Abbeyfield Society (The)

Millbeck House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Millbeck House on 14 and 15 November 2017. The first day of our visit was unannounced. This meant the staff and the provider did not know we would be visiting.

Millbeck House is located in Arnold, Nottinghamshire. The service provides care and accommodation for up to 32 older people with age related needs, including dementia and physical disability. Accommodation is provided on two floors with a number of communal areas and enclosed gardens available for people to use. On the day of our inspection there were 25 people living at the service. At the last inspection in March 2015, the service was rated Good. At this inspection we found that the service remained Good, though there was a deterioration in Safe.

The service had a 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.

People did not always receive their medicines as prescribed by their doctor. Whilst there was a protocol in place for staff to follow when supporting people to take homely remedies such as paracetamol for pain relief, these were not in place for people who had medicines prescribed as and when required.

People using the service told us they felt safe living at Millbeck House. Relatives we spoke with agreed they were safe living there. People were kept safe from avoidable harm because the staff team understood their responsibilities. They knew what to look out for if they suspected that someone was at risk of harm and knew who to report their concerns too.

The risks associated with people's care and support had been assessed and reviewed.

Appropriate pre-employment checks had been carried out on new members of staff to make sure they were safe and suitable to work there. An induction into the service had been provided and on-going training was being delivered. This enabled the staff team to gain the skills and knowledge they needed in order to meet people's needs. Whilst people's needs were being met by the numbers of staff deployed at the service, there were times when people were left to sit and occupy themselves, or simply sleep.

People were provided with a clean and comfortable place to live. An on-going refurbishment plan was in place and improvements to the service were evident. There were appropriate spaces to enable people to either spend time with others, or on their own.

People's needs had, whenever possible been assessed prior to them moving into the service to make sure they could be met by the staff team. Where people had arrived in an emergency, such as from hospital, as much information as possible had been obtained beforehand.

People told us the meals served at Millbeck House were good. Their dietary requirements had been assessed and a balanced diet was being provided. Monitoring records used to monitor people's fluid intake did not always reflect that people were offered drinks in between the structured times provided.

People were supported to maintain good health. They had access to relevant healthcare services such as doctors and community nurses and they received on-going healthcare 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 told us the staff team were kind and caring and treated them with respect. Observations made during our visit confirmed this. We observed the staff team treating people in a friendly, caring and considerate manner. They knocked on people's bedroom doors before entering and if someone declined their offer of help, this was respected.

People were supported in a way they preferred because plans of care had been developed with them and with people who knew them well. The staff team knew the needs of the people they were supporting because the necessary information had been included within their plan of care.

People knew who to talk to if they had a concern of any kind. A formal complaints process was in place and this was displayed. People were confident that any concerns they had would be taken seriously and acted upon. Complaints received by the registered manager had been appropriately managed and resolved.

The provider had an end of life policy in place and this showed the staff team how to provide high quality care for people as they approach the end of life.

Staff members felt supported by the management team and told us there was always someone available to talk with should they need guidance or support. The views of the people using the service were sought. This was through meetings and the use of surveys. Systems were in place to monitor the quality of the service being provided and a business continuity plan was available to be used in the event of an emergency or untoward event.

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?

Requires Improvement

The service was not consistently safe.

People did not always receive their medicines as prescribed.

People were kept safe from avoidable harm.

The risks associated with people's care were assessed and managed.

People were at times left to their own devices due to deployment of staff.

People were provided with a clean place in which to live.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led.

Millbeck 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 took place on 14 and 15 November 2017. The first day of our visit was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people.

Prior to our inspection, the provider had completed a Provider Information Return [PIR]. This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR before our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about.

We contacted the commissioners of the service to obtain their views about the care provided. We also contacted Healthwatch Nottinghamshire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service. We used this information to inform our inspection planning.

At the time of our inspection there were 25 people living at the service. We were able to speak with four people living there and three relatives. We also spoke with the registered manager, the deputy manager, two senior care workers, the cook, the domestic, four support workers and a visiting healthcare professional. We were also able to talk with the interim branch manager who was visiting on the second day of our visit.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for three support workers and the quality assurance audits the management team had completed.

Requires Improvement

Is the service safe?

Our findings

People did not always receive their medicines as prescribed by their doctor. We identified two people who required their medicines earlier than the breakfast medicine round. These were required to be given by the night staff. When we checked the medicine administration record (MAR), we noted that these had not been signed to say the tablets had been given on 10 November 2017. When we checked the blister pack in which the tablets were stored, we found the tablets were still there. The senior member of staff explained that because there had been no staff trained to dispense medicines on that night, the tablets were not offered. The registered manager took immediate action.

Training for the night staff was arranged to be completed in January 2018 and train the trainer in medicine awareness had been sourced. This would enable the staff member attending, to provide medicine training to staff members in the future. A risk assessment had been completed and a contingency plan put in place to ensure there was no reoccurrence of this incident. This included if required, a senior member of the staff team starting their shift early to enable them to dispense the necessary medicines.

We noted that the MAR's had not always been signed to show that people had received their medicines as required even though the tablets had been dispensed from the blister packs. We also noted that one person's tablet had been signed for as given, but it remained in its blister pack.

There was a protocol in place instructing the staff team of how to support people with homely remedies, such as paracetamol for pain relief. However, there were no protocols in place for medicines prescribed to people as and when required by their doctor. (Protocols inform the reader what these medicines are for and how often they should be offered). This was addressed following our visit.

The temperatures of the room in which medicines were stored and the fridge in which certain medicines needed to be kept had not always been recorded as required. This is important to ensure medicines are stored in line with manufacturer's instructions.

Staff members responsible for handling people's medicines had received training in medicine administration and their competency was checked on an annual basis to ensure their practice remained safe.

Whilst the staff team had received training in infection control, not all worked in a way that protected people from possible infection. For people who were unable to weight bear, the staff team supported them with the use of a hoist. We noted that they used the same sling for three people. We shared this with the registered manager as this practice had the potential to cause cross infection. We were told this should not have occurred as each person had their own sling. They told us the staff would be reminded of the importance of using individual slings. We also observed clean flannels and towels being stored on top of a dirty laundry basket. This again posed the risk of cross contamination.

People using the service continued to feel safe living at Millbeck House and felt safe with the staff team who

supported them. One person told us, "I always feel safe, there is always someone around and always someone to talk to. If I had a concern I would go to one of the carers."

People were kept safe from harm because the staff team knew their responsibilities for safeguarding people. They were aware of the signs to look out for if they were concerned that someone might be at risk of harm and they knew the process to follow to report any issues of concern. One staff member told us, "I would go and speak to someone in the office, [registered manager] or one of the deputies." Another explained, "I would report it to the manager straight away, I wouldn't hesitate and I feel the manager would act. If they didn't though, I would take it further."

The management team were aware of their responsibilities to keep people safe from avoidable harm including informing the local safeguarding authority and CQC.

When people first moved into the service, the risks associated with their care and support had been identified and assessed. This was so that any risks could, wherever possible, be minimised and properly managed by the staff team. Risks assessments had been reviewed on a regular basis and covered areas such as people's mobility and their nutrition and hydration.

An appropriate recruitment process had been followed when new members of staff had been employed. This included obtaining references and carrying out a check with the Disclosure and Barring Scheme (DBS). A DBS check provides information as to whether someone is suitable to work at the service.

Whilst people's needs were being met we did observe times when people were left to their own devices or left to sleep for periods of time. This was particularly evident on the first morning of our visit. A staff member told us, I don't feel there are enough staff, rooms are empty but needs are more now. We don't really get time to sit down with them [people using the service]. Their care needs are met but it would be better with another one [staff member] so we don't have to rush."

The premises were well maintained and an action plan was in place identifying the areas of the service that needed action and improvement. A relative told us, "The home is clean, and my relative's room is clean. They are having quite a bit of work done here at the moment."

The appropriate staff had received training in food hygiene and the service had a five star food hygiene rating from the local authority.

There were systems in place to report and record any incidents or accidents at the service. Staff we spoke with were aware of these and the processes to follow. Incidents or accidents were reviewed including actions that had been taken. The registered manager notified other organisations such as the local safeguarding authority to investigate incidents further where this was required.

Good

Is the service effective?

Our findings

People using the service had their care and support needs assessed. The registered manager explained that whenever possible an assessment would be carried out prior to a person moving into the service. This made sure that their needs could be met by the staff team. One person told us, "When I first came in they explained to me what would happen and how I would be cared for."

The staff team had a good knowledge and understanding of the needs of the people they were supporting. One person told us, "The staff are very good, I feel well looked after." The staff team had received an induction into the service when they first started working there and relevant training had been provided. This included training in the safeguarding of adults and equality and diversity. This meant the staff team could support the people using the service safely and effectively. One support worker explained, "I had an induction and I shadowed someone, I did the care certificate and got a handbook." (The care certificate is the benchmark that has been set for the induction of new healthcare assistants and social care support workers and is therefore what we should expect to see as good practice from providers.) The staff team were supported through supervision and appraisal and they told us they felt supported by the management team.

People were supported to maintain a healthy and balanced diet and they told us the meals served at Millbeck House were good. One person told us, "I like the food and there is always plenty of it. They come around every day and ask you what you would like for lunch the next day. There is always a choice and its salmon today." Where people had specific dietary needs, these were catered for. For example, where people had been assessed by a health professional as being at risk of choking, soft or pureed meals were provided.

The staff team were observant to changes in people's health and when concerns had been raised, input from relevant healthcare professionals had been sought in a timely manner.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that they were.

People were supported to make choices about their care and support on a daily basis. During our visit we saw people choosing how to spend their day, whether to attend a social activity and what to eat and drink. A staff member told us, "We give people choices daily, whether they want help with washing or what they would like to wear."

People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or simply to be alone. There was a loop system in the lounge area for those hard of hearing enabling them access to the television and information was available in large print and pictorial format for

those who needed it.

Good

Is the service caring?

Our findings

People using the service told us the staff team at Millbeck House were kind and caring and they looked after them well. One person explained, "The staff are very caring. I spend a lot of time in my room, but they check on me and always knock before they come in. I go downstairs for meals and if there is anything on." Another person told us, "The staff always ask if I would like another cup of tea, they know me well and call me by my first name. After breakfast I come in the lounge and read my papers, they are usually here waiting for me."

Relatives spoken with told us they felt the staff were kind and caring. One told us, "The staff seem very caring and have a laugh, they are encouraging and jolly. They sit with the residents and have a chat." Another explained, "When I visit the staff are very welcoming and give me a cup of tea. The staff seem to just know what they are supposed to do. They know the residents well."

The staff team had the information they needed to provide individualised care and support because they had access to people's plans of care. These included details about people's past history, their personal preferences and their likes and dislikes.

Staff members we spoke with gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I make sure when I'm bathing someone I cover them with a towel." Another explained, "When we hoist someone we put the screen round and make sure their skirts are pulled down."

We observed support being provided throughout our visit. We observed the staff team reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way. Staff had a good understanding of people's needs and they were seen supporting people in a kindly and relaxed manner.

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available to them. This meant that people had access to someone who could support them and speak up on their behalf if they needed it.

Good

Is the service responsive?

Our findings

The people using the service had been involved in the planning of their care with the support of their relatives, though not all of the people we spoke with could remember this. A relative told us, "I met the manager when my relative first came in."

The registered manager explained that whenever possible people's care and support needs were assessed prior to them moving into the service. This was so they could assure themselves that people's needs could be met by the staff team. Records we checked confirmed this. From the original assessment, a plan of care had been developed. These were detailed and had personalised information about the people in them, including information about their history and preferences in daily living. The staff team knew the needs of the people living at Millbeck House well.

The plans of care we looked at covered areas such as, nutrition, mobility, behaviour and personal care. They had been reviewed in the main, on a monthly basis or sooner if changes to their health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person, contacting the dementia outreach team when their behaviours became more difficult to deal with. The team were supported by their local care home team and a community nurse visited every week. The community nurse told us, "I look forward to coming on a Tuesday because I know they [staff team] use me appropriately. They are effective."

People were supported to follow their interests and take part in social activities. Both group activities and one to one sessions were offered. One person told us, "The activities ladies are very nice and take it in turns to come in every day. They have a big screen they pull it down for us to watch a film and we are doing that this afternoon." Another explained, "There are such a lot of different things to do, they are always on the lookout for new ideas and things to do. There is something going on every day and we are having a film today, sometimes we do exercises too."

The provider's complaints process was displayed for people's information and people we spoke with were aware of who to talk with if they had any concerns or issues of any kind. One person told us, "If I had any problems I would go to the manager. I have never seen anything untoward. One problem was dealt with straight away that I know of." When a complaint had been received, this had been handled appropriately, investigated thoroughly and resolved to the satisfaction of the person making it.

People's preferences and choices at end of life where explored. The provider had an end of life policy in place and this showed the staff team how to provide high quality care for people as they approach the end of life.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

People felt the service was properly managed and the staff team were friendly and approachable. One person told us, "The carers are very good. You can talk to the senior if you have any problems and I would speak to her if I had a worry." A relative explained, "The manager is very approachable, and I can usually find her in the office if I need to speak to her."

The staff team were committed to working together to achieve the provider's vision and values. One staff member told us, "We want to make sure we have a person centred approach to people's care, to promote their privacy and dignity and ensure they live a happy life."

Staff members felt supported by the management team and told us there was always someone they could talk to if needed. One explained, "I do feel supported, there is always someone to talk to." Another told us, "We can go to the office at any time." Staff meetings had been held approximately every six months. These gave the staff team the opportunity to be involved in how the service was run and to share their views and experiences.

Meetings for the people using the service had been held. One person told us, "We have resident's meetings and we bring up any problems we have. I think at the last meeting someone complained about the noise. The staff seem to stay and it's a nice home. New staff come in and they have new ideas and change things, so it always seems to be improving." Another explained, "There was a meeting last week where they asked us if there was anything bothering us, but I can't remember anything that was." Relatives spoken with were not aware of any relatives meetings. We were told that they were welcome to join the meetings held for the people using the service. At the last meeting held in October this year, two relatives attended.

The registered manager worked with other key organisations. A recent visit by the Nottingham Clinical Commissioning Group looking at Infection Prevention and Control had been carried out. The results of the audit were shared with the registered manager and both they and the interim business manager set about creating an action plan to address the issues identified. It was evident during our visit that improvements had been made to the environment making it a clean and comfortable place to live.

Monitoring systems were in place to check the quality and safety of the service being provided. Audits were being carried out on a weekly and monthly basis. These covered areas such as medicines management, incidents and accidents, people's personal finances and the environment. A member of the provider's management team also visited regularly to monitor the service provided.

The registered manager understood their responsibilities and the conditions of registration with CQC were

met. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.