

# Bupa Care Homes (AKW) Limited Millfield Nursing and Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This was an unannounced inspection which took place on 9 December 2015. We had previously inspected this service in October 2014 when we identified five breaches of the regulations we reviewed; these related to the administration of medicines, staffing and the training and support provided to staff.

Following the inspection in October 2014 the provider wrote to us to tell us the action they intended to take to ensure they met all the relevant regulations. This inspection was undertaken to check whether the required improvements had been made.

Millfield Nursing Home is a purpose built care home which is registered to provide accommodation for up to 92 people who require nursing and personal care. At the time of this inspection there were a total of 57 people

# Summary of findings

accommodated at the service across three units: Summit provides general nursing care, Hopwood provides accommodation for people who require support with their personal care needs and Wham Bar provides general nursing care to people under the age of 65. A fourth unit for people with living with a dementia was not open. We were told there were no plans to re-open this part of the service.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. An interim manager had been in post since August 2015. They had applied for the manager position on a permanent basis and were due to be interviewed by the provider before the end of December 2015. They told us that if they were successful in this interview they would immediately submit their application to register as manager for the service with CQC.

People told us they felt safe in the service and had no concerns about the care and support they received. They told us staff were always kind and caring and supported them to be as independent as possible.

Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. All staff we spoke with were aware of the provider's confidential 'Speak Up' telephone line which they could use to raise any concerns about the service.

Staff were safely recruited and received the induction, training and supervision they required to be able to deliver effective care. Although we received conflicting information regarding staffing levels in the service, our observations during the inspection showed staff responded to people's requests for support in a timely manner.

We noted improvements had been made to way medicines were stored and disposed of in the service. People told us they received their medicines as prescribed. Although three of the medication

administration record (MAR) charts we reviewed contained some minor inaccuracies, we were able to confirm that all medicines had been administered as prescribed.

All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection, although we noted one person's care records had not been fully completed to advise staff of the action to take to minimise the identified risk of cross infection.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. At the time of the inspection the passenger lift was out of order. However, appropriate arrangements had been made, including the installation of a stair lift to help ensure people could exit the service should they so wish. Regular checks were also in place to ensure staff were aware of the action they should take in the event of a fire at the service.

People told us they always received the care they needed. Nine of the ten care records we reviewed showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. Care records had been regularly reviewed to help ensure they accurately reflected people's needs.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed that staff were proactive in contacting relevant health professionals to ensure people received the care and treatment they required.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The manager was aware of the action to take to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

A programme of activities was in place to help promote the well-being of people who used the service. Records we reviewed showed people were supported to access activities on both a group and individual basis.

# Summary of findings

There were effective systems in place to investigate and respond to any complaints received by the service. All the people we spoke with told us they would feel confident to raise any concerns they might have with the manager.

There were a number of quality improvement processes in the service; these included audits in relation to care

records and the environment. The manager demonstrated a commitment to continuing to drive forward improvements in the service. However, the provider needed to ensure there was consistent leadership in the service.

# 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 not always safe.

Although people who used the service did not express any concerns about their care in Millfield, we received conflicting information regarding staffing levels in the service.

A safe system of staff recruitment was in place. Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse.

Required improvements had been made to the way medicines were stored in the service. However, we noted inaccuracies on three of the MAR charts we reviewed.

Care records included information about risks people might experience. One of the care records we reviewed did not contain advice for staff about the action they should take to manage the identified risk of cross infection.

Requires improvement



### Is the service effective?

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care.

Staff had received training in the Mental Capacity Act 2005. Arrangements were in place to ensure people's rights were protected where they were unable to consent to their care and treatment in the service.

People received the support they needed to help ensure their health and nutritional needs were met.

Good



### Is the service caring?

The service was caring.

People who used the service told us staff were kind and caring in their approach. During the inspection we observed kind and respectful interventions between staff and people who used the service.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to providing person-centred care.

Good



### Is the service responsive?

The service was responsive to people's needs.

People's care records contained enough information to guide staff on the care and support required.

Good



# Summary of findings

A programme of activities was in place to help improve the well-being of people who used the service.

The provider had systems in place for gathering the views of people who used the service and their relatives. Any complaints received were recorded and investigated.

## Is the service well-led?

Improvements needed to be made to ensure consistent leadership in the service. This was because there had not been a registered manager in post since July 2015.

There was an interim manager in place who had submitted an application to the provider to be considered for the post on a permanent basis. If successful they intended to submit their application to register with CQC as manager for the service.

Staff told us they enjoyed working in the service and found the manager to be both approachable and supportive.

There were a number of quality assurance processes in place. These were used to help drive forward improvements in the service.

**Requires improvement**



# Millfield Nursing and Residential 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.

This inspection took place on 9 December 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and a specialist advisor in nursing care.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local Healthwatch organisation and the local authority commissioning team

to obtain their views about the service. None of the organisations we contacted expressed any current concerns about the service provided in Millfield Nursing Home.

During the inspection we carried out observations in each of the three units in the service. We spoke with nine people who used the service, four visiting relatives and a visiting health professional. We also spoke with the manager, a unit manager, two registered nurses, eight members of care staff, the senior activity coordinator, the chef, two housekeepers and two laundry assistants.

We looked at the care and medication records for ten people who used the service. We also looked at a range of records relating to how the service was managed; these included four staff personnel files, staff training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe in Millfield and had no concerns about the care and support provided in the home. One person told us, “I definitely feel safe here. I don’t feel in danger.” Another person commented, “I feel safe here but prefer my own company.” We saw that one person’s care records provided guidance for staff to help ensure they felt safe. The records stated, “X likes to have their bedroom door left open and music on for background noise to help her feel safer.” A relative also told us, “[My relative] is safe here.”

At our last inspection in October 2014 we found sufficient numbers of staff were not provided at all times to meet the needs of people who used the service. During this inspection we received differing opinions about staffing levels in the service. Staff on Summit expressed concerns that there were not always sufficient staff on duty to meet people’s complex nursing needs; this was because most of the people who used the service on this unit required at least two staff to support them. Staff also told us that, due to problems with recruitment, qualified staff on night duty were usually agency staff. Care staff on Hopwood told us they felt staffing levels at night could be increased although the manager on this unit told us they considered there were sufficient staff available to meet people’s needs. Records we reviewed showed there were five staff on duty at night across Summit and Hopwood. Staff on Wham Bar did not raise any concerns regarding staffing levels. One staff member on this unit commented, “There are enough staff. We always make sure all people’s needs are met.”

Our observations during the inspection showed staff responded to people in a timely manner. None of the people we spoke with who used the service raised any concerns about the numbers of staff on duty. One person told us, “I definitely feel there’s enough staff. I don’t have to wait long for anything.” In contrast two relatives commented, “My Mother needs help with her food. I visit every day, as I don’t feel that staff have enough time to help her” and “They could do with more staff, particularly at meal times.”

We discussed the concerns raised regarding staffing levels with the manager for the service. They told us they regularly reviewed the dependency levels of people who used the service to help ensure the numbers of staff on duty were always sufficient to meet their needs. The

manager also told us that staffing levels were reviewed on a daily basis during the meeting of senior staff which took place each morning. They acknowledged that they were having to rely on agency nursing staff at nights but told us that, wherever possible, they used agency staff who were familiar with the service. They told us that at least one agency staff member had worked in the service for a number of months. They also told us that since the last inspection they had introduced the role of ‘hostess’; this was to enable care staff to spend time with people who needed assistance with eating at mealtimes. Our observations at lunchtime showed staff assisted people to eat in a calm and unhurried manner.

At our last inspection in October 2014 we had concerns about the way medicines were managed in the service; in particular the systems for ensuring the safe disposal of medicines. On this inspection we found the required improvements had been made and all medicines were now stored securely.

We looked at the medication administration record (MAR) charts for ten people who used the service. We found that all records had been signed to confirm people had received their medicines as prescribed. We saw evidence that staff were proactive in arranging for a GP review of an individual’s medicines should the person refuse to take them on more than a few occasions; this should help ensure people received the medicines they needed.

We noted that protocols were in place where people were prescribed ‘as required’ or variable dose medicines. The information in these protocols should help ensure staff were aware of how people who used the service might communicate their need for particular medicines such as those prescribed for pain relief.

When we reviewed the MAR charts for a person on Wham Bar we noted there had been handwritten changes to the administration instructions for one medicine. When we checked the box which contained the medicine we noted the original administration instructions were in place. We discussed this with the nurse on duty who told us the change had been agreed by the person’s GP several months previously but the prescription had not been changed. They told us they would ensure this took place as soon as possible; this should help to ensure the person was receiving the correct dose of medicine.

## Is the service safe?

When we reviewed the stock of medicines held on Hopwood we found discrepancies between the total stated on two of the MAR charts we reviewed and the actual stock held. We found this was because staff were not taking into account any stock which had been carried forward from the previous MAR charts. Medicines that were controlled drugs were stored and recorded correctly, and a daily stock check was carried out. This minimised the risk of errors or misuse.

The manager told us that since the last inspection a system of daily audits had been introduced in the service. This involved staff from each unit reviewing the MAR charts from other units in the service to ensure they were fully completed and that any identified errors were rectified immediately. The manager told us this system was working well and had helped to improve staff accountability for their actions when administering medicines. However, during the inspection, we were told of an omission which had occurred regarding one person's medicines; this had not been reported to the manager by the nurse involved and had therefore not been investigated. The manager took immediate action to record the concerns and assured us a full investigation would be undertaken regarding the incident.

We reviewed the systems in place to protect people who used the service from the risk of abuse. All the staff we spoke with told us they had completed safeguarding training and were aware of the correct action to take should they witness or suspect abuse. They told us they would feel able to raise any concerns with senior staff in the service and were confident they would be listened to. Staff were also aware of the provider's 'Speak Up' helpline which they were able to use to report any concerns.

We looked at four personnel files to check how the service recruited staff. Records showed that the recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The personnel files contained application forms that documented a full employment history, a medical questionnaire and a job description. We saw that two references were in place on all the personnel files we reviewed. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, dining rooms, lounges, bathrooms and toilets were clean and there were no unpleasant odours. We saw infection prevention and control policies and procedures were in place. We saw that regular infection control audits were undertaken and infection prevention and control training was undertaken by all staff. The housekeepers on duty confirmed they had completed this training and knew of the action they should take to help prevent the risk of cross infection.

The care records we looked at showed that risks to people's health and well-being had been identified, such as the risks involved with reduced mobility, poor nutrition and the risk of developing pressure ulcers. We saw that nine of these care records had care plans in place to help reduce or eliminate all the identified risks; these had been reviewed and updated where necessary to reflect any changes in people's needs.

When we reviewed the care records for one person we noted they identified that the person was high risk due to having an ongoing infection of antibiotic resistant bacteria. The care records did not contain any clear plan as to how staff were expected to manage this risk, although staff were able to tell us of the action they were taking which was in accordance with the infection control policy in the service. When we discussed our findings with the nurse on duty they made immediate arrangements to ensure an appropriate risk management plan was documented on the records. This should help protect staff and people who used the service from the risk of cross infection.

Our observations during the inspection showed staff used appropriate personal protective equipment (PPE) when carrying out tasks. All staff were also observed to follow good practice guidance in handwashing techniques.

Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home. At the time of the inspection we noted the passenger lift was out of order. The manager had notified CQC of this on 20 November 2015 and advised us they were still waiting for the required part to arrive. We saw that appropriate interim



## Is the service safe?

arrangements had been put in place to manage the situation including the installation of a stair lift and that staff had been provided with the necessary training to safely operate this equipment.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service.

Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency.

# Is the service effective?

## Our findings

At our last inspection in October 2014 we found the provider had not ensured that staff received appropriate training and support to be able to effectively carry out their role. On this inspection we found the required improvements had been made.

All the staff we spoke with told us they had received the training they required for their role. Records we reviewed showed 91% compliance in staff having completed mandatory training in topics including moving and handling, first aid, safeguarding adults and infection control; this figure included staff who were off sick or had left the organisation over the period during which the audit was completed. We saw action had also been taken to provide staff with catheter training following the findings from our last inspection. During our conversations with staff we found they were enthusiastic to ensure people who used the service received effective care and were eager to learn new skills.

We spoke with a staff member who had joined the service at the start of 2015. They told us they had been provided with a comprehensive induction which helped to ensure they were prepared for their role. Records we reviewed showed there were systems in place to ensure staff received regular supervision and an annual appraisal of their performance. We saw that supervision sessions were used to discuss practice issues with staff to help ensure they were delivering effective care. One staff member told us they found the supervision process to be helpful and had received positive feedback during sessions regarding their performance.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of

this inspection there were three people subject to DoLS in the service. We saw that the manager had recorded when each authorisation was due for renewal. They were also aware of the need to ensure any restrictions in place were regularly reviewed.

Where people were identified as lacking the capacity to make particular decisions we saw that their care records included information for staff to follow to ensure any actions they took were in the individual's best interests. Staff were provided with clear guidance as to how they should ensure that people were involved in making their own decisions as much as possible. One care record stated, "X has capacity to make their own decisions about day to day care. Staff need to discuss consequences with X so that they can make informed decisions. X should be encouraged to make their own decisions." Another person's care record stated, "X likes to have input regarding their own care and can make decisions for themselves with the assistance of staff. Staff should ask X what they would prefer to do rather than making direct choices for them."

Staff we spoke with confirmed they would always encourage people to make their own decisions wherever possible. One staff member told us, "We always ask people what care they want and how we should provide it."

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained a care plan which identified each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that staff took appropriate action such as making a referral to a dietician or a Speech and Language Therapist where additional support or advice was needed.

We spoke with the chef at the service who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us people were asked about their meal choices on a daily basis and that if they did not want what was on the menu alternatives were always available. We saw that appropriate arrangements had been made to ensure people's cultural needs in relation to food were met.

All the people we spoke with who used the service made positive comments about the food provided in Millfield. Comments included, "The food is good. I get a choice and there is not much I dislike" and "The food is good. We get lots of soup." However, two relatives we spoke with

## Is the service effective?

expressed concerns about the quality of food provided. The manager told us they were aware of these concerns as they had discussed them with the family members concerned in the past but had been unable to completely resolve the situation.

During the inspection we observed the lunchtime experience on both Summit/Hopwood and Wham Bar

units. We observed staff prompted people where necessary to ensure they ate their meals. Staff also provided individual assistance to people who needed support to eat; the support was provided in an unhurried and caring manner which encouraged people to eat as much as possible.

# Is the service caring?

## Our findings

People who used the service and their relatives made positive comments regarding the caring nature of staff. Comments included, “Staff are very good; they look after me”, “Staff know me well and are kind” and “It’s really wonderful here. Staff always take care of me.” People told us staff would always respect their dignity and privacy when providing care and support.

During this inspection we observed positive and caring interactions between staff on all of the units. This included staff taking the time to laugh and joke with people and encouraging them to do as much as they could for themselves.

Staff we spoke with demonstrated a commitment to providing high quality care and support to people. They were able to tell us about the needs and preferences of people who used the service. We asked staff what they understood by person centred care. Comments staff made to us included, “It means people are at the centre of everything we do. It’s what each person needs and wants and how to help them the best you can” and “The residents come first. We always make sure all their needs are met in the way they want.”

We saw that systems were in place to reward staff for providing excellent care. These included an ‘Everyday hero’

award. We saw comments made by a family regarding a person who had recently won this award in which they thanked the staff member for, “The time she puts into her job to ensure that the residents are happy. Nothing is too much trouble.” We also noted numerous thank you cards had been received at the service which commented on the caring nature of staff. One card said, “Everyone who dealt with [my relative] were all very kind and wonderful”. Another card contained the comment, “I would like to take this opportunity to thank your staff who showed great kindness and compassion to [my relative] in the last few days of her life.”

Care records we reviewed included information regarding people’s interests and their family and social history. This should help staff form meaningful and caring relationships with the people they supported. We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

We asked the manager about the support offered to people at the end of their life. They told us the service had good relationships with the specialist palliative care nurses. Care records we reviewed included people’s wishes and preferences for how they wished to be cared for at the end of their life.

# Is the service responsive?

## Our findings

We asked the manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a detailed assessment of the support they required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by the staff.

We looked at the care records for ten people who used the service and noted that these contained good information about people's social and personal care needs. People's likes, dislikes, preferences and routines were written into their care plans. The care records contained enough information to guide staff on the care and support people needed and wanted.

We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs. We saw there was a 'resident of the day' system in place. The manager told us the purpose of this system was to ensure that all people involved in the person's care were able to contribute to a review of whether the person was receiving the support they needed. The manager told us staff tried to ensure the person who was 'resident of the day' felt special and supported to tell staff of any changes they wanted to make to their care plans.

During the inspection we spoke with the senior activity coordinator for the service. They told us they were supported by two other activity workers to help ensure they were able to meet the needs of all the people who used the service. We saw there was a plan of organised activities in place which included visits to local markets, pampering sessions and films. We saw that people's care records included a log of the activities in which they had participated including 1-1 time with activity staff.

We saw that a 'tea room' had been opened on one of the units for people who used the service and their relatives. One person we spoke with told us they particularly enjoyed visiting this resource. The activity coordinator told us they were also in the process of opening a library for people who used the service.

In addition to the team of activity staff, the manager told us there were designated 'activity champions' within the service. These were care staff who had the responsibility for ensuring people who used the service were provided with meaningful activities on the days when the activity staff were not on duty. On the day of the inspection we observed people were asked if they wanted to participate in a religious service organised within the home and a forthcoming trip to a local shopping centre.

We reviewed the systems for managing complaints received in the service. A copy of the complaints procedure was displayed in the reception area and was included in the Service User Guide. People who used the service and their relatives told us they would feel confident to approach the unit managers or the manager if they wished to make a complaint. Comments people made to us included, "Although the unit manager is very busy I know they would listen to what I have to say and wouldn't dismiss it" and "I know who's in charge and would raise a complaint if necessary." Records we reviewed showed appropriate action had been taken to investigate and respond to any complaints received.

We saw that there were systems in place to gather the views of people who used the service and their relatives. A satisfaction survey had recently been distributed by the service and we were told the provider was in the process of collating the responses. A recent resident/relative meeting had also been held during which relatives had commented that they were happy with the quality of care their family member received in the service and that any issues raised were always resolved promptly.

# Is the service well-led?

## Our findings

At our last inspection in October 2014 we found the service was not always well-led. This was because the manager at the time was not registered with CQC. They had also not established themselves in the manager role so they could provide the required leadership and support for staff.

At this inspection we noted the service had not had a registered manager in place since July 2015; this meant the provider had not ensured consistent leadership in the service.

We found a new interim manager had been in post since August 2015. They had previously been the Clinical Services Manager in the service which meant they demonstrated an excellent knowledge of the needs of people in the service. Staff told us they felt the manager's previous clinical work in the service meant they were always willing to provide support on any of the units if required.

The interim manager had applied for the manager post at the service on a permanent basis. They told us they had a date for their interview with the provider and, if successful, intended to immediately submit their application to register with CQC as manager for the service.

The manager held a daily meeting with senior staff from each of the units. They told us this meeting was used to discuss any appointments for people who used the service so that appropriate staffing could be arranged; any incidents or accidents were also reviewed during this meeting to ensure appropriate follow up action had been taken.

Staff told us they enjoyed working in the service and were always able to approach the manager for advice or support. Comments staff made to us included, "This is the best place I have ever worked. Management is very good; they have a great relationship with me and the rest of the

staff", "I have worked here for 3 years. They helped me to get my NVQ. I have got in to do my Nurse training thanks to their support", "I like it here and get on with the Manager" and "I have worked here for a long time. It's a great place to work."

We saw that regular staff meetings were held in the service. These meetings gave staff an opportunity to comment on the service provided and to make any suggestions for improvement.

We asked the manager what they considered to be their key achievement since taking up the manager role in the service. They told us record keeping had improved throughout the service including the documentation of wound assessments; this was confirmed by our review of records.

During our inspection a number of staff told us there had been issues with staff sickness in the service which meant they were asked to cover additional shifts. The manager had told us they recognised that the level of staff sickness was a key challenge for the service. They told us they had introduced more robust systems for reviewing absence with staff in order to improve the situation.

There were a number of quality assurance processes in place in the service. These included audits relating to medication, care plans and infection control. We noted that actions plans were completed where any issues were identified. The provider was also undertaking regular quality monitoring visits to help drive forward improvements in the service. We saw that plans were in place to ensure any required actions were completed.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to confirm that appropriate action had been taken by the service to ensure people were kept safe.