

# Care UK Community Partnerships Ltd

## Mill View

### Inspection report

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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

This inspection took place on 28 February 2017 and was unannounced. Mill View is a purpose built home providing residential and nursing care for up to 70 people including people who live with dementia, mental health conditions and have general nursing needs. The service provides both long term and respite placements and at the time of the inspection there were 61 people living at the home. Some people were independent but others were living with dementia and had a mixture of dependency levels and needs. Many of the people had difficulties in communicating their needs. This meant that they were vulnerable as they were unable to raise concerns or make basic decisions about their care and welfare needs.

The service had a new manager in post who was about to apply to become the registered manager. 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.

At the last inspection in September 2016 we identified continued breaches of the regulations in two areas. We took enforcement action against the provider. We issued one warning notice in relation to good governance and asked the provider to make further improvements to arrangements for supporting people with food and hydration. We undertook a comprehensive inspection on 28 February 2017 to check whether the required actions had been taken to address the breaches we previously identified. This report covers our findings in relation to these requirements.

Improvements to the governance of the service had been sustained and embedded and this meant that the breach of regulations had been addressed.

Systems for monitoring care provision had become embedded in practice. This meant that risks to people were being effectively managed in a sustained in a consistent way across the service. Clear management and consistent monitoring had led to improvements in the quality of record keeping. This meant that staff had accurate information to support them in providing personalised care to people. People and relatives told us that they had noticed improvements since the last inspection in September 2016. One person said, "I think they have improved quite a bit in the running of this place. All in all, I would say it's a good place to be." A relative told us, "It hasn't been good here but I'd say it is getting better."

People were being supported to have enough to eat and drink. "Hydration stations" had been introduced around the home to encourage people to help themselves to drinks and snacks. Staff were focussed on ensuring that people were offered regular fluids and snacks. People's records were being completed accurately and confirmed that they were consistently meeting fluid targets. People told us that they had plenty to eat and drink and our observations confirmed that people were receiving the support they needed. One person told us, "We have lots to drink, if we want, we ask them and they make it straight away." A relative said, "Staffing levels at meal times are much better and people get the help they need." The

provider had followed their action plan and was now meeting the requirements of the regulations.

People told us they felt safe at Mill View, one person said, "It's nice here there are lot of people around if you need something, you just need to call out." A relative told us, "Staffing levels have really improved over the last six months or so, I complained about staffing levels previously but it is much better now." Our observations confirmed that people were not having to wait for their care needs to be met. Staff were consistently responding to call bells within two minutes and there were enough staff to support people at meal times. Risks to people were identified and care plans detailed how to support them to reduce the risks. People's medicines were stored administered and managed safely and people told us they received their medicines when they needed them.

Staff had the training and support they needed to carry out their roles and responsibilities. People told us they had confidence in the staff. One person said, "I am confident that they (staff), are well equipped to care for everyone." Staff understood their responsibilities with regard to the Mental Capacity Act 2005 and were consistently working in line with the legislation and guidance. People were supported to access health care services and told us that staff were proactive in seeking advice. A relative said, "Staff are very quick to contact the doctor if they are concerned."

People and their relatives told us they had developed positive relationships with the staff. Their comments included, "They are extremely kind, very, very kind," and, "The staff are wonderful. I can't fault the staff they are very caring." Staff knew people well and spoke about them with warmth and affection. One staff member said, "We have such lovely residents, they are our main focus." People were able to express their views about their care. Staff were proactive in offering people choices and supporting them to remain as independent as possible. People were treated with respect and their dignity and privacy was protected. One person said, "The staff are very respectful."

People received care that was responsive to their needs. Care plans were personalised and updated regularly. This provided staff with the information they needed to deliver care that was appropriate for people's specific needs. A relative told us, "They (staff) have been fantastic in responding to the changes in (person's name)'s health." Care records included details of people's life history, interests and hobbies. Staff used this information to encourage people to follow their interest. One person told us, "They have a choir here and they sometimes arrange to go out, it's nice to get out. I have recently taken up painting lessons; there is a lady who comes in on a Wednesday morning."

People and relatives knew how to make a complaint and told us that they were confident that any concerns they raised would be acted upon. There was management oversight of complaints and incidents and accidents. Analysis of these events was undertaken to identify any patterns and to improve the quality of the service.

People, their relatives and staff spoke highly of the management of the home. Most people we spoke with were aware that there was a new manager. One person said, "The manager is very good, very approachable and very accessible." A relative said, "They seem very effective, things are dealt with quickly." A staff member told us, "It feels different here now, calmer, more organised. The new manager has made the difference. Staff are a lot happier, the staff meetings are more positive. It's nice to come to work again."

There was an open culture where issues could be discussed freely. People and their relatives told us they were able to discuss any concerns at regular meetings and records confirmed this. People and staff told us that staff morale had improved. One staff member said, "Staff work well together now, there is good communication, we have regular meetings and the manager listens to our issues."

## 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.

Risks to people were assessed and managed effectively. People's medicines were managed safely.

Staff understood their responsibilities with regard to safeguarding people and recruitment processes ensured that suitable staff were employed.

There were enough staff to keep people safe.

### Is the service effective?

Good ●

The service was effective.

People were receiving the food and fluids that they needed and had access to health care services.

Staff received the training and support they needed to be effective in their role.

Staff understood the requirements of the Mental Capacity Act 2005 and acted in accordance with the legislation and guidance.

### Is the service caring?

Good ●

The staff were caring.

People were treated with dignity and their privacy was respected.

People were supported to express their views.

Staff knew people well and had developed positive relationships with people.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People were supported to follow their interests.

People felt able to raise complaints and were confident that their concerns would be acted upon.

**Is the service well-led?**

**Good** ●

The service was well- led

Systems for monitoring and improving quality were robust and effective.

There was clear leadership and staff were motivated and felt supported.

There was a positive culture with open, clear communication throughout the service.

# Mill View

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 February 2017. Three inspectors and an expert by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. This enabled us to ensure we were addressing relevant areas at the inspection. We had not asked the provider to submit a Provider Information Return (PIR) on this occasion. A PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We received information from the local authority contracts department and also the safeguarding team.

We spoke to 19 people who use the service and seven visiting relatives (including speaking to one relative by telephone). We interviewed seven members of staff and spoke with others during the day. We spoke with the manager, and the operations support manager. We looked at a range of documents including policies and procedures, care records for eight people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's systems.

The last inspection of 5 and 20 September 2016 identified two continued breaches of the regulations. We issued one warning notice requiring the provider to become compliant with the regulations by 31 December 2016. At this inspection we checked what progress had been made.

# Is the service safe?

## Our findings

At the previous inspection of September 2016 we found that the provider had made improvements to address a breach of regulations in relation to staffing levels. Although improvements had been made to the numbers of staff on duty each day, the new staffing structure was yet to be fully embedded. We therefore identified this as an area of practice that needed to improve. At this inspection we found that the improvements had been sustained and there were enough suitable staff on duty to meet the needs of people.

People and their relatives were consistent in their views that staffing levels had improved. One person said, "I do feel we have got a good team of carers now who I can rely on more or less." Another person said, "It's nice here there are lot of people around if you need something, you just need to call out." A third person told us, "I'm quite happy with how it is, at times some are missing but on the whole I'm very happy. I don't find that they are lacking, they do get agency in sometimes but as I said on the whole it's fine." A visiting relative told us, "I think so, there seems to be sufficient numbers. I'm not aware of any shortages." Another relative told us "Staffing levels have really improved over the last six months or so, I complained about staffing levels previously but it is much better now." A third relative said, "Staff retention has been an issue but it is settling now, much better."

The manager told us that staff numbers had been maintained consistently despite having a number of vacancies at the home. They explained that a dependency tool was used to indicate the appropriate number of staff needed to effectively care for the needs of people and that staff views were also taken into account. We noted that call bells were answered promptly throughout the inspection. We checked call bell records for the previous month, these showed that staff consistently responded within two minutes for approximately 80% of the calls. People told us that staff responded promptly and that they did not have to wait long for their care needs to be met. One person said, "When I use the call bell they are very good, they come almost immediately." Our observations on the day of the inspection confirmed that this was the case. This showed that there were enough staff to meet the needs of the people living at Mill View.

Staff told us, and we found, that there was a robust recruitment and induction process in place. We found that checks included requests for two written employment references, evidence of criminal records checks with the Disclosure and Barring Service (DBS) and recent photographic identity. Care staff confirmed to us the records that they had been required to provide, as well as their job interview before they were offered employment. This demonstrated that staff who were employed had undergone rigorous checks to ensure they were suitable to work with the people who used the service.

People received their medicines safely. People told us they received their medicines when they needed them. One person said, "They make sure you take your pills every day." Another person said, "They bring my tablets at the time I need them so I don't have to think about it too much." Other comments included, "They give me my pain relief," and "They see that I get it all." Medicines were administered by trained nurses. We looked at Medicine Administration Records (MAR) and saw overall they were consistently completed and people had received their medicines as prescribed. Charts included a photograph, preferred name, name of

G.P. pharmacist, any allergies and additional personal information on how the individual wanted to receive their medicines e.g. from a spoon, one at a time, any swallowing difficulties. There was a system in place to make sure all medicines could be accounted for. We checked some medicines and found the number in stock matched with what should have been present. This demonstrated that medicines were given in a consistent and proper way. The number of tablets administered was clearly recorded and where appropriate the specific time was also recorded so staff could ensure the gap between doses of medicines was consistent with prescribed instructions. We saw that medicines were managed in a safe and proper way. Some people were prescribed topical medicines such as creams. Body maps were in place which instructed staff exactly where to apply these. Records showed people regularly received their prescribed creams. Appropriate secure storage arrangements were in place for medicines. Fridge and room temperatures were taken daily and on the day of the inspection we saw the temperature was within safe limits.

Some people were prescribed 'as required' medicines. We saw protocols were in place instructing staff under which circumstances to give these medicines to help ensure a consistent approach to their administration. Some people who were receiving insulin had diabetes monitoring form and a pictorial body map of injection sites and relevant information about dosage. We observed the administration of medicines and saw the member of staff responsible for administering medicines did so in a calm and unhurried manner. We saw they ensured people had a drink to help swallow their tablets and remained with the person to check tablets were swallowed. Some people were receiving their medicines covertly. Documentation showed that appropriate mental capacity assessments had been undertaken and documentation included details of best interests' discussions including involvement with the G.P and relevant people. This showed that procedures were in line with the Mental Capacity Act 2005.

People told us they felt safe living at Mill View. One person said, "It's very nice. I think at night it suits people well. Having staff at night makes it safer for those that need help." Other comments included, "It's great, it's really safe here," and "As safe as I could be." A relative told us, "The staff know people very well, they keep people safe."

There were effective systems in place to ensure that risks to people were identified and suitable plans were put in place to manage the risks and keep people safe. Care records were kept up to date on the electronic system as well as in people's care files. Where people had specific health needs risks had been assessed and care plans were in place to provide staff with clear information about how to support the person. For example, one person was supported with a diabetic care plan. Staff were knowledgeable about the person's needs and described how they encouraged them to keep their foot elevated with a pillow when resting in a chair. We observed this happening and noted that the care plan included clear guidance for staff about this. The care plan included actions for staff to document the skin condition for the person on the computer system. We checked this and found that recording on the computer system had been updated in line with the care plan.

Staff used validated tools to assess risks to people. For example one person who had a history of falls was assessed using a Falls Risk Assessment Tool). This identified the level of risk and detailed suitable equipment and instructions for staff to reduce the risk of further falls. Where people needed support from staff to move around or to be repositioned, suitable moving and handling assessments had been undertaken to identify the most appropriate equipment and techniques to use. We observed staff assisting a person to move with the use of a hoist. Staff were confident in their approach, reassured the person and communicated clearly to ensure the hoist sling was comfortable and in the correct position before moving the person. They undertook the manoeuvre in a calm and proficient manner and the person appeared to be relaxed throughout the process.



Some people were at risk of developing pressure sores. Validated assessment tools were used to identify specific pressure ulcer risks for people. Where a pressure sore had developed we noted that a care plan provided clear guidance for staff in how to provide support to enable the wound to heal. This included supporting the person to be repositioned every three hours and increasing their levels of hydration with additional fluids. We observed that staff were following the care plan and records confirmed this was happening consistently.

Incidents and accidents were recorded on the provider's computer system and the manager had oversight of these records. Actions were taken to ensure, where possible, that accidents and incidents were not repeated, records confirmed the actions that had been taken. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. A safeguarding policy was available to guide staff if needed and where appropriate, concerns had been raised with the local authority. Records further confirmed that staff had an awareness of their responsibilities in relation to reporting concerns. Records showed that when concerns had been raised actions were taken to make appropriate enquiries regarding the concern and to identify learning when things had gone wrong.

# Is the service effective?

## Our findings

At the previous inspection of 15 and 20 September 2016 we found that the provider remained in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had failed to fully implement and sustain improvements to ensure that risks of dehydration and malnutrition were effectively managed.

At this inspection of 28 February 2017 we found that improvements had been sustained and that people were receiving the support they needed to have enough to eat and drink. The provider had introduced "hydration stations" around the home which enabled people to help themselves to cold drinks and snacks including fresh fruit. Throughout the inspection we observed staff encouraging and reminding people to help themselves and offering people drinks and snacks. Throughout the morning a tea trolley was seen being taken around to ensure that people who were spending time in their rooms were also offered drinks and snacks. One person said, "They make a lovely cup of tea here, I can have one at any time, I've always got a drink." Another person said, "We have lots to drink, if we want, we ask them and they make it straight away." A third person said, "Its lovely food and there's plenty of drinks available, tea, coffee, juice." One person who needed support to eat and drink told us, "The staff are always getting me to drink and make sure I have enough."

Systems were in place to monitor the fluid intake for people who were assessed as being at risk of dehydration. A hydration calendar showed the daily intake and included a target amount for the person. If the target was not met a management plan was put in place to ensure that the person received the fluids they needed and to avoid dehydration. Records were being completed consistently and showed that people's targets were regularly met. We observed that the systems were now embedded in practice and one staff member confirmed this, saying, "We have focussed on food and fluids and getting the recording right. It has made a big difference." Our observations throughout the day confirmed that people were receiving fluids on a regular basis and always had drinks available. Staff were observed reminding people to drink and supporting them to do so regularly where people were not able to manage themselves.

We observed the lunchtime meal time experience of people living at Mill View. People were able to choose where they had their meal. Some people wanted to eat in one of the two dining areas whilst others stayed in their rooms or ate in the lounge area. Staff were heard offering people options of where to sit and enabled their choice. A menu was on display on each table and outside the dining area. People were offered a choice of hot meals and staff showed people plated meals so they could pick which option they preferred. Staff were observed supporting people who needed help to eat. One person declined their lunch, a staff member tried to encourage them but the person said they didn't want to eat. The staff member suggested alternatives, including a sandwich which was accepted. When the sandwich arrived the staff member sat with the person and chatted to them while they ate. The interaction was positive and the person appeared to be motivated to eat when someone sat with them. People who were eating in their rooms were also seen to be offered a visual choice of plated meals. Staff were seen assisting people to eat in their bedroom and we noted there was a good rapport and positive interactions between staff and people. Staff were seen to be taking their time when supporting people so that they could eat their meal at their own pace. Our

observations were that staff were cheerful and encouraging to the people they were supporting and people responded well. Staff in the dining room areas were seen to be attentive and proactive in offering support to people. For example, one person was seen to be struggling to cut up their food. A staff member noticed and offered support straight away. Another person was reaching for a drink but was not able to pour the jug. A staff member saw this and quickly offered assistance saying, "Can I help you with that?"

Risks and nutritional needs were identified, recorded and monitored effectively. For example, one person needed a gluten free diet and staff were aware of this requirement. Some people had been assessed as being at risk of choking and their care plans included recommendations from a Speech and Language Therapist (SALT). We noted that staff were following people's care plans and recording appropriately to enable effective monitoring. People received the help they needed to have enough to eat and drink. A relative said, "The food is good, there's plenty and they always offer seconds." People told us they were happy with the quality of the food. One person said, "Let me tell you, the food here is very, very good." Another person said, "The food is excellent." A third person said, "The food is getting better," and a relative said, "I do think the general quality is good." One visiting relative told us that they had noticed an improvement since the last inspection. They said, "The food is good, I have tried it, although it's pureed I know it tastes nice. Staffing levels at meal times are much better and people get the help they need."

People and their relatives told us they had confidence in the skills and knowledge of the staff. One person said, "They are good at what they do," another person said, "I am confident that they (staff) are well equipped to care for everyone." A relative told us, "They all appear to know what they are doing." Another relative said, "I feel comfortable when I leave here knowing they are in good hands." Staff told us that they received the training and support they needed to care for people. One staff member said, "There is loads of training here, either on line or we have trainers coming in." Another member of staff said "The manager has an overview of training and when it's due so we are told when some training needs to be refreshed." Records confirmed that staff were receiving training that was relevant to the needs of people they were supporting including, dementia training, diabetes awareness and infection control training. A system was in place to monitor training and identify when staff needed to undertake a refresh to update their knowledge.

New care staff completed a 12 week induction programme which served as an assessment portfolio of evidence skills, knowledge and understanding. New staff also had a 12 week review with the manager. We spoke with staff about the induction process. They said training was of a high quality and gave them the necessary skills to provide effective care. Staff confirmed that they were supported with training, a formal induction and shadowing opportunities with experienced staff. Nurses new to the home also had a comprehensive induction programme leading to the completion of a competency framework. Agency staff who worked at the home on a regular basis were able to access training and any competency issues were addressed with the agency. People told us they had confidence in the regular agency staff who worked at the home. One person said, "The agency staff are good, they get to know us because they come here regularly and they are usually just as good as the permanent staff." A staff member said, "We work well as a team now and communication is good."

Staff told us they felt well supported, one staff member said, "There is good training and regular supervision, I do feel supported. The clinical lead and manager are very experienced, if I have any concerns they are very supportive." Another staff member said, "Things have improved, everyone pulls together and the residents love it." Records confirmed that staff were receiving regular supervision and appraisals. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff were receiving supervision every six to eight weeks and also had an annual appraisal.

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 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 or authorisations to deprive a person of their liberty were being met.

Staff had received training on MCA and DoLS and understood the key principles of the MCA and their responsibilities to act in line with the legislation and guidance. We observed that staff sought consent from people before providing care. For example, one person needed to be supported to move using a hoist with two staff members. Staff were heard seeking the person's permission before positioning the sling. They talked through the process and checked that the person was comfortable before beginning to use the hoist. They were reassuring throughout the manoeuvre and the person was calm and thanked the staff. People told us that staff asked them before providing care, and one person said, "They (staff) don't do anything without asking." Our observations throughout the day confirmed that staff were consistent in their approach when seeking consent before providing care and treatment.

Where people lacked capacity to make specific decisions staff had acted in line with the MCA to ensure that decisions were made in the person's best interest. Mental capacity assessments had been undertaken appropriately and where a person's liberty was potentially being restricted the process for seeking authorisation had been completed. For example, one person who was living with dementia had diabetes and needed regular blood tests and support with managing their illness. A mental capacity assessment had been completed and the provider had applied to the local authority for a DoLS authorisation which had been granted. This ensured that staff were able to provide the care required by this person in line with the legislation. We noted that although one person had been assessed as lacking capacity to make some specific decisions staff continued to seek their consent to care and treatment and respected their decisions. For example, the person had been prescribed special footwear, however they did not want to wear the shoes even though they had been recommended. Staff understood and respected the person's right to make this decision.

People were supported to access the health care services they needed and received on-going support to maintain their health. One person told us, "The doctor comes in to see us if we need them." A relative told us, "The nurse has contacted the GP today." They explained that their relation had regular visits from a chiropodist and periodically saw an optician and a dentist. Another relative said, "Staff are very quick to contact the doctor if they are concerned, and they let us know too." People's records confirmed that staff were proactive in referring people to health care professionals such as speech and language therapist (SALT), tissue viability nurse, podiatrist and diabetic nurse. Advice received from health care professionals was included in people's care plans and monitoring was undertaken and recorded so that appropriate information could be fed back to health care professionals when needed.

## Is the service caring?

### Our findings

People told us that the staff were kind and caring. Their comments included, "Most of the people are brilliant," and "They are all very pleasant," and "They are lovely, the one (staff member) who was just in here is fantastic." Relatives were also positive about the caring nature of the staff, one relative said, "The staff are wonderful. I can't fault the staff they are very caring." Another relative told us, "They are extremely kind, very, very kind." A third relative said, "Some of the staff are very caring, they are excellent. On the whole he is looked after very well, I come in every day so I know that."

Staff knew people well. A staff member told us, "We get to know people from talking to them, and from the information in their care plans." Staff had developed positive relationships with the people they were caring for and spoke about them with warmth and affection. One staff member said, "We have such lovely residents, they are our main focus." We heard staff speaking about people in a positive way, and one staff member was heard saying, "I don't think (person's name) is their usual happy self today, I think I will go and have a cup of tea with them and see if there's anything wrong." Another staff member was heard telling a person, "It's great working here, you always make my day." Interactions between staff and people were friendly and positive throughout the day. We observed that staff were cheerful and people responded well when humour was used. Staff were consistently reassuring to people who were anxious or confused. One person who was living with dementia became distressed and angry at meal time and we observed a member of staff skilfully diffusing the situation with calming reassurance. Throughout the inspection we observed staff speaking to people appropriately, using their preferred names and listening to people's responses.

People told us they were included in planning their care and that they were able to express their views. One person told us, "I am fussy about what I wear, they (staff) know the routine." Another person told us about the 'resident of the day' scheme when people's care plans were reviewed. They said, "They always ask if there's anything I want to adjust in the care plan, so they do consult me on that." A relative said, "The care plan is reviewed once a month but if anything needs attention I ask the nurses and they usually attend to it straight away."

Staff respected and supported people's choices. People told us they were supported to make choices. One person said, "The staff always check what I want and how I would like them to do it." People's rooms were personalised with their belongings and items that were important to them. People were supported to maintain their personal and physical appearance. They appeared to be dressed in the clothes they preferred and in the way they wanted. Many people had been to the hairdresser on the day of the inspection. One relative told us that their relation had always been particular about their appearance. They said, "It's so nice that they consider people's appearance, it boosts their confidence and everyone tells her she looks nice." We heard a staff member complimenting the person, saying, "You look lovely, she has done your hair beautifully."

People said they were treated with respect and their dignity and privacy was protected. One person said, "The staff are very respectful, they knock on my door and if they don't I tell them to do so." Another person

said, "They treat us all with a lot of respect, a lot of dignity and there is privacy should you require it." A third person said, "They treat you very well, they knock or call out, they're good at that. If I wanted to read all day they would accept that and wouldn't disturb me." Relatives also said that staff were respectful, and one relative told us, "The staff always speak to (person's name), they address him not me. I think they are very respectful." Another relative said, "They are very discreet, I have to commend them on that. I am full of praise." A staff member said, "I always respect people's dignity. I know they need help but we do it sensitively." Our observations throughout the day confirmed that staff supported people's dignity and protected their privacy. We saw that staff made sure doors were closed before assisting people with personal care and they offered support in a discreet way when people required it. Records were maintained securely and staff understood the importance of maintaining people's confidentiality.

People were supported to remain as independent as possible. Some people were able to move freely around the home and could go out if they wanted to. Other people needed more support and staff were seen to be proactive in enabling people to maintain their freedom. For example, each bedroom had a memory box outside the door with items that were important to the person such as photographs and familiar objects. This was designed to support people to remember and recognise their own bedroom.

Relatives told us that they felt welcomed at Mill View and that there were no restrictions on visits. One relative said, "I come here most days, at different times and the welcome is always warm and friendly." Another relative said, "If I wanted to come at ten o'clock at night I can do, the staff said, just come at any time you want." We observed staff greeting visitors warmly and offering them drinks. One relative told us, "The staff are very approachable and always know what (person's name) has been doing. They give us an opportunity to feed in and communicate any issues. For example, we know that (person's name) used to like to have her hair cut every six weeks so we told staff that and it's in the care plan now." Another relative told us that they felt valued by staff who asked for their views. They said, "Sometimes they will ask me a question because they know I was the main carer for all those years. It's validating for me. I have had a lot of support from the staff here too because it's been hard to let go, even though I know the care is good. I really appreciate what they do and how they have cared for both of us."

# Is the service responsive?

## Our findings

At the previous inspection of September 2016 we found that the provider had made some improvements to address a breach of regulations in relation to maintaining complete and accurate records. However, the improvements in the personalisation of care plans was not fully embedded and there remained a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that the improvements had been sustained and embedded and this breach of regulations had been addressed.

People had comprehensive care plans with a range of assessments relevant to their needs. Care plans guided staff in how to provide care in a person centred way. For example, one person told us that they loved to listen to Radio 6 in the mornings and enjoyed having porridge for breakfast. We noted that this had been recorded in their care plan. A relative told us that staff knew their relation well they said, "Staff take the trouble to get to know people. They know he likes black coffee with one sweetener and he has to have it thickened." We saw that this information was included in the person's care plan.

Care plans contained personal information, which recorded details about people and their lives including their personal history. Staff told us they used this information to support people to maintain their interests. For example, a staff member told us about one person who enjoyed singing saying, "They used to be in a choir." The person's relative confirmed this and said that they were aware that staff encouraged their relation to attend the church service because they knew how much they enjoyed singing. Another person's care plan included information about their previous occupation as a gardener. They told us that staff encouraged them to maintain their interest with visits to a local garden centre, gardening magazines and access to the garden when the weather allowed.

Most people told us they were happy with the activities programme at Mill View. One person said, "All sorts of things go on, inside and outside." Another person said, "The thing I enjoy most are the quizzes, and this afternoon I am going to bowls." A third person said, "They have a choir here and they sometimes arrange to go out, it's nice to get out. I have recently taken up painting lessons; there is a lady who comes in on a Wednesday morning." A relative told us, "They are very good with the activities here, we get a programme, they have something every morning and afternoon." We noted that the bowls club was well attended and the activities co-ordinator went and reminded people that it was happening and encouraged them to come along. People were offered drinks and snacks at the beginning including sherry, wine, beer or a soft drink. We observed staff supporting people to join in with the bowling and there was a happy atmosphere with lots of laughter and people clearly enjoying themselves.

Some people said they did not want to take part in organised activities. One person said, "I don't join in much although the staff keep telling me about them. I've always liked my own company. I don't have to do something if I don't want to, the staff respect my choices." Only one person we spoke with told us they got bored sometimes, saying, "I would like to get out more." Other people we spoke with said that they had enough to occupy themselves. Our observations were that some people who were living with dementia were not always receiving stimulation and staff were not always able to spend time chatting and being with them.



We discussed this with the manager. The home had a number of features that were designed to encourage and stimulate memories for people, particularly those who were living with dementia. For example, there was a lounge area that had been decorated in the fashion of the 1950's to 1960's. There were brightly coloured hats and scarfs hanging in the hallways and one area that replicated a garden with a washing line. Although these design features were appropriate for people living with dementia staff were not seen using these props to communicate and engage with people. Some areas of the home such as the library room were rarely used and the manager told us that this was an area of practice that they wanted to develop.

Staff were responsive to the needs of people they were supporting. A relative told us, "Last year we were really worried because (Person's name) had lost weight and wasn't eating enough. The staff have been really patient and caring and their health has really improved. They have put on weight and they have a good appetite now." Another relative said, "When our relation's hearing aids went missing staff were very good. They managed to find one and ordered a replacement for the other one very quickly." A third relative said, "They have been fantastic in responding to the changes in (Person's name)'s health. They are receiving palliative care now and the staff have arranged everything with the doctor. As things progress everything, like pain killers and other medicines are already in place. It gives me peace of mind."

People and their relatives told us that they knew how to make a complaint and were confident that actions would be taken if they did. One person said, "I did have one complaint and that has been sorted." Another person said, "I have no complaints but if I had something I would say straight away." A third person said, "I don't have any complaints but, if I did, I wouldn't be afraid to speak up." A relative told us, "There is a complaints policy and you can talk to any of the staff or directly to the manager. We haven't had to complain but I would not hesitate and I am sure they would act on it. If not I would take it higher." The complaints system recorded details of complaints and actions taken to address people's concerns.



# Is the service well-led?

## Our findings

The registered manager had left the service in January 2017 and a new manager had been appointed. They were in the process of applying to become registered with CQC. Some people told us that they were aware of the new manager but not everyone knew who the new manager was. People and relatives spoke highly of the management of the home. Their comments included, "The manager is very good, very approachable and very accessible." Other comments included, "I talk with them (The manager), I know them and they know me," and "I speak to any of them (Managers) if I need to."

At the previous inspection of September 2016 we found that the provider continued to be in breach of regulation 17 of the health and social care act 2008 (regulated activities) regulations 2014. This was because they had failed to fully implement improvements detailed in their action plan to improve systems for assessing and monitoring the quality of the service. Although some improvements had been made they were not yet embedded and the breach remained. We took enforcement action and issued a warning notice requiring the provider to become compliant with the regulation by 31 December 2016.

At this inspection we found that the provider had followed their action plan and improvements in monitoring quality and in the governance of the service had been sustained. This meant that the breach of regulations had been addressed. There were robust systems in place for monitoring care provision and this had improved the consistency of staff practice. For example, recording in food and fluid charts was consistent and this enabled more effective monitoring to ensure people's needs were being met. Action was taken to address any gaps in recording. Effective monitoring identified increased risks to people and enabled actions to be taken to respond and mitigate such risks. Care records were monitored and reviewed regularly, and where records were kept on the electronic system this was consistent with paper records. This ensured that staff had up to date, accurate information to use when providing care.

Staff had a clear understanding of their roles and responsibilities and this ensured that governance arrangements were effective. Staff told us that morale had improved and that they felt well supported. Staff were regularly reminded of their roles and responsibilities at supervisions and staff meetings. Staff told us they felt very confident that they would be supported to escalate any issues or concerns they became aware of, if this was required. Several of the staff members who spoke with us commented on improvements in morale amongst the staff team. One staff member said, "The morale of the staff team is very good but I would report any concerns straight away to the manager." Some relative's commented that they had noticed improvements and one relative said, "Staff morale has really improved, I think they are much happier." Another relative said, "We have seen a different style of management emerging and staff seem a lot happier." A third relative said, "It's been up and down here over the years but on the whole things have improved quite a lot."

People, relatives and staff described an open culture where issues could be discussed freely. One person said, "We have residents' meetings once a month where we discuss problems." Another person said, "They do a meeting once a month. Any issues we have are talked about then." A third person said, "You can go to a meeting and any complaints or concerns are discussed openly here." A relative told us, "We have relative's

meetings and if anything needs attention they usually attend to it." We saw notes from both resident's and relative's meetings showed that issues were recorded and actions that were taken were communicated at the next meeting.

There were a range of systems and processes in place to monitor quality. The provider undertook quality assurance questionnaires to gather people's views on their experience at Mill View. The results of the survey were analysed and answers were scored to provide a statistical overview of the performance of the home. There were a range of audits undertaken to monitor the quality of care and to drive improvements. Each audit had an action plan attached. For example, an infection control audit had been undertaken in January 2017. The action plan included a timescale for identified improvements to be completed and a date for progress to be reviewed. This had been completed by the clinical lead and was signed by the manager. We looked at a number of audits including, health and safety, medicines, and audits of food and fluid charts. Action plans identified improvements such as additional training for staff and indicated when this had been completed.

There were systems in place for monitoring complaints, accidents and incidents. These systems showed that there was managerial oversight and provided the opportunity to identify patterns and trends as well as a providing an audit trail of actions taken to reduce further occurrences.

People and their relatives told us that they felt there had been improvements in how the service was run. One person said, "I think things are improving." Another person told us, "I think they have improved quite a bit in the running of this place. All in all, I would say it's a good place to be." A third person said, "Generally they are very good, and they engage well with the staff." One relative said, "It hasn't been good here but I'd say it is getting better." Another relative told us about the new manager saying, "They have been spot on. They ran the first relative's meeting very well. It was structured and they didn't duck any issues, they tackled issues head on. For example, one day staff had been called to a meeting and that left people vulnerable with not enough staff around. They, (Manager), raised this before any of us had too, reassuring people that it had been noted and would not happen again." Another relative also spoke well of the new manager saying, "They seem very effective, things are dealt with quickly. Everything is much tighter now, for example there are always drinks and snacks available for people." A third relative commented, "They have a very open approach, they seem confident and calm and quick to respond. There is a good atmosphere."

Staff were positive about the management of the home. They told us that the manager was aware of the day to day staff culture and picked up on staff who did not appear to be their usual selves. One staff member said, "The manager is brilliant and very supportive." Another staff member said, "They are a very good manager, there has been loads of changes that work, things are up to date now and the documentation is correct." A third staff member told us, "I love coming to work here now, we had some upheaval recently but things are more organised now. I can't imagine doing anything else." A fourth staff member said, "It feels different here now, calmer, more organised. The new manager has made the difference. Staff are a lot happier, the staff meetings are more positive. It's nice to come to work again."

Staff were able to describe the vision and values of the service. They spoke confidently about the provider's key values of putting people first and treating each person as an individual. Staff told us that team work and communication had improved. One staff member spoke about how well the domestic staff and care staff worked as a team. Another staff member spoke positively about communication between nurses and care staff saying, "Everyone interacts well." A third staff member said, "Staff work well together now, there is good communication, we have regular meetings and the manager listens to our issues. They look to resolve things without causing an (negative) impact. Everyone is a team player and works well."

The provider understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The provider had ensured that notifications were submitted to us, in a timely manner, about any events or incidents they were required by law to tell us about. They had also sent regular updates of their action plan to make improvements following the previous inspection. The new manager was aware of the requirements following the implementation of the Care Act 2014. For example they were aware of the new requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The manager was proactively seeking to become registered with CQC. They told us that they were committed to continuing to improve the quality of care at the home.