

Bupa Care Homes (AKW) Limited

Millfield Care Home

Inspection report

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Tel: 01706621222

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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 

Summary of findings

Overall summary

This was an unannounced inspection, which took place on the 12 December 2016. The service was last inspected in December 2015 and was rated 'requires improvement'. At that time the service did not have a registered manager. Whilst no breaches in regulation were identified at the December 2015 inspection we did receive conflicting information regarding staffing levels. We also found medication records were not always accurate and plans to help reduce or eliminate the risk to people had not always completed. We reviewed what progress had been made during this inspection.

Millfield Care 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 61 people 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 was not open. We were told there were currently no plans to re-open this part of the service.

It is a condition of the provider's registration to ensure that the manager carrying on the regulated activities at Millfield Care Home is registered with the Care Quality Commission (CQC). The provider has failed to comply with this condition since the last inspection in October 2015. A registered manager is a person who has registered with the 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. During this inspection we were told that a new manager had been appointed and would be taking up the position in January 2017.

We have identified two breaches in regulation. You can see what action we have told the provider to take at the back of the full version of the report.

We found the overall system in place for managing oral medicines was safe. However clear and accurate records were not maintained to demonstrate people were receiving their prescribed creams and thickeners safely and effectively.

We found that all relevant information and checks were not in place when recruiting new staff ensuring their suitability for the position.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were involved in making decisions about their care and support. Where necessary those people unable to make certain decisions for themselves were supported and decisions were made in their 'best interests'.

Care records provided good information about people's needs, wishes, likes, dislikes and preferences. Risk assessments were completed where areas of concern had been identified and guided staff on how to minimise potential risks to people so that their health and well-being was maintained.

A range of opportunities were provided both in and outside of the home enabling people to maintain their independence and community presence.

People were offered adequate food and drink throughout the day. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

People and their visitors told us that staff were kind and helpful. We saw staff respond quickly to calls for support from people. Staff were seen to support people in a patient and unhurried manner. Staff respected people's privacy and were seen knocking on bedroom doors before entering.

During the inspection staff we spoke with were able to clearly demonstrate their understanding of their role and what was expected of them.

Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

We saw there were sufficient numbers of suitably trained and experienced staff available to support people in meeting their emotional, social and physical needs so their health and well-being was maintained.

Suitable arrangements were in place in relation to fire safety and the servicing of equipment was undertaken so that people were kept safe. All areas of the home were clean, well maintained and accessible; making it a safe environment for people to live and work in.

We saw effective systems were in place to monitor, review and assess the quality of service so that people were protected from the risks of unsafe or inappropriate care. Opportunities for people and their visitors to comment on their experiences were also provided.

The provider had a system in place for the reporting and responding to any complaints brought to their attention. Records demonstrated that people comments were listened to and acted upon.

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.

We found the system in place for managing oral medicines was safe. However clear and accurate records were not maintained to demonstrate people received their prescribed creams and thickeners safely and effectively.

Relevant information and checks were not in place when recruiting new staff. Sufficient numbers of staff were available to meet the needs of people.

Suitable arrangements were in place to ensure hygiene standards, the premises and equipment were adequately maintained so that people were kept safe. Systems were in place to help protect people from the risk of harm or abuse.

Requires Improvement 

Is the service effective?

The service was effective.

Where people were being deprived of their liberty the provider had sought the necessary authorisation so that people's rights were protected. People were involved in making decisions about their care and support. Where necessary those people unable to make decisions for themselves were supported so that decisions were made in their 'best interests'.

Staff were offered a range of training and support opportunities to enable them to develop the knowledge and skills needed to meet the needs of people safely and effectively.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

Good 

Is the service caring?

The service was caring.

People spoke positively about their experiences living at the

Good 

home and said that staff were responsive to their requests for help. Staff were described as kind and helpful.

Staff were able to demonstrate how they respected people's privacy and dignity. Staff were heard to address people by their preferred name and sought people's permission and explained what they were to do before carrying out any intervention.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Good 

The service was responsive.

A review of people's care records showed that good information about the individual needs, wishes and preferences of people were provided. Records were regularly reviewed to ensure information was accurate and up to date.

A team of activity staff were available to encourage and support people in following activities of their choosing. This helped to promote people's health and mental wellbeing.

People told us they were able to raise any issues or concerns with staff. The provider had an effective system place for reporting and responding to people's complaints and concerns.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The service did not have a manager in place that was registered with the Care Quality Commission (CQC)..

Thorough systems to effectively monitor, review and improve the quality of service provided were in place. Action plans had been developed and were kept under review to show that any improvements needed to enhance the service were acted upon.

The provider had notified the CQC as required by legislation of all events, which occurred at the home with regards to the well-being of people.

Millfield Care 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.

Prior to the inspection we spoke with a social worker from the Local Authority Adult Social Care team and the Commissioning team to seek their views about the service. We were made aware of a number of issues regarding people's care. We also considered information we held about the service, such as notifications received from the provider.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This helps to inform some of the areas we look at during the inspection.

This inspection took place on the 12 December 2016 and was unannounced. The inspection team comprised of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

As some of the people living at Millfield Care Home were not able to clearly tell us about their experiences 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 also spoke with seven people who used the service, the relatives of two people, eight care workers, a nursing assistant, a nurse, the clinical service manager, a support manager and the area manager.

We looked at the environment and the standard of accommodation offered to people as well as care files, five staff recruitment files and training records and six medication administration records (MARs) as well as information about the management and conduct of the service.

Is the service safe?

Our findings

During the inspection we asked people and their visitors if they felt they received safe and effective care and support. In a group discussion, all the people we spoke with told us they felt safe. The relative of one person said they were happy that their relative was safe and well cared for.

At our last inspection we received conflicting information about the staffing arrangements in place and whether this was sufficient to meet people's needs. As part of this inspection we looked again at the staffing arrangements in place to support people living at Millfield Care Home.

Prior to the inspection visit we also spoke to a social worker, who regularly visited the service, about the staffing levels provided. We were told the provider had introduced a dependency tool to determine the level of support people needed. During the inspection we discussed this with the clinical service manager. We were shown the dependency tool and were told that this was completed at the initial assessment when someone was referred to the home. We were told that assessments were kept under review so that any changes in need could easily be identified and catered for.

We also spoke with people who used the service, staff and visitors, looked at staffing rotas and observed the support offered throughout the day. People told us, "Staff are helpful"; "They help me when I need it" and "If I call for help they come."

We were aware the manager had recently left the service. Day to day responsibility was held by the clinical service manager with support from the unit managers, nursing and care staff as well as kitchen, domestic, laundry, maintenance and activity workers. During the inspection we saw each unit had their own designated staff team and were sufficiently staffed to meet the needs of people. Staffing levels seen were reflected on the staff rotas and confirmed by staff we spoke with. We were also told that 'on-call' support was available from the managers out of normal office hours should further assistance be required.

We looked at five staff personnel files to check if robust systems were in place when recruiting new staff. The files contained an application form, copies of the person's identification, written references and interview records used to evidence the suitability of candidates. However we found on one file there was no application form, gaps in employment had not been explored for two applicants, a second reference was not on file for two applicants and one applicant had commenced employment prior to the Disclosure and Barring Check having been completed. 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. This did not demonstrate that a robust recruitment system was in place to help keep people safe. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection visit we were sent a 'new starter form'. This was a checklist which was to be placed at the front of all staff personnel files and was to be used to ensure all checks were in place prior to new staff commencing employment.

We were told and saw information to show that the registration of the nurses was checked regularly with the

Nursing and Midwifery Council (NMC) to ensure they remained authorised to work as a registered nurse.

We looked to see how the medication system was managed. Medicine stocks, including controlled drugs (very strong medicines that may be misused) were stored securely. We were told that only nursing staff and care staff, trained in medication were responsible for the administration of people's medicine. At our last inspection we identified that the medication administration records (MAR's) were not always accurate and complete. During this inspection we looked at the MAR's for six people. These were complete, hand written entries had been double signed to check that information recorded was correct, guidance was available for those people receiving 'when required' or 'variable dose' medication and information was in place for one person to show permission had been sought to give their medication covertly.

We did note however that records did not demonstrate that topical creams and thickeners were administered as prescribed. Thickeners' are added to drinks, and sometimes food, for people who have difficulty swallowing. This helps to prevent a person from choking. We found that thickeners were not kept secure and were easily accessible in people's rooms. We were also told staff would complete the 'thickened fluid administration record' each time this was given. However a review of the records showed this was not done. We also looked at the records completed for five people where topical creams were applied. We were told that care staff were responsible for applying creams when assisting people to rise or retire or following personal care. However information to guide staff on the application of creams was not easily accessible and cream charts were not completed to show when this had been done. Therefore a full and accurate record was not maintained with regards to the use of topical creams and thickeners. It is important this information is recorded accurately to reflect that people have received their medicines as prescribed. Records did not demonstrate people received all their medicines as prescribed. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We also looked at how medicines no longer required were disposed of. These items were stored securely in the medication room however they were not kept in a tamper proof container and could potentially be misused. We discussed this with the clinical service manager who agreed to obtain a suitable container.

We looked at how people were safeguarded from abuse. We saw that policies and procedures were available to guide staff in safeguarding people from abuse. An examination of training records showed that 81 of the 94 staff had completed training. Updates on training were to be completed by the remaining members of the team. This training is important and helps staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected. Staff we spoke with were able to tell us how they kept people safe and said that they would report any issues or concerns to a senior member of staff. Two staff spoke about the whistleblowing procedure (reporting poor practice) in place and were aware they could contact outside agencies if they felt their concerns were not listened to within the home. The provider also had a helpline 'Speak Up', which was available to staff should they need to report any concerns. Information about the helpline was available within the home.

At our last inspection we identified that plans to help reduce or eliminate the risk to people had not always been completed. During this inspection we reviewed people's care records to see how risks to people's health and well-being had been identified and planned for. We found assessment explored different areas of care and support such as mobility, falls, pressure care, weight loss and poor nutrition and bed rails. Plans had been drawn up to guide staff and help reduce or eliminate the risk to people. We saw where one person had experienced a number of falls. A diary had been put in place to monitor such incidents and a referral had been made to the 'falls team'. Another person was at risk of pressure sores. The tissue viability nurse had been involved and pressure relieving aids had been put in place. This demonstrated that people's changing needs were monitored and appropriate action taken to help minimise the risks to their health and

well-being.

We looked at what systems were in place in the event of an emergency, for example a fire. The maintenance staff were responsible for completing internal checks throughout the home. Records showed that up to date checks had been completed with regards to the fire alarm, emergency lighting and extinguishers. We saw the fire risk assessment had been reviewed in April 2016. A further letter was dated May 2016 confirming work required had been completed. In the reception area we saw that emergency information was easily accessible. The information included individual personal emergency evacuation plans (PEEPs) for each person living at the home, a fire evacuation plan and a continuity plan, which contained details of what needed to be done in the event of an emergency or incident occurring such as a fire, utility failures, loss or damage to the building. This information helps to assist staff and the emergency services in the event of an emergency arising.

Other records to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions were seen. These included checks to the gas safety, electric circuits, hoisting equipment and small appliances. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We spent some time looking around the home. We found the environment was warm, clean and well maintained. A team of domestic and laundry staff were available throughout the week. Hygiene standards were good and there were no malodours. Staff had access to personal protective equipment (PPE) such as, disposable gloves and aprons and were seen wearing them when carrying out personal care tasks. Hand-wash sinks with liquid soap and paper towels were available in bedrooms, bathrooms and toilets. We also saw yellow 'tiger' bags were used for the management of clinical waste and red bags were used for soiled items sent to the laundry.

Staff we spoke with told us they had received training in infection control and records confirmed that 89 of the 94 staff had completed training. We saw that the service had an infection control policy. This helps staff to understand what they need to do to minimise the risk of cross infection to people.

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The clinical service manager told us and records showed that 16 applications to deprive people of their liberty had been submitted however eight had yet to be authorised by the supervisory body (local authority). The clinical service manager was clearly aware of the process to follow where it was believed someone was being deprived of their liberty. This helped to ensure people's rights were protected.

We saw a policy and procedure was available to guide staff in the Mental Capacity Act 2005 (MCA) and DoLS procedures. Training records showed that all staff had been provided with and completed training in MCA and DoLS. Whilst care staff we spoke with did not fully understand the principles of the MCA and DoLS procedures they were able to give examples about how they encouraged people to make decisions about their care and support. This training is important and should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and support. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure they are looked after properly and are kept safe.

We also looked at how people were involved and consulted with about their care and treatment. People's 'mental capacity' was explored at the initial assessment and then as part of the care planning process. We examined the care records in detail for two people. We saw these people were able to make certain decisions for themselves however needed help with more complex issues. We saw that one person had expressed a wish for family to help them make decisions. Where necessary advocacy support was also available for those people who needed independent support when making decisions. On one file we looked at we saw the person required covert medication. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. Records showed the decision had involved staff from the home as well as the person's family and GP. Records showed that this decision was the least restrictive option and had been made in the person's 'best interest'. One person we spoke with said, "The staff respect the choices I make."

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Millfield Care Home. We asked the clinical service manager about the training and support provided, spoke with staff and examined training records. We found, and staff confirmed, that opportunities for training, development and support were provided to help them carry out

their role and responsibilities safely and effectively.

We saw there was an induction programme in place to support new staff employed to work at the service. This involved the completion of the 'Care Certificate' and included the completion of relevant training. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. Two staff we spoke with had been employed since the last inspection. They told us they had completed an induction, relevant training and had shadowed experienced members of the team. They said; "Staff have been really helpful" and "I feel fully supported."

We saw information to show that supervision meetings had been held with staff. This was confirmed by staff we spoke with. Nursing staff were also supervised by the clinical service manager to ensure areas of professional practice were reviewed. We were told that group sessions had been held to discuss best practice and self-reflection. However these had stopped in September 2016 due to changes within the team. It was anticipated these would be re-introduced to support nursing staff through revalidation process. Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the Nursing and Midwifery Council. The process encourages nurses to reflect on the codes of practice and provide evidence to demonstrate that their practice is safe and effective.

We also saw that a programme of on-going training was provided. Completion of training was closely monitored and planned for when refresher courses were required. Information showed that a range of topics were explored including; moving and handling, nutrition and hydration, MCA and DoLS, behaviour that challenges, dementia and cognitive issues, safeguarding, fire safety, medication, pressure care, infection control and food hygiene. Training had also included national vocational qualifications in health and social care. Staff we spoke all confirmed they had completed training as required and that they could always discuss their training needs in supervision.

We were told the provider had created a role of 'nursing assistant'. The assistants provided additional support to nursing staff but were not involved in invasive procedures such as injections. One nursing assistant confirmed what we had been told and stated that they had received little additional training in relation to their role. We discussed this with the clinical service manager who said that additional training was planned for assistants and would include; catheter care, wound care and PEG feeds. Percutaneous endoscopic gastrostomy (PEG) is a feeding tube used to provide a way of feeding a person when oral intake is not adequate.

Staff told us and records showed that handover meetings were held at each shift change. This involved both nursing and care staff and helped to ensure that any change in people's care and support needs were properly communicated to all members of the team. Staff spoken with said they were always kept informed and were supported in their role. Their comments included, "Staff work well as a team", "People are very helpful" and "It's a good place to work".

Suitable arrangements were in place to meet people's health care needs. Care records showed that people had access to a range of external health care professionals, where necessary. These included their GP, dietitians, community nurses, tissue viability nurses, speech and language therapists, the falls co-ordinator and opticians. This helped to ensure that people's changing needs were met promptly and effectively.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw sufficient stocks of fresh, frozen and dry foods were available. Refreshments were provided throughout the day, with hot and

cold options available at each meal time. We saw people were regularly offered drinks and snacks were available between meals.

Records showed that people's weight was monitored. Where people were identified at nutritional risk additional support and advice was requested from the dietician or Speech and Language Therapist. Kitchen staff understood about fortifying foods for people at risk of weight loss and were aware of those people who required a specific diet. People we spoke with said they were asked what their 'likes' and 'dislikes' were and said they were happy with the food provided. We saw that people's preferences were also recorded in their care records.

Millfield Care Home is a purpose built care home. Accommodation is provided over two floors and accessible by a passenger lift. The service is divided into four units however at the time of the inspection one of the units remained closed. Communal lounges and dining rooms were available on each of the units and bedrooms were all single occupancy. The provider employed maintenance staff who were responsible for the maintenance and decoration of the home. We found all areas were well maintained and provided comfortable accommodation for the people who lived there.

Is the service caring?

Our findings

People living at Millfield Care Home had varying needs and abilities. Whilst some people maintained their independence, others relied on staff to help them meet their care and support needs.

We spent some time during the inspection speaking with people, their visitors and observed the care and support provided by staff. People we spoke with told us, "I am as happy as I can be when you lose your independence"; "They [staff] are kind and help me when I need it" and "I'm very happy with the home." We spoke with four people as a group in 'Millie's', the tea room created on the first floor. All the people spoke positively about their experiences living at the home and said that staff were responsive to their needs. The relative of two people also commented, "Staff engage well with the residents" and "[relative's name] is very comfortable here."

We saw people's care needs were being met and staff responded promptly and appropriately to people's requests. Staff were seen to be respectful and were kind and caring towards people. We saw staff spend time interacting with the people, sitting and talking with them.

Staff were heard to address people by their preferred name and sought people's permission and explained what they were to do before carrying out any intervention. For example; two care staff were observed assisting a person to use the hoist. At each stage they explained to the person what they were doing and took their time; helping to reduce the person's anxiety.

Staff spoken with gave us examples of how they considered people's privacy and dignity when offering support. From our observations we saw staff close doors to rooms when offering care so that people's privacy was respected and when entering people's room's staff were seen to knock and wait to be invited before entering.

People were encouraged to be as independent as possible. Walking aids, handrails, signs and pictures were available making it easy for people to move around freely and helped them to recognise their rooms and other areas of the home. We saw people's rooms had been personalised with belongings from home.

We asked people if they were able to make everyday choices. People said their routines were flexible and they were able to rise and retire when they wished. This was seen during the morning of the inspection. One staff member told us; "This is the resident's home and their choice of care is paramount". We found that people had received appropriate support in meeting their needs and were seen to be well cared for, their appearance and clothes were presentable and they looked clean and tidy.

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. We were told staff would always provide an escort unless the person wished to be supported by a family member. Relevant information about people's medication and specific health needs would be shared with relevant health care staff so that people received continuity in their care. Staff also said that people's relatives were kept informed of any changes in their health needs. This was confirmed by

those people we spoke with, however one visitor did say that although their relative was well cared for, staff did not always inform them of changes in their relative's health.

Staff told us they were kept informed of people's current and changing needs during the handover completed at each shift change. Handovers involved all staff on duty and tasks were allocated so that staff were aware of their responsibilities during the shift. This helped to ensure people received appropriate care and support.

We were told and saw people's records were stored securely so that confidentiality was maintained. Additional monitoring records, such as food and fluid charts and re-positioning charts were kept in people's own rooms, where they were cared for in bed, so that records were easily accessible to staff.

Is the service responsive?

Our findings

We asked the clinical service manager to tell us about the assessment process when people were considering moving into the service. We were told that an initial enquiry form was completed. Assessments would then be carried out by a unit manager or nurse. Staff would liaise with the person, where possible, their family, hospital or home where the person was moving from. Relevant information would be gathered along with any social care or nursing assessments detailing people's health history and any areas of potential risk. This information enabled the service to make a decision about the suitability of placements. We were also told that where the admission was planned, people would be encouraged to visit the home to look around and have the opportunity to meet other people and staff.

We looked in detail at the care records for two people. Information included a pre-admission assessment, care records covering all activities of daily living and risk assessments. Care plans were person centred and included good information about people's wishes, preferences and choices. Records seen were found to contain relevant information to guide staff about how people wished to be cared for. Meaningful reviews had been carried out to ensure information reflected people's current and changing needs.

During this inspection we looked at what opportunities were made available to people to help promote the well-being and involvement of people living at Millfield Care Home. We saw that the service had a team of activity staff who facilitated individual and group activities throughout the week depending on people's needs and abilities. We were told that some people preferred not to join the group activities preferring to follow routines of their choosing. This was seen during the inspection where people preferred the privacy of own rooms spending time reading or watching television.

On the day of the inspection we saw a large number of people visiting the hairdresser throughout the day. During the afternoon people in one of the first floor lounges were enjoying a sing-a-long with a glass of sherry. A group of people we spoke with told us they enjoyed having their nails painted and their hair done with the hairdresser.

We saw that a range of group activities were provided including armchair exercises, crafts, music, films and bingo. In addition individual support was provided for some people visiting places such as Heywood market or having a pub lunch. Two people helped to deliver newspapers to those people who had ordered them and a small quiet lounge had been created into 'Millie's tea room'. This was nicely decorated and created a sense of visiting a café. We saw this was well used by people and their visitors during the day. One staff member told us, "This is the resident's home and we create many activities based on their choices." Another added, "I would be happy for a relative of mine to stay here."

We were told that people's religious beliefs were always considered and respected. Staff also told us that clergy from the local church visited monthly.

We looked at how the provider responded to people's complaints or concerns. We saw a complaints procedure was available for people and their visitors to refer to. This was provided in the information people

received about the service on admission as well as being displayed within the home. People we spoke with said they would talk to staff if they "had any queries". One person told us "Staff are very responsive should problems arise."

We saw that a file was maintained of any issues brought to the attention of managers. Records showed that 23 complaints or concerns had been raised with the service since our last inspection in December 2015. Information showed that these had been investigated and a response had been provided to the complainant. This demonstrated that the provider listened and responded to what people told them.

Is the service well-led?

Our findings

Millfield Care Home has been without a registered manager since October 2015. It is a condition of the provider's registration to ensure the service is carried on by a manager who is registered with the Care Quality Commission (CQC). Whilst management arrangements had been in place the provider had failed to ensure the condition of registration was met.

Prior to this inspection we had been made aware that the manager had left the service as they did not wish to make application to register with the Care Quality Commission (CQC). We were advised by the area manager that alternative management arrangements had been made, with the new manager due to take up the position mid-January 2017. During this inspection we were advised that the clinical service manager was overseeing the day to day running of the home with additional support from the area manager and a registered manager from another of the provider homes.

We asked people, their visitors and staff their views about the management of the service. One relative expressed concerns that there was, "No consistency in the management of the establishment." We also received a mixed response from staff, with one person commenting that the last manager was "amazing" and that the staff were well supported. Whilst another staff member said, "Problems with the movement of managers has been a long standing issue."

The lack of a consistent management means this service is not developing as it should and has been rated 'requires improvement' for a second time.

We looked at how the management team monitored the quality of the service provided. We found a range of audits were completed to review standards across the service. Checks were seen to include, care plans, medication, accidents and incidents, training, recruitment, pressure care, weight loss, complaints, hygiene and health and safety. Where action was identified, plans had been put in place highlighting the improvements needed. These were kept under review to check the action was completed.

We were told that opportunities were provided for people and their relatives to comment about their experiences. Feedback surveys were distributed on an annual basis. We saw the results from the survey completed in December 2015. We were told these had recently been sent out to people. Records also showed that a 'resident and relatives' meeting had been held in September 2016 however nothing further had been planned. One relative we spoke with confirmed what we had seen, commenting, "I attended a relatives meeting, but this had been the only one due to the changes of manager." One person who used the service said "They [staff] do listen to us."

We saw information displayed 'You said, we did'. This was as a result of the feedback received from people. For example, people want more places to sit and improved internet access. The service had responded by creating Millie's tea room and purchased an internet booster.

We were told that people were also provided with a brochure about the service. We were told this was

currently being updated and included information about what people could expect whilst living at Millfield Care Home.

Records we looked at and staff we spoke with said they too had opportunities to comment on the service and their experiences. Team meetings were held on each of the units as well as meetings for non-care staff and heads of departments. These meetings provide teams with an opportunity to share information and ideas. Staff spoken with told us they felt supported in carrying out their role and responsibilities and that teams worked well together.

Detailed policies and procedures were in place to direct staff in areas of their work. A random sample of documents were reviewed and seen to reflect relevant current legislation and good practice guidance. These included safeguarding, whistleblowing, MCA and DoLS, recruitment and infection control.

Before the inspection we spoke with a social worker from the Local Authority Adult Social Care team and the Commissioning team to seek their views about the service. We were made aware of a number of issues regarding people's care. However we were told that the management team had worked closely with the Local Authority to resolve any issues.

We also reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Complete and accurate records were not maintained to demonstrate people received all their medicines as prescribed. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Robust recruitment systems were not in place to ensure all relevant information and checks were completed prior to new staff commencing employment so that people were kept safe. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014