies and there was no formal review or learning from incidents. The service had also failed to keep adequate records of staff recruitment to demonstrate that safe recruitment practices were followed.

During this inspection we looked at notifications sent to CQC and spoke with the local authority safeguarding team. Since our last inspection the service had reported possible alerts to both agencies and had taken steps to keep people safe where there were concerns about their risk taking behaviour. During the inspection we spoke with the manager and looked at accident and incident records to see if all reportable incidents had been raised externally. The manager had submitted all required notifications in a prompt manner. We also saw that immediately after each incident that they had undertaken a quick review to make sure that people were safe and to identify and carry out any quick actions. They then undertook a more substantial review or investigation after gathering more complete information and then again reflected upon any possible learning or changes to people's care plans. For example, after a choking incident the manager had undertaken a review, provided support to the staff team and contacted all the necessary authorities for advice.

The manager showed us around the building and we saw that repairs and improvements had been made, including repairs to the resident's kitchen area and some re-decoration. There were still areas for further improvement such as carpets and some soft furnishings which were in need of replacement. We noted that some repairs were not completed to a high standard. The manager told us the handyman service had been replaced due to the poor quality of workmanship and this issue had now been resolved. People we spoke with told us they had been able to make choices of the colour schemes in their bedrooms and were happy with the improvements made to the home.

We checked first aid boxes and saw that they were suitably stocked. There was a system in place to carry out regular checks to ensure items were replenished as required.

The manager showed us the new contingency plan for the service. This was more detailed and talked staff members through a clear procedure they should follow in a possible emergency. The service had considered implementing a 'grab bag' containing essential information and equipment that staff may need if an evacuation was required. The manager showed us the minutes of a manager's meeting they had attended on the 19 August 2016 in which this area was discussed. Further guidance was to be considered after the meeting on the provider's procedures.

Records of incidents were reviewed by the manager to check if there were any further actions that needed to be taken or any learning from these incidents. We saw that the manager took immediate action after such incidents, making changes to care plans and communicating this to staff. For example, one person's attention seeking behaviour around community access had increased leading to police incidents. The

manager had liaised with external professionals as well as adjusting the person's support plan for community access. This had meant such incidents were less likely to occur. We also saw that falls were kept under review, and external advice and equipment had been sourced to reduce these risks.

We reviewed staff files and saw that records demonstrating safe recruitment practices were being followed were in place. Records for staff recruited since our last inspection showed the correct process had been followed, with all necessary pre-employment checks completed.

The manager was now working full time managing the service, and replacement nursing staff had been recruited to cover all shifts. Staff we spoke with all felt there were enough staff to cover day and night.

The service was no longer in breach of the regulations found at the last inspection.

Is the service effective?

Our findings

At our last inspection in January 2016 we had found that the service had not completed staff induction records. Staff had not been receiving supervision and appraisal as regularly as the provider's policy stated and were not accessing the provider's e-learning programme.

During this inspection we looked at recent new starter's records. We saw that induction was being completed, and that all staff were now able to access the provider's e-learning. Staff files had copies of certificates in place to demonstrate they had completed the required courses. Staff we spoke with confirmed they had now been able to access the required courses. Staff files showed that staff had attended a comprehensive induction and received support during their probationary period. Staff we spoke with confirmed that supervision and appraisal was now in place with the manager or other senior staff.

We looked at staff supervision and appraisal files and saw that supervisions were now occurring every two months. The manager and other senior staff had the time to carry out regular supervisions and appraisals for those staff who had worked at the service for more than a year. The registered manager told us that as they now had a full staff compliment and had their own bank staff in place to cover shifts and that they were now afforded the time to complete regular supervisions and check these were in place for all staff.

Records showed supervisions and appraisals were thorough. Records contained discussion about peoples changing needs, changes affecting the service, as well as goals for the individual staff member.

The service was no longer in breach of the regulations found at the last inspection.

Is the service responsive?

Our findings

At our last inspection in January 2016 we had found that the service had not updated care plans, or transferred them to the new provider's documentation. Care plans were not always detailed or personalised enough to support staff to deliver person centred care. External professional advice was not always written into revised care plans quickly and reviews of care plans were not always robust.

During this inspection the manager showed us two new care plans and we spoke with people about their care to see if the necessary changes had been made. Care plans had now all been transferred to the new provider's documentation and review processes. Plans were now more detailed and person centred, describing to the staff how people preferred to be supported. People we spoke with told us that the staff knew their needs well and that they were happy with the care they now received. One person told us, "Some of the old staff are back and the new staff are settled in now".

Reviews were now occurring regularly and as people's needs changed over time. For example, where a person had an increase in falls, referrals were made for external support and a review was held after each incident. Records showed how staff were to support the person using their new equipment and how to encourage them to remain as independently mobile as possible, whilst minimising risk.

We saw that where checks were in place, such as monitoring during the night or of people's weight, these were being evaluated alongside each person's review of care to ensure their plans were current and updated.

Staff we spoke with told us the new care plans were now used as part of induction training to ensure staff were consistent in their approach.

The service was no longer in breach of the regulations found at the last inspection.

Is the service well-led?

Our findings

At our last inspection in January 2016 we found the service did not have effective leadership. The registered manager was not always on site and the acting manager was covering nursing shifts. We found that issues relating to the environment and the transfer to the provider's new documentation had been delayed. Staff had not received regular supervision and appraisal and were not accessing the provider's training. We also found there was limited review and learning from incidents that occurred, meaning the service was not changing to meet people's needs.

Since our last inspection the registered manager was in the process of de-registering and the acting manager was applying for registration. This application was confirmed as received shortly after the inspection visit. The manager was now working supernumerary to the roster, with adequate nursing staff available and bank staff available to cover shifts. This meant the manager now had the time to lead the service and make improvements. Staff we spoke with confirmed this. They told us the manager was now making the changes they expected, had time to arrange meetings, ensure communication was improved and liaise with external professionals.

Records we checked showed that the move to the provider's new documentation had been successfully completed. This was now being used effectively to review and improve people's care plans.

Staff supervision and team meetings were now taking place regularly and clear records were kept of these, with clear actions and deadlines set for achieving goals. Minutes of staff meetings demonstrated that where issues were raised by staff, these had been resolved by the time of the next meeting. In meetings notes we also saw that learning from incidents had been fed back to staff and communicated across the team so staff were more consistent in their approach.

The service was no longer in breach of the regulations found at the last inspection.