

J Sai Country Home Limited

Millway House

Inspection report

Amesbury Road
Weyhill
Andover
Hampshire
SP11 8DE

Tel: 01264773737

Date of inspection visit:
05 December 2018
07 December 2018

Date of publication:
14 January 2019

Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This inspection was unannounced and took place on the 05 and 07 December 2018.

Millway House is a 'care home' and is registered to accommodate up to 57 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection 44 people were accommodated at the home.

The registered manager left shortly before the inspection and there was a new manager in post who wasn't yet registered but an application for this was in the process. 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.

We found people's safety was compromised in some areas. Risks associated with people's care had not always been identified and assessments made to reduce these risks for people. These included those associated with behaviours which may be challenging or distressing for people. Environmental risks were not always managed effectively.

Staff felt supported through training. However, staff did not receive regular supervision to discuss areas of development and to enable them to carry out their roles effectively.

Relevant recruitment checks were conducted before staff started working at the service to make sure staff were of good character and had the necessary skills. However, there were unexplained gaps in some staff employment histories.

Staff understood safeguarding procedures to keep people safe. There were enough staff to keep people safe.

Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. However, some decisions needed to be explored more for people who required bedrails.

Medicines administration records (MARs) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

People were cared for with kindness, compassion and sensitivity. Care plans provided information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. A complaints procedure was in place.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service had deteriorated to requires improvement.

All reasonably practicable steps had not been taken to recognise and mitigate risks associated with the environment.

Improvements were needed to ensure the effective management of infection control risks.

Overall recruitment practices were safe, however we noted some unexplained gaps in pre-employment.

People felt safe when receiving support from staff members. There were enough staff to keep people safe.

Staff were trained and supported people with medicines safely. Staff understood safeguarding procedures to keep people safe.

Is the service effective?

Requires Improvement ●

The service had deteriorated to requires improvement.

Staff did not always receive sufficient support and supervision to complete their roles effectively.

Some aspects of the environment would benefit from being refurbished and adapted to be more suitable for people with living with dementia.

Staff respected people's choices and decisions. Where people. Lacked capacity to make decisions, staff had not consistently applied the principles of the Mental Capacity Act 2005. acted in accordance with people's consent.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Staff received appropriate training. People were supported to access health professionals and treatments.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The governance arrangements needed to be strengthened and developed. Whilst a number of audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at ensuring compliance with the Regulations.

People and relatives felt the service was well run.

Staff spoke highly of the management, who were approachable and supportive. However, staff meetings had fallen behind.

Millway House

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 visit was unannounced and took place over two days. On 5 December 2018 one inspector, a specialist advisor in nursing care and an expert by experience visited the home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On 7 December 2018 one inspector visited the home to complete the inspection.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people, two relatives and one visitor to gain their views of the service at the home. We observed care and support being delivered by staff and their interactions with people in communal areas of the home.

We spoke with the new manager, a representative of the provider and 13 members of staff including an activities coordinator, one maintenance staff, two registered nurses and eight members of care staff. Following the inspection, we received further feedback from five health and social care professionals.

We looked at a range of records which included, the care records for eight people, medicines records and recruitment records for four care staff. We also looked at records in relation to the management of the service, such as health and safety records, minutes of staff meetings and quality assurance records.

We last inspected the home in September 2016 where no concerns were found. The home was rated as good in all domains.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe, I am well looked after". Another person said, "I would sooner be in my own home but I was not able to look after myself and I wasn't safe, I am now". A relative told us, "I would not leave my loved one here if I did not feel they were safe". A visitor said, "I feel [person's name] is safe here, [they] always get in good staff".

Staff followed a daily cleaning schedule and most areas of the home were visibly clean. However, some of the older parts of the home were in need of a refurbishment and presented an infection control risk. For example, some of the handrails in the downstairs bathrooms were rusty, and in one bathroom there was some exposed wood. We were concerned that these areas could not be cleaned properly. A commode chair was being used as a shower chair and as a result the wheels were full of rust as it was not meant for this purpose. A shower tray was found to be dirty.

A sluice room was noted to contain worn and exposed chipboard which would not be able to be cleaned properly and was in an area at high risk of contamination and caused a high risk of infection.

Some risks associated with the premises had not been adequately assessed or planned for. We found a bottle of toilet cleaner not locked away. This can pose a danger to people living with dementia, who could accidentally ingest this and come to harm. A sluice room was found to be unlocked. People could access hot water tanks and pipes around the home, presenting a scalding risk to people with dementia. We also observed a toilet cistern with no lid, meaning people could access this.

We shared our findings with the manager and maintenance staff who told us they would take action to secure temporary solutions to the concerns.

We were concerned that people, living with dementia, were able to access a large garden pond. There was no barrier to protect people from falling in the pond and no risk assessment in place to help ensure all remedial actions were in place to keep people safe. On the first day of the inspection we saw an outside door to the pond area was not secure. The door had a sign saying the door must be locked, but when we visited this area at different times of the day we could access outside and no alarm sounded. A member of the maintenance staff told us the door had weathered due to the cold and damp and as a result did not always self-close probably. On the second day of the inspection the door had been planed down and now shut securely.

We found a window that could open fully on the top floor as the window restrictor had broken. We were concerned that this placed people at risk of falling from a height. Action has now been taken to address this and we have asked the provider to check all other window restrictors to ensure they are in good working order.

The failure to fully assess and manage risks to people's health and wellbeing was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the risks associated with people's assessed needs had not been fully assessed for planned for. For example, one person could display inappropriate behaviours to other people and to staff. There were no risk assessments in place to identify how these behaviours may present or how staff should effectively manage these to keep people safe. Staff had not received training in managing behaviours which might challenge. One staff member told us, "We haven't had the professional training and [people] will get aggressive and its hard as [I'm / we're] not sure if doing the right thing or making it worse, as not had the training to deal with it". For another person their care plan for their mood and wellbeing, stated they may get anxious and confused but doesn't advise staff how to help the person manage their anxiety to improve their wellbeing.

We discussed these concerns with the new manager. They told us they will arrange training for staff.

Other risks to people were more effectively managed. For example, people assessments on the risks of poor nutrition, mobility, the use of bed rails and the maintenance of skin integrity.

A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. Whilst some checks were taking place, guidance from the Health and Safety Executive (HSE) states that social care providers should carry out a full risk assessment of their hot and cold-water systems to ensure that there are adequate measures in place to control the risks associated Legionaries disease. This was not in place.

We also recommend that the manager/provider develop a robust business continuity plan to demonstrate how staff should respond in event of a range of foreseeable emergencies.

Staff were checked for their suitability before being employed in the home. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service to make sure staff were suitable to work with vulnerable people. However, there were a couple of unexplained gaps in staff employment history, which had not been explored by the provider.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on them. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff had responded appropriately to any allegation of abuse.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

People and their relatives told us there were enough staff to meet assessed needs. One person told us, "I just have to ask and a member of staff helps me". Another person said, "I have not been well lately and I am not able to leave my room. The staff keep popping in to make sure I am OK". Throughout our inspection, staff appeared to be available when people needed them.

There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Staff had received medicines training and been assessed as competent to administer medicines. Medicines were administered in a safe and respectful manner and the

staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

The home administered medicines that required stricter controls called controlled drugs. A spot check of these medicines showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given, in line with current legislation. Homely remedies were available for people if these were required. These are medicines which can be bought over the counter at pharmacies. These were assessed by the GP and guidance in place to support staff. We did note that some people were prescribed nutritional shakes which came in a powdered form. These were not always stored securely. We were concerned people living with dementia, might try to consume the shake in its powder form. We discussed this with the manager who told us they would review the procedures for safe storage of these nutritional shakes.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Is the service effective?

Our findings

People told us they felt happy living at the home and they thought staff were well trained. One person told us, "The staff know what they are doing and the way I like things done". A health professional told us, "I have more interaction with nurses but when asked carers are knowledgeable about residents and caring. Patients seems consistently well cared for. Nurses are skilled and knowledgeable. Staff training seems good and nurses will ask if uncertain - always keen to learn".

Staff told us they had not received one to one supervision meetings for a long time. Records showed that supervisions had fallen behind. Most staff had only received one supervision session within the last 12 months despite the provider's policy stating staff should have access to a supervision meeting for a 'minimum of six times a year for full time staff'. Supervisions provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Without these the provider cannot be assured staff have the right skills and support in place for them to effectively carry to their role.

The new manager told us they had recognised that improvements were needed to the supervision arrangements and had put new systems in place to effectively deliver this. This included planned dates for staff supervisions and appraisals to commence in the new year.

The lack of effective supervision for staff meant the provider could not be assured people received care from staff who had the right skills and competencies to meet their needs effectively. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of courses relevant to their roles and responsibilities. Staff praised the range of training and told us they were supported to complete any additional training they requested. For example, some registered nurses and care staff were currently completing a dementia and end of life care training course with the training being provided by a local hospice. A health professional told us, "The team have completed the six steps programme which is nationally recognised course that improves end of life care, supporting staff to develop their roles and skills in this area and is delivered by the palliative care team". We observed very good moving and handling interventions. Whenever a person required hoisting, the staff member fully explained what was going to happen, asking if it was ok to continue. The member of staff continued to reassure the person throughout the procedure.

Registered nurses were supported to develop their clinical skills and ensure they were up to date with practice to meet the requirements of their registration with the Nursing and Midwifery Council (NMC). Registered nurses told us their training was comprehensive and up to date.

New staff completed an induction programme and arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff who complete a learning

programme designed to enable them to provide safe and compassionate support to people.

Most of the people supported by staff had capacity to make their own day to day decisions. People told us that they made their own decisions and that staff respected these and carried out their instructions. We observed staff seeking consent when supporting people. For example, staff asked people if they would like to go to the dining room for lunch. One person told us, "The staff always ask me before they help me". Another person said, "The staff always knock on my door and ask if they can come in". A health professional told us, "Staff have a reasonable understanding of consent and capacity issues and are respectful of patient choices".

Some people, however, lacked the mental capacity to make some of the more complex decisions relating to their care. Where this was the case, in most circumstances, staff had completed mental capacity assessments and best interests consultations to reach a shared decision about the actions that might be necessary to keep people safe. This indicated that staff were following the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We did note that, some people required the use of bed rails to prevent them falling out of bed. For people who could not consent to this, no mental capacity assessment or best interest's consultation had taken place. This is an area for improvement.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLS. Staff were aware of the support required by people who were subject to DoLS to keep them safe, and protect their rights.

People received varied and nutritious meals including a choice of fresh food and drinks, and told us they enjoyed the food. One person said, "The food is very good, the choices are the things I like". Another person told us, "There is a good variety". A relative told us, "The food is very good, my loved one enjoys their food, breakfast is their favourite meal...", staff always ensure they have things to nibble that they like, such as a strong cheddar cheese". A health professional said, "Food seems excellent".

There was a choice of two meal options at lunch time. If people did not want the choice on the menu they could chose an alternative. The chef was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food. Care plans detailed the support people required from staff at mealtimes and we observed staff sitting with residents and assisting them to eat as appropriate. There was a relaxed atmosphere in the dining room, the meal was unhurried and people chatted together and with the staff.

Care plans included any risks associated with eating and drinking. Several people had been identified as being at risk of choking and we saw that there was guidance for staff to follow about how to keep them safe. People's weight was monitored and where people had experienced weight loss this was reported to their GP.

People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, specialist nurses and chiropodists. The service used a nationally recognised tool to identify a physical deterioration in people and to detect early warning signs of illness.

All the health professionals we received feedback from were positive about the care provided. One health professional told us, "It is a pleasure to work with a home who know their residents so well. I trust their clinical judgement and they have always escalated concerns, for example a deteriorating patient, appropriately".

Overall, the premises met people's needs. People said that they were comfortable and had been enabled to personalise their rooms. The home consisted of two units. One unit was modern, purpose-built and clean and well maintained. Each of the rooms in this unit had ensuite facilities. The second unit was the older accommodation which was not purpose built. Further work was needed to make this unit suitable for people living with dementia and to ensure it enhanced their independence. This unit was also in need of general refurbishment. For example, the carpets were worn and in need of replacement as were the communal bathrooms. Staff also told us the home would benefit from additional equipment for moving and handling. They explained that the home only had two pieces of equipment to assist people to stand safely. One of these were currently out of order. We spoke to the new manager who told us the new provider would be looking at equipment.

We spoke to the new manager and new provider about our concerns and they told us they had plans to refurbish the older part of the building.

Technology was used in the home to effectively support the safety and welfare of people. For example, pressure mats and alarm mats were in use in the home to reduce the risk of falls for people.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "The staff are lovely. They cannot do enough for me". Another person said, "The staff are great, they always go the extra mile". Other comments included, "I am never rushed, the staff always support me with a smile" as well as, "The staff cannot do enough for me, [they are] always willing to help me when I need it". A relative told us, "I cannot fault the staff, they are very caring. I could not ask for more". Another relative said, "The staff are marvellous, they always have time for my loved one and never rush her."

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care. One staff member told us how one person did not like the door shut, so when they provided personal care they used a screen to protect their privacy instead.

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing caring attitudes whether conversations were outwardly meaningful or not.

People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received.

People were supported to maintain their independence. We observed people being supported to be as independent as possible, even though this might present some challenges or risks. One person said, "I am supported to maintain my independence as much I can. I can still get myself up and washed in the morning and I am left to get on with it however, I know that should I need help, I just have to ask. I like it this way".

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured they could not be overheard.

Is the service responsive?

Our findings

People told us that there were activities going on all the time. One person said, "There are always activities going on but they don't force you to participate". Another person said, "I look forward to the activities". A health professional told us, "Patients appear to engage with activities on the whole and be encouraged to by staff".

People were able to choose which activities they took part in, and suggest other activities they would like to undertake. The home employed activities coordinators who were passionate about their roles and clearly enjoyed working with people. There was a range of activities provided throughout the day. During the first morning of our inspection, activity staff were encouraging people to complete chair exercises and part of this involved catching a ball to improve coordination which was well attended. In the afternoon on the second day of our inspection an outside musical entertainer visited which proved to be very popular with people. Activities were clearly displayed, and the timetable included activities over Christmas. External activities were routinely scheduled and included visits from school children and birds of prey and outings to garden centres and places of interest.

Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. People's care plans were comprehensive and detailed, including their physical and mental health needs. The care plans also included detailed daily routines specific to each person which helped to ensure that people received care and support personalised to them. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted in accordance with these. Records showed care plans were reviewed monthly, or sooner if necessary. One relative told us, "I regularly review my loved one's care planning".

Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care. Staff training included palliative care. Staff told us how the service involved external healthcare professionals to support people at the end of their life. One health care professional told us, "The new manager appears to be proactive and responsive to patients' needs as well as staff learning needs within end of life care".

People and their relatives told us they knew how to raise concerns and felt confident any concerns they raised would be addressed promptly by the manager and staff. One relative told us, "If I have anything to say, I talk to the staff and it's sorted". The complaints policy was displayed within the home.

Meetings were held with people and their relatives. These were held to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. One person told us, "I only go if I have something to say and when I do, I am listened to". A relative said, "I have attended a family meeting they are positive and I feel we are listened to". The service also sought feedback from residents and family members through the use of a quality assurance survey questionnaire which was sent out yearly.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal

requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was complying with this standard, although some improvements could be made in the provision of literature for people living with dementia.

Is the service well-led?

Our findings

People and their relatives thought the service was well run. One person told us, "The manager is new but seems very good and keeps things moving the way I like". A visitor said, "[previous registered managers name] always seemed very good and organised and [new managers name] seems very approachable". A health care professional told us, "Staff seem happy and consistent. Management is always visible and [there are] clear lines of responsibility. When there have been difficult situations with patient's staff don't shy away from this and have an open learning environment. [It's] one of the better care homes in the area, I would put a relative here". Another health care professional said, "I would be happy for any member of my family to be a resident at Millway".

At the time of our inspection there had been a recent change of manager and the service was also under new ownership. Staff we spoke with seemed enjoyed working at the service. There appeared to be a good relationship between staff and management and they supported each other. One staff member told us, "Got some good staff at the moment, the new manager is really lovely, you can approach her".

Records showed staff meetings had taken place regularly for registered nursing staff and management. However, we could only find one recent record of care staff meetings. Staff told us they haven't had a staff meeting for a long time. Staff meetings are an open forum and can be used to share ideas, discuss concerns about people who used the service and to share best practice. Meetings can also be used to reinforce the values, vision and purpose of the service. The new manager told us they would be introducing regular staff meetings and were looking at holding these monthly.

The governance arrangements needed to be strengthened and developed. Whilst a number of audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at ensuring compliance with the Regulations. They had not identified the concerns we found during this inspection such as the concerns about the safety and suitability of the premises and the ongoing support for staff. We could not be confident, for example, that there were effective systems in place to manage and control risks associated with legionella. This is an area for improvement.

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The risks associated with people's care and the environment had not always been identified and actions taken to mitigate these.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The provider had failed to ensure staff had been supported through supervisions.
Treatment of disease, disorder or injury	