Healthcare Homes Group Limited

Mill Lane Nursing and Residential Home

Inspection report

79 Garrison Road
Felixstowe
Suffolk
IP11 7RW

Tel: 01394279509
Website: www.healthcarehomes.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Mill Lane Nursing and Residential Home provides accommodation and nursing and personal care for up to 30 older people, some living with dementia.

There were 25 people living in the service when we inspected on 14 July 2016. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

Our previous inspection of 20 July 2015 found that improvements were needed in areas including how people's food and fluid was monitored, how staffing was calculated, and how the service monitored and assessed the service provided to people. The provider wrote to us and told us how they were addressing these shortfalls. During this inspection we found that improvements had been made.

Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support. This was recorded and acted upon. Monitoring of people's food and fluid intake were undertaken to demonstrate that people had received what they needed to support their overall wellbeing.

Quality assurances systems had improved and the service had identified shortfalls and taken action to address them.

Staffing numbers were assessed against and reflected people's dependency needs. Staff were trained and supported to meet people's needs.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. Guidance for staff identified people's specific care needs. People were provided with the opportunity to participate in meaningful activities.

The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS). Where needed appropriate referrals were made to external professionals.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and

administered safely.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve 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?

Good

The service was safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

Staffing levels were calculated and provided to ensure that people's needs were met.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were provided with the training and support they needed to meet people's needs. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional and hydration needs were assessed and met.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system which identified shortfalls and addressed them.

Mill Lane 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 unannounced inspection took place on 14 July 2016 and was undertaken by one inspector.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service, a visiting professional and two relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the regional manager, the registered manager and six members of staff, including nursing, care, catering and domestic staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service. We also received feedback from the local authority and the Clinical Commissioning Group.

Good

Is the service safe?

Our findings

People's care records held dependency assessments and since our last inspection of July 2015, the provider had improved their systems for calculating the staffing numbers relating to the needs of the people using the service. This had recently been reviewed and the registered manager told us that they had gone through this with the new regional manager. The registered manager told us about the changes in the staffing arrangements in the service. This included a permanent second nurse during the morning shift and staff to support the evening meal time. One staff member told us how this had improved the service provided to people, including the medicines round being completed in a more timely manner, they said, "It runs much more smoothly now." The registered manager had advertised for a senior nurse position who would support the registered manager in their managerial role. They also told us that they were interviewing for more staff to cover for times such as holiday leave. This would reduce the need to use agency staff at short notice to ensure people were provided with care by staff who were known to them.

People's comments on staffing levels varied. One person pointed to their call bell, which was on their lap and said that when they pressed this that the staff were, "Pretty quick in coming, I don't have to wait long." Another person said, "If I need help they [staff] don't make me wait long." However, two people told us that at meal times and during staff handover meetings they had to wait for their call bells to be answered. We saw that the staff responded to requests for assistance promptly.

Staff told us that they felt that there were enough staff to meet the needs of the people using the service. One staff member told us that there had previously been a high turnover of staff and this had now, "Settled. We have six [care staff] in the morning, we can always manage, can be busy if there is five, but this does not happen often."

Records showed that recruitment checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. A staff member who had recently started working in the service told us that they were not allowed to work until all their checks had been received.

People we spoke with told us that they felt safe living in the service. One person's relative said that they were happy that the person was living in the service because they were safe. One staff member who had recently started working in the service told us that they felt that people were safe.

Staff had received training in safeguarding adults from abuse. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. Where safeguarding referrals had been made actions were taken to reduce the risks of similar events happening. For example, speaking with staff about the expectations of their role. The registered manager told us that they had also met with a family about their concerns to discuss a way forward and ensure they were satisfied with the outcome.

Staff checked that people were safe. For example, when people moved around the service using walking

aids, the staff spoke with them in an encouraging and reassuring manner and observed that they were able to mobilise safely. When people were assisted to mobilise use hoists, this was done in a safe manner.

People's care records included risk assessments which provided staff with guidance on how to minimise the risks which affected their daily lives, for example, using mobility equipment and falls. People's risk assessments were routinely reviewed and updated and when their needs had changed and risks had increased. Where people were at risk of developing pressure ulcers we saw that risk assessments were in place which showed how the risks were reduced by monitoring the condition of people's skin and other related health needs. Where pressure areas were identified, which could develop into pressure ulcers, prompt action was taken to reduce the risks of these developing further.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment and hoists had been serviced and checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. There were systems in place to monitor and reduce the risks to people in relation to the water system and legionella bacteria.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "They [staff] bring me my meds [medicines]."

Medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed. Medicines audits were undertaken and any shortfalls were identified in an action plan and addressed within planned timescales. A staff member explained the process for disposing and ordering of medicines, which showed that there were systems in place to do this safely.

Good

Is the service effective?

Our findings

Our last inspection of 20 July 2015 we found that improvements were needed in how the service supported people who were at risk of not eating or drinking enough. The provider wrote to us to tell us how they had addressed this. During this inspection we found that improvements had been made.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, "There is always a minimum of two choices, or you can ask for something else." Another person told us how they did not want what was on the menu and, "The chef asked me what I would like so I asked for egg and chips, [staff member] offered sausage as well…Really nice." They added that the catering staff regularly came to speak with them about what food they would like. Another person said, "I never complain about the meals, there is a lot goes into them."

We saw that the meal time was a positive social occasion. Where people needed assistance with their meals this was supported by staff in a caring and encouraging manner. Staff sat with people who needed assistance with eating until they had finished their meal.

People's records showed that people's dietary needs were being assessed. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician. Records showed where recommendations made by other health professionals were included in people's care. There were notices around the service telling people that they could request snacks when they wanted them. There were also now snack stations in the service in the lounge and the first floor, which included a selection of snacks that people could have. This meant that where people had been assessed as needing snacks to supplement their diet and nutritional needs, systems had been developed to provide them. We spoke with one person about the snacks in the lounge, which included fresh fruit, crisps and biscuits. They said, "Oh yes, they are always there, can have them when you want." A member of the catering staff told us that the introduction of these was popular with the people who used the service, in addition to these were chilled snacks, such as shakes and yogurts.

A member of the kitchen staff was knowledgeable about people's nutritional and hydration needs. They showed us records which identified people's dietary needs and explained how these were met. This included for people who were at risk of choking and the referrals that had been made to the speech and language teams for guidance on how to reduce these risks. This was confirmed in records. They told us that there were now nutrition champions in the service, who were responsible for promoting good nutrition and hydration. There were regular monthly nutrition meetings held which identified risks and how to reduce them.

Where people were at risk of not drinking enough, there were improved systems in place which monitored how much people had to drink each day. Records showed that the amounts were recorded each day and totalled at the end of the day. The registered manager told us that the nursing staff checked these to ensure people had drank the assessed amount each day. The records we reviewed showed that people had been provided with drinks over the assessed amounts. We also saw that the hairdresser reported to a staff

member the amount a person had to drink when they were having their hair styled. This staff member then recorded it on the person's fluid sheets. This told us that the system had become embedded in practice. The fluid and food charts were in the communal areas where staff could easily access them to record all the relevant information. For those who remained in their bedrooms, the records were kept there. This meant that there were systems in place to reduce the risks of people becoming dehydrated.

One person allowed us to look at their fluid charts which were by the side of them in the lounge. They told us, "I get plenty to drink and they [staff] always offer me them."
People we spoke with told us that the staff had the skills to meet their needs. One person said, "They seem to be trained, I think they know what they are doing."

Staff told us that they were provided with the training that they needed to meet people's needs and preferences effectively. During our inspection we saw that one staff member was working on their computer based training. They told us that this covered various subjects, including safeguarding. The staff induction which provided staff with training and shadow shifts also incorporated the care certificate. This is a recognised set of standards that care staff are required to work to. One newly employed staff member told us that they had completed training and shadow shifts before they worked alone in the service.

Staff told us that they felt supported in their role. Improvements had been made to ensure that staff were provided with a forum to discuss the ways that they worked, receive feedback on their practice and used this to identify ways to improve the service provided to people. This was an ongoing process and although not all staff had received a recent one to one supervision meeting, there were plans in place which identified when these were to be provided. The heads of departments for catering and domestic were responsible for undertaking supervision of their team. One staff member told us, "We are getting more supervisions now. [Registered manager] has observed me," when they were supporting people.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. Staff sought people's consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs. One person said, "They [staff] wait until I am ready [to get up in the morning], they never take over." Another person said, "They [staff] always ask for my agreement before they do anything."

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received training in these subjects. We saw that DoLS referrals had been made to the local authority as required to ensure that any restrictions on people were lawful and appropriate.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent, this was identified in their records. Best interest decisions were completed where required. The registered manager told us that they were working on new paperwork to detail any best interest decisions made for those who lacked capacity.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us how they had been ill and the staff had arranged for a doctor to visit them. They said, "I am taking antibiotics and they [staff] are keeping an eye on me."

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff were caring and treated them with respect. One person described the staff as, "Very good, kind." One person pointed to the staff that passed by, each of them greeted the person with a smile or wave. The person described each staff member as, "Lovely," then said, "There is not one of them I don't get on with." Another person said that the staff were, "Personable." One person's relative described the staff as, "Very nice."

Staff spoke about people in an affectionate and compassionate way. We saw that the staff treated people in a caring and respectful manner. People responded positively to staff, including smiling and chatting to them and were clearly comfortable. For example, one staff member sat with a person, the person asked the staff member questions, which developed into a discussion. This made the person smile and chat.

We saw how the staff team on duty during our inspection, displayed care and compassion following an incident. It was an emotional time and the staff displayed warmth, compassion and professionalism and ensured that the incident did not impact on the other people using the service.

People told us that they felt staff listened to what they said. People and their relatives, where appropriate, had been involved in planning their care and support. This was confirmed in records, including participation in initial assessments.

People told us that they felt that their choices were respected. One person told us about what time they liked to go to bed in the morning and when they went to bed. They explained the specific times that they preferred and said that they liked to keep to these because they, "Do not want to waste the day." The person told us that the staff were, "Very good," in respecting their choices and when they woke up in the morning the staff usually came in to assist them, "Soon after." This told us that people's usual and preferred routines were respected by the staff.

We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. One person said that the staff, "Always knock my door and wait until I invite them in." When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they moved around the service using walking aids. When people were eating, staff encouraged them to be as independent as possible and offered support when people needed it. For example, one staff member provided a person with their meal and the aids that they needed to independently eat their meal. The staff member said, "See how you get on," they offered assistance when they could see that the person was struggling. This showed that their independence was promoted and encouraged.

Good

Is the service responsive?

Our findings

People we spoke with told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I get everything I need, I am very happy here." Another person, who chose to stay in their bedroom, commented, "I am very happy here, they [staff] always come to ask me if I need anything." One person's relative said that their relative was, "Well looked after."

Staff knew about people and their individual preferences. Staff knew how to meet the needs of people, including those living with dementia. This was confirmed in our observations, where we saw staff communicating with people effectively.

Records provided staff with information about how to meet people's needs. Improvements had been made, the records now included information about people's life history, what they liked and did not like and their end of life decisions. People's conditions and diverse needs identified how these impacted on people's daily living. The records were regularly reviewed and updated. They were also updated when people's needs changed.

People told us that there were social events which they could participate in. One person said, "There is always something going on, and they [staff] ask what we want to do."

One person told us how they had their hair styled, "Every week," by the visiting hairdresser, "I have it blow dried, makes me feel better." We saw people planning for their hair appointments and chatting with the hairdresser. A staff member offered a person a cup of tea, "No, I'll have mine later just waiting to get my hair done."

The activities programme was displayed in the service, which included items such as exercise, reflexology, bus trips out in the community, visiting entertainers, games, flower arranging and a church service was held every month. There were items of art which people had done in the service and a notice board with lots of photographs of various activities and entertainment that people had participated in. These included a meal out in the community, playing games in the garden and celebrating the Queen's birthday.

There was a well maintained garden in the service with raised flower beds. The registered manager told us that this allowed people who used the service to participate in the gardening. One person told us about how they liked to look at the flowers in the garden and pointed out, "The lovely roses."

There was a fete planned for the weekend following our inspection. There were several items in the service, included those for a tombola and raffle. One person encouraged us to go to look at the prizes. They told us how the staff had written to local organisations and many prizes had been donated. They added that they had some items to sell in their bedroom, from last year's fete, and that they were going to run their own stall. The person said that a group of people had worked with the catering staff and made some jam to be sold and they were baking a cake for people to guess the weight of.

A member of the catering staff confirmed that people had made jam to sell. Also they told us that where people wanted to help with the preparation of food or washing up, this was supported. For example, one person had asked if they could wash up, they were given a bowl and some items to do this. Another person often iced a cake that had been made. This showed that people's involvement was supported.

The registered manager told us that since our last inspection there had been a drive to ensure that people, which chose to stay in their bedrooms or were cared for in bed, were provided with social stimulation from staff to reduce the risks of them becoming isolated. One person told us how they chose to stay in their bedroom, "I get lots of visitors, the staff come up for a chat."

People told us that they could have visitors when they wanted them. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. Minutes from a residents meeting showed that people were reminded about how they could make a complaint and were asked if there were any issues people wanted to raise. Records of complaints showed that they were responded to and addressed in a timely manner. These were used to improve the service and prevent similar issues happening, for example, meeting with staff to advise of their responsibilities.

Good

Is the service well-led?

Our findings

Our last inspection of 20 July 2015 we found that improvements were needed in how the service monitored and assessed the care provided to people. The provider wrote to us to tell us how they had addressed this. During this inspection we found that improvements had been made.

Audits and checks were made in areas such as medicines, nutrition and hydration, infection control and falls. Where shortfalls were identified actions were taken to address them. Records showed that incidents, such as falls, were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. There had been a recent pre-inspection assessment completed by an external consultant. An action plan was in place which identified the improvement planned following recommendations made. There had also been a recent check by the local authority and an action plan was developed following this and action taken. For example, reminding staff of their responsibilities in areas such as answering call bells promptly. The registered manager told us how they had identified an issue with a person's dignity during a meal. This had been looked into and addressed and the agency staff member responsible no longer worked in the service.

The registered manager understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. There was support in place for this to happen through meetings with managers of other services and the managing director. There was a new regional manager in post who the registered manager said was supportive.

There was an open culture in the service. People gave positive comments about the management and leadership of the service. People told us that they could speak with the registered manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon. One person told us how they had mislaid an earring and the registered manager was looking for it, "I think it came off in bed, do you know [Registered manager]? Very good, I only have to say if something is wrong." Another person told us how they valued being included in the service, such as the upcoming fete. They said how they were kept updated with what was happening in the service, this included the plans to employ a new gardener to replace the one that had recently left.

Staff understood their roles and responsibilities in providing good quality and safe care to people. We saw the minutes from staff meetings where staff were kept updated with any changes in the service and people were advised on how they should be working to improve the service when shortfalls had been identified. Staff told us that the service had improved and that the registered manager and senior staff were approachable. One staff member said, "It is better, definitely more team work."

The registered manager told us that they were planning to undertake a night shift the weekend following our inspection. This would allow them to observe what happened during the night and to provide supervision and support to the night staff.

People were involved in developing the service and were provided with the opportunity to share their views.

Meetings with people using the service and their relatives were held and satisfaction surveys were completed. One person said, "I always go down for the meetings, we can say what we think." The minutes from a recent meeting showed that people were kept updated with changes in the service and people were reminded that the staff were open to suggestions about improving the service and encouraged people to think of questions for interviewing staff.

We saw that the service acted in accordance with regulation by displaying their rating made by us at the previous inspection in a prominent position in the service. This meant that people and visitors were made aware of this.