

# Anchor Trust Millbeck

## Inspection report

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Date of inspection visit:  
20 November 2018  
27 November 2018

Date of publication:  
13 December 2018

## 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

Millbeck is a residential care home for up to 30 people. Millbeck provides care and accommodation to older people, including those living with a dementia. Accommodation is on two floors with a passenger lift providing access.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff knew how to keep people safe and prevent harm from occurring. Staff had completed training in safeguarding vulnerable adults and understood their responsibilities to report any concerns. Thorough recruitment and selection procedures ensured suitable staff were employed. Risk assessments relating to people's individual care needs and the environment were reviewed regularly. Medicines were managed safely and administered by staff trained for this role.

Staff received appropriate training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and had access to healthcare professionals as and when this was needed.

Staff provided care and support with kindness and compassion. There were positive interactions between people and staff. People could make choices about how they wanted to be supported and staff treated them with dignity and respect. People's independence was promoted and encouraged. There was a welcoming and homely atmosphere at the service.

People received support which was person-centred and responsive to their needs. Detailed care plans were in place which guided staff how people wished to be supported with daily living. People were involved in writing and reviewing their care plans and in decisions about their care. There was a varied programme of activities and entertainment available to prevent people being bored or socially isolated.

People spoke positively about the newly appointed manager and the wider management team. There was an effective quality assurance system in place to encourage feedback, ensure the quality of the service and drive improvement.

Further information is in the detailed findings below.

## 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 remains good

Good ●

### Is the service effective?

The service remains good

Good ●

### Is the service caring?

The service remains good

Good ●

### Is the service responsive?

The service remains good

Good ●

### Is the service well-led?

The service remains good

Good ●

# Millbeck

## 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 was a comprehensive inspection which took place on 20 and 27 November 2018. The first day was unannounced.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The feedback we received was used as part of our inspection planning.

On this occasion we did not request a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with people living at the service. We spoke with nine people who used the service and one relative. We spoke with staff including the manager, deputy manager, office administrator, five care staff, and a member of the kitchen staff. We also spoke with the provider's district manager.

We reviewed four people's care records and four staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the

management of the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People and their relatives felt the service provided safe care. One person told us, "They do a good job of looking after us, I'd certainly say I feel safe here." A relative told us, "I'm happy that [family member] is kept safe and I would recommend this home to anyone."

There were systems and processes in place to safeguard people from abuse. The provider had an up to date safeguarding policy and staff received training in this area. One member of staff told us, "I would go to my team leader with any concerns then to the deputy or the manager. I'd go to the area manager if I felt I had to. I know the signs to look for and I wouldn't have any doubt about reporting."

People had individual risk assessments in place and these were regularly reviewed. Where risks were identified care plans had been put in place to outline the way in which staff could mitigate these risks. Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise risk of further incident.

Risk assessments relating to the environment were carried out and reviewed by the registered manager regularly. Regular maintenance checks and repairs were carried out on premises and equipment. Personal emergency evacuation plans (PEEPs) were in place for each person and the provider had a business continuity plan in place to ensure minimal disruption to the delivery of care in case of an emergency. Fire drills took place regularly and included evacuation practice. Staff played the part of residents to ensure people could be safely evacuated or moved to a safe area of the building in the event of a real emergency.

There were enough staff on duty to meet people's needs promptly and keep them safe. One person told us, "I have a buzzer and whenever I need someone they (staff) come very quickly."

Safe recruitment procedures were still being followed. Pre-employment checks included reference checks and disclosure and barring service (DBS) checks. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Medicines were managed safely and effectively. Medicine administration records (MAR) we viewed had been completed accurately. This meant people had received their medicines as prescribed and at the right time. One relative told us, "[Family member's medicines are managed well. She did manage them herself but it got a bit much for her so staff now do this for her but that was very much her choice."

The service was clean and tidy. Staff were observed using personal protective equipment such as aprons and gloves. Good hand hygiene was promoted and posters reminding staff of this were on display. A relative told us, "It is always clean and always smells nice. The domestics do a good job and are very thorough."

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications had been submitted appropriately and CQC had been notified of any authorisations. Staff had been trained in the MCA and DoLS. Mental capacity assessments and best interest decisions had been made and appropriately recorded. Staff understood the principles of MCA had received training in this area. One member of staff told us, "We don't make decisions for people if we don't have to. We observe and we try to help but we don't overstep the mark. When we do have to make a decision, it has got to be in their best interest."

There were clear signs around the service making it easier for people living with dementia to find their way around independently and identify areas such as bathrooms and toilets. The manager also told us the plans they had for making further improvements to the environment including more interactive and stimulating decoration around the corridors.

Essential training was up to date and specialist training was delivered to ensure staff had the skills necessary to provide care to each individual. One member of staff told us, "We get a lot of training. It comes around so quick you sometimes feel like you've only just done it but it's always good to be reminded of things." People using the service and their relatives were happy with the skills and knowledge of the staff. A relative told us, "[Family member] is well cared for. Younger staff are learning from the right people. They have respect for people and know how things should be done."

Staff told us they felt well supported by management. They received regular supervisions and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One member of staff told us, "You can say what you feel at your meeting without holding back. It's good to discuss things and it gives you chance to work on any areas that need to improve."

Records showed that people had their needs assessed prior to coming to live at the service. These records were used to inform people's risk assessments and care plans. Records showed people received ongoing healthcare support from a number of external professionals.

We observed a mealtime and found it to be a relaxed and sociable experience. People were provided with a varied and nutritionally balanced diet. The kitchen staff were aware of people's dietary needs and kept up to date records. Everyone we spoke with was happy with the quality of the food they received. One person told us, "I have three slices of toast for my breakfast. I have an egg on one slice and jam on the other two. They even cut my crusts off. They couldn't do better." Another person said, "The food is very good."

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People and their relatives were very happy with the care they received and spoke highly about the staff. One person told us, "They really are lovely. They couldn't do more for you." A relative told us, "The staff treat the residents as if they were their own families. They are not just another person in a room."

Staff explained how they promoted choice, privacy and dignity. Staff delivered personal care in a discreet way, closing doors and curtains and making sure people remained covered as much as possible to avoid unnecessary embarrassment. During lunchtime we observed staff checking that people were happy with the choices they had made and offering alternatives without hesitation. One member of staff told us, "[Person's name] is not too sure about their food and can become anxious about eating. Sometimes all you need to do is sit with them and reassure them." Interactions between staff and people using the service were friendly but respectful.

Staff spoke passionately about their work and the people they supported. One member of staff told us, "There is a lovely atmosphere here and I am so proud of what we do for residents. I have worked in care before but I just love it here." Another member of staff said, "The smile on people's faces when you do something for them makes my day."

The provider was aware of their responsibilities with regards to confidentiality and protecting people's data and records were stored securely.

A pre-admission assessment considered people's cultural and religious beliefs and people's religious needs were met with church services held in the service every month.

People were involved in making decisions about their life and care. The provider had a system for regularly reviewing the person's care needs which involved them and their relatives. A relative we spoke with said, "I'm invited to the six-monthly review of [family member's] care plan. We meet with the team leader to go through everything."

Staff encouraged people to maintain their independence wherever possible. One staff member told us, "It's important not to wrap people in cotton wool. We are here to keep them safe but we have to respect that they can still do things for themselves." There was a post-box where people could post correspondence. This was regularly checked by staff who would place letters in the external mail. Staff told us people enjoyed this sense of independence when posting their own letters. A shop area had been purpose built in one of the lounges. This was stocked with items such as tissues, toiletries and snacks that people regularly asked staff to purchase from local shops. The manager told us the shop was a way to give people back some independence to shop for small items even if they were unable to leave the building.



Although nobody was using an advocate at the time of our inspection information on local advocacy services was available and on display in communal areas. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

The care plans we looked at were up to date, easy to follow and tailored to meet people's individual needs. We saw these were reviewed on a regular basis and contained personal information about people's life history, likes and dislikes. This meant staff had detailed up to date guidance to provide support in a way that met people's specific needs and preferences.

The provider had a complaints policy in place and this was on display in public and communal areas. We saw evidence that complaints were handled in line with the policy. Everyone we spoke with said they felt they would be able to complain to the manager or other care staff if necessary. A relative told us, "If there are ever any issues raised they are dealt with straight away."

There was a variety of activities within the home. One to one activities were offered to people who preferred not to join in group sessions and people were supported to keep up with hobbies such as sewing and crochet. The provider had just introduced a new approach to activities. Rather than employing one person to undertake the planning and delivery of activities this was now a responsibility shared amongst the staff team. There were dedicated staff champions who led on different areas, for example the use of iPad and 'Oomph!'. Oomph! is a tailored plan of exercises and physical activities delivered by staff who had received the necessary training. We observed one of these sessions. The staff were enthusiastic and energetic and the group of people taking part were engaged, laughing and active.

A bar area had been created in a downstairs lounge. This was stocked with soft drinks and beers and was a popular place to gather for some of the male residents. The area behind the bar had been decorated with a realistic mural and there was feature lighting that really gave the sense of being 'at the pub'. One of the people we spoke with told us, "[Name] and I often go down to the bar. It's a great place to have a beer and a laugh and a joke with staff."

People were supported to maintain relationships with people that mattered to them. Friends and family could visit at any time and a tablet computer was available for people to make video calls to relatives. A married couple shared two rooms, one of which was their bedroom and the other had been decorated in a way that closely replicated their previous living room. This familiar surrounding had served to minimise disruption and confusion.

There was nobody receiving end of life care at the time of our visit but staff had received training in this area. Some people had 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms in place which meant if their heart or breathing stopped as expected due to their medical condition, no attempt should be made to resuscitate them. Where present, these were up to date and kept in the front of people's care files so they were easily accessible to staff in an emergency. This would help to ensure people's end of life wishes were observed. There was a small memory tree in the entrance to the service that had names of loved ones who

had passed away hung from the branches. There was also a remembrance book which, with family's consent, contained photographs of people who had lived at Millbeck. The manager told us it was important to people using the service and staff that people were remembered in this way.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of Good. At this inspection, we found the service continued to be well led.

There was a newly appointed manager in post who had begun the process to become registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with 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.

The manager had previously worked as deputy manager and had experience and knowledge of the service. The provider supported professional development amongst staff with their 'My Future' programme. Both the manager and the newly appointed deputy manager had successfully completed this programme prior to being promoted to their current roles.

Everyone we spoke with gave positive feedback about the new manager. One person who used the service told us, "The manager is very amenable." A member of staff member said, "Some things have changed recently but I think it's for the better. Things are organised better. I could go to [manager] with anything." Another staff member said, "[Manager] always has time to spend with you."

There were good links with the local community. Local schools visited and two carol concerts were already scheduled to take place in the service over the festive period. The local library had just begun to host 'rhyme time' sessions for pre-school children at the service. An open invitation had been extended to people in the local community who may be alone over the festive period to have Christmas day lunch at the service and enquiries had already started to come in for this.

Feedback on the service was sought via annual surveys and residents and relatives' meetings were held regularly. This feedback was used to make positive changes to the service. A relative told us, "I put forward things at the last meeting and they have already been acted on. It makes a big difference knowing my opinions are listened to."

Staff meetings were held every three months. Staff told us they felt these were a useful opportunity to give feedback on how things were going or raise any concerns they may have. One member of staff told us, "They really do listen to the staff and they take notice of our ideas. We suggested the dementia dogs (lifelike toy animals) and they got them. Things like that make you feel really valued."

A range of quality checks were carried out to monitor the quality of the service. Records showed that these checks were carried out on a regular basis and where they had highlighted areas for improvement action plans were implemented.

Services that provide health and social care to people are required to inform the Care Quality Commission

(CQC) of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.