

Indigo Care Services Limited

Millfield Nursing and Residential Home

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

About the service

Millfield Nursing and Residential Home provides accommodation in one adapted building; nursing and personal care for up to 48 adults, including some older people living with dementia. At this inspection there were 47 people accommodated for care at the service, including 23 people receiving nursing care.

People's experience of using this service and what we found

The provider's staffing, risk management and medicines arrangements for people's care, helped to ensure people's safety at the service. People were protected from the risk of harm or abuse through effective safeguarding and emergency contingency planning measures. The provider took action when things went wrong at the service and referred to relevant authorities involved with people's care when required to do so. People and their relatives were confident in people's safety at the service.

People's care needs and choices were effectively assessed and met within an environment that was suitably adapted and equipped. Staff supported people to maintain or improve their health and nutrition. This was done in accordance with guidance and the law, and through timely consultation with relevant external health professionals, when needed.

Staff were trained, supported and deployed to provide an effective skill mix for people's care. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice. Standardised and lawful information sharing, helped to ensure people received timely, consistent care as agreed with them, including when they needed to move between services.

People received care from kind, caring staff who ensured their dignity, equality, choice, independence and rights in their care. Staff knew people well, how to communicate with them and understood what was important to people them for their care. People were informed, involved and supported to understand, agree and make ongoing decisions about their care in accordance with their diverse needs.

People received timely, personalised care that was tailored to their individual needs, daily living and lifestyle preferences. This was provided in a way which optimised people's independence, inclusion and engagement in home life; and also with their friends, family and local community as they chose. Related arrangements were under review against nationally emerging contagion control measures, to help protect people from the risk of Covid 19 infection.

People who were living with a life limiting illness were effectively consulted and supported, to receive care against nationally recognised standards concerned with end of life care.

People and their relatives were informed and confident to make a complaint or raise any concerns about the service, if they needed to. People's views and feedback were regularly sought and used to help inform

service planning or improvement

The service was well managed and led by the registered manager. The provider's governance and oversight arrangements were effectively operated, to ensure the quality and safety of people's care and timely service improvement when needed.

Management and staff understood their role and responsibilities for people's care and any related legal requirements. There were effective arrangements for communication, record keeping, accountability and information handling at the service. The provider's operational care policies, timely engagement and partnership working with external agencies and authorities, helped to ensure people received care that was effectively informed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Report published August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Millfield Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is someone who has experience of care related to this inspection setting.

Service and service type

Millfield Nursing and Residential Home is a registered care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a manager for the service registered with the Care Quality Commission for this location. Like the registered provider, they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

Before the inspection

We looked at information we held about the service to help us plan the inspection. This included written notifications the provider had sent to us about any important events that happened at the service. We also contacted local care commissioners who contract with the provider for people's care at the service. On this

occasion we did not ask for a Provider Information Return. This is information we ask the provider to send us; to give some key information about the service, what the service does well and any improvements they plan to make. However, we gave the provider opportunity to provide us with any related information, to help inform this inspection.

During the inspection

We spoke with 10 people receiving care at the service and seven relatives. We spoke with two nurses, including the deputy home manager; a senior care staff member, three care staff, a kitchen assistant and a domestic. We also spoke with the registered manager and an external regional manager for the provider. We reviewed parts of four people's care records to check they were accurately maintained, and a range of records relating to the management of the service. This included staffing, medicines and complaints records. We also reviewed some of the provider's recorded management checks of the quality and safety of people's care.

After the inspection

The registered manager sent us additional information we asked for. This included the provider's end of life care policy, staff meeting minutes and care quality survey results.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective arrangements in place to protect people from the risk of harm or abuse
- Staff were trained, knew how to recognise abuse and report abuse in any event.
- People told us they felt safe at the service and their relatives felt people were safe there. Information was visibly displayed at the service to inform them how to recognise and report abuse.
- The provider had acted in a timely manner to report and respond to any safeguarding concerns; and to ensure people's safety at the service when needed.

Assessing risk, safety monitoring and management

- The provider's risk management arrangements for people's care, helped to ensure their safety at the service.
- Risks to people's safety associated with their health condition, environment and any equipment used for their care, were assessed before people received care and regularly reviewed.
- We saw staff followed people's care plans to ensure their safety when needed. Such as supporting people to move, eat and drink or take their medicines safely.
- Emergency planning and contingency measures were fully considered, which staff understood to follow when needed for people's safety.
- People and relatives were confident in the safety of people's care at the service. One person said, "I know I am safe here; staff are reliable and make sure I am." A relative told us, "I absolutely trust the staff keep mum safe. I can't tell you what a relief it is to know she's safe when I leave here."

Staffing and recruitment

- The provider's arrangements for staff recruitment and deployment were safe and sufficient for people's care.
- Required employment checks were carried out before new staff began to provide people's care at the service. Professional registration validation checks were also carried out when needed, to ensure nurses employed at the service were registered to give nursing care.
- The provider took ongoing account of people's care dependency needs and the layout of the home, to consistently ensure a sufficient number and skill mix of staff for people's safety.
- People, relatives and staff we spoke with, told us staffing levels were sufficiently maintained, to ensure people's safety and timely care delivery when needed. One person said, "I'm never left waiting long; if I use my call bell; they respond quickly."

Using medicines safely

- People's medicines were safely managed. People were supported to take their medicines when they should.
- Staff responsible were trained and competency checked to ensure the safe storage, handling, administration and recording of people's medicines. We saw this was done safely, in accordance with the provider's related medicines policy, which met with nationally recognised guidance
- People could be supported to manage and take their own medicines independently, where risk assessed as safe to do so.

Preventing and controlling infection

- The provider ensured effective measures for infection prevention and control (IPC) at the service, to help protect people from the risk of a health acquired infection.
- We saw the environment, furnishings and equipment used for people's care were visibly clean, hygienic and well maintained.
- Staff were trained and equipped to ensure cleanliness and hygiene at the service. We saw they followed nationally recognised standards for IPC. For example, staff used personal protective equipment correctly, such as gloves and aprons when they provided care.
- People were satisfied with the standard of cleanliness and hygiene at the service. One person said, "It's always kept spotlessly clean ."

Learning lessons when things go wrong

- Routine management monitoring and analysis of any health or safety incidents at the service, helped to inform or improve people's care when needed for their safety.
- The provider consulted with relevant parties when things went wrong within the service; to help ensure people's safety and prevent any re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were effectively assessed and delivered in line with people's choices, nationally recognised guidance and the law.
- Staff understood people's care needs and their care requirements and choices. This information was recorded in people's care plans for staff to follow and accurately maintained.
- The provider operated a comprehensive range of care policies for staff to follow. These were regularly reviewed by the provider against nationally recognised guidance. This helped to ensure people received accurately informed, effective care.
- People and relatives were happy with the care provided at the service. All said staff understood their needs and knew what they were doing. One person said, "All the care staff know what I need and what's important to me."

Staff support: induction, training, skills and experience

- Care was delivered by an appropriate skill mix of staff who were trained and supported for their role and responsibilities.
- All of the staff we spoke with said they were provided with the training, support and supervision they needed, which related records we looked at also showed this.
- This included any extended role training for nurses employed; and to enable them to keep up to date with nursing practice for their continued registration. Care staff were supported to obtain national vocational qualifications relevant to their role. New care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which nonprofessional care staff are expected to adhere to when they provide people's care.
- A nurse said, "I really enjoyed working here, it been a good experience; training and support is excellent." A care staff member told us, "I was very well supported on my induction; it can get very busy here, but care is well organised with the right staff on shift."

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain and improve their health, in consultation with relevant external health professionals when needed.
- Staff referred to relevant health professionals and followed their instructions for people's care when needed. This included, for the purposes of routine health screening or for any specialist advice needed. Such as, to ensure effective skin care or health nutrition.

- Staff were knowledgeable about people's health conditions and their related care requirements. This information was accurately recorded in people's care plans, which were regularly reviewed in consultation with people.
- People and relatives were all confident in the arrangements for their health. A relative said, "Staff can spot if [person] is poorly; They get the GP when it's necessary and let us know."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain or improve their nutrition and to eat and drink sufficient amounts of food they enjoyed, which met with their dietary requirements.
- Staff understood people's nutritional needs and any related support that needed to be provided to protect people from the risk of malnutrition. This information was recorded in people's care plans and regularly reviewed. This included any specialist diets or individual food consistency requirements that may be required, to enable people to eat and drink sufficient amounts for their health and protect them from the risk of malnutrition.
- Lunchtime was well organised, social occasion. Staff supported people where needed and ensured they received their correct diet in accordance with their assessed needs. This included providing adapted cutlery, crockery or drinking cups when needed, to enable people's independence.
- People and relative said plenty of drinks and snacks were offered throughout the day, and felt the meals were of good quality, varied and enjoyable. One person said, I like the food here, it's always well cooked and there's plenty of it." Another person told us, "I used to make all my own soups, so I know what homemade soup tastes like; The soup here is definitely cooked from scratch in the kitchen and it's delicious."

Adapting service, design, decoration to meet people's needs

- The environment was adapted and equipped for people's independence, orientation, mobility and safety needs.
- Appropriate signage, care and service information was visibly displayed, to help people's understanding, choice and orientation. Such as for room signage or food menus. This included use of large picture signs, photographs or large print text.
- Hand rails were fitted in bathrooms, toilets and corridors, with sufficient space for people to move around safely.
- A range of communal and quiet spaces were available for people and their families to use as they chose, including small kitchen facilities for making drinks and snacks. There was also a well kept garden, with level access, seating and raised beds for planting.
- People were regularly consulted, happy with their environment and supported to personalise their own rooms as they wished.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA, to ensure people's care was lawful and in their best interests.
- Staff were trained and followed the MCA for people's care. We saw staff took time to ensure people's consent before they provided care, through explanation, offering choice and checking people were happy. One person said, "The care staff always ask if it's ok before they do anything."
- Records showed relevant mental capacity assessments and decisions had been properly taken, when people were unable to make specific decisions about their care because of their health condition.
- DoLS applications had been made to the relevant local authority responsible, when needed for people's care. Staff understood any formal DoLS authorisations and the care steps they needed to follow to ensure people's safety, rights and best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diverse needs were respected and promoted.
- People's care plans showed their equality and diverse needs for staff to follow. For example, in relation to their beliefs and lifestyle choices, which staff understood.
- We saw staff were kind, caring, compassionate and respectful. They knew people well and ensured good relationships with them and their families.
- The provider's published care aims, related staff training arrangements and annual staff care awards, helped to ensure people's equality, rights and diverse needs.
- People and relatives felt that staff respected people's beliefs, wishes and lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care

- People's involvement and choice for their care and daily living arrangements was promoted and respected at the service.
- Staff supported people's involvement and choice when they provided their care. For example, choice of clothing, food; where, when and how people spent their time.
- People's care choices and daily living preferences was recorded in people's care plans to inform their care in an individualised way.
- A range of meetings were held with people and relatives to check and ensure people's related choices and preferences. This included through individual care reviews and regular home group meetings. Information was also provided for people about how to access independent advocacy services, if they needed someone to speak up on their behalf.
- People and relatives comments included, "We're having a care review soon to look at whether any changes need to be made;" We do have regular reviews, but to be honest, I don't need them because I can talk to the manager any time about any changes I want to make."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity, choice and independence was respected and promoted.
- We saw staff consistently ensured people's dignity, comfort and rights in their care. Examples included, knocking on people's bedroom doors and waiting for permission before entering; making sure people's clothing was protected or properly adjusted and checking people were comfortable with drinks and any personal items to hand, before leaving them.
- All people and relatives we spoke with were confident people were treated properly and said staff were

helpful, kind and caring. We saw many written plaudits from people and relatives. One stated, 'Such professional caring staff; I am treated with dignity and respect.'

- We saw people were appropriately dressed and groomed in the style they chose. People and relatives were positive regarding this aspect of care. Their comments included, "The laundry staff always take good care of clothing;" "I get my hair and nails done regularly."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and daily living arrangements were individualised in accordance with their needs and choices.
- Staff understood people's care needs, choices and preferences for their care. This information was agreed and recorded in people's care plans, which were regularly reviewed with them or their representative. This helped to ensure people's individual choice and control in their care.
- Throughout this inspection we saw staff responded in a timely manner, to provide people with the care they needed, in the way they preferred and understood.
- People and relatives we spoke with, felt staff knew them well and worked hard to ensure people's needs were met. We saw there were many written plaudits from people and relatives during the last 12 months. One of them said, 'Thank you for such personal care; [person] is so happy and improved with you.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in home life, with others who were important to them and to access their local community as they chose. Arrangements for this were placed under immediate review for people's safety, in response to Covid 19 contagion control measures for social distancing.
- A range of social, recreational; entertainment and leisure activities had been regularly organised for people join at the service. This agreed through regular meetings held with people and relatives, to help inform people's care and daily living arrangements from their expressed views.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standard for people's care.
- Relevant service information was provided for people in a suitable format to suit their individual needs. This helped people and relatives to understand what they could expect from the provider's care and how to raise any concerns, if they needed to.

Improving care quality in response to complaints or concerns

- The provider ensured effective complaints handling, which was used to help inform or improve people's

care when needed.

- People and relatives were informed and confident to make a complaint or raise any concerns about the service, if they needed to. Everyone we spoke with said they hadn't had any cause to make a formal complaint but were confident, if they did so, this would be acted on. All said staff listened and acted on any day to day issues they raised, without them needing to make a formal complaint.
- Records of complaints received by the provider since our last inspection, were accurately maintained. This included a recent complaint, subject to a local authority safeguarding investigation, which was in progress with the provider.

End of life care and support

- The service provided end of life care led by relevant health and nursing professionals, to ensure people's related dignity, comfort and choice in a timely consistent and co-ordinated way.
- Staff were trained and understood recognised care principles concerned with people's dignity, comfort and choice at their end of life care. The service was working towards achieving a recognised local authority quality award for end of life care. Additional training had recently commenced for staff to support this.
- People's care plans showed their involvement and support to help them decide and agree their end of life care when needed. This included any advance decisions for their care and treatment at the end stage of their life, their preferred place of death, who would be involved and care of their body after death.
- Anticipatory medicines were in place for use, if needed out of normal working hours. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to help them avoid any unnecessary hospital admission.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The provider's strategy for governance and oversight of the service, including clinical governance, helped to ensure the quality and safety of people's care.
- Management records we looked at showed regular checks were made of the quality and safety of people's care. This included routine checks of people's health status and timely reporting of any health incidents, such as relating to people's nutrition, skin care or any reduced mobility needs. This information was analysed and used to inform or improve people's care and ensure timely service improvement when needed.
- Examples of service improvements from this, either recently made or in progress included, revised staffing, care planning and medicines management measures.
- The provider's operational policy and related management arrangements at the service, helped ensure the safe handling and storage of people and staffs' confidential personal information.
- The registered manager took regular account of management, staffing and communication arrangements at the service, to ensure these were sufficient and effective for people's care.
- The provider had sent us written notifications about any important events when they happened at the service, to ensure people's safety there. They had also ensured the visible display of their most recent inspection rating in the home and also one their website for public information.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support

- There was a registered manager for the service. The registered manager understood and followed the requirements of their registration for people's care.
- There were clear lines of communication and accountability for people's care at the service. Staff understood their related roles and responsibilities. Such as for immediate action and reporting following any health incident or safety concerns. Management measures concerned with staff performance, supervision and support helped to monitor and ensure this was followed.
- The provider continued to ensure and check their care policies at the service, met with relevant, nationally recognised guidance and practice standards for people's care.
- People, relatives and staff we spoke with were positive about management and leadership at the service. All felt the registered manager and senior staff were visible, accessible, and regularly took account of their views about people's care. One person said, "The manager and administrator are super-efficient; they know all the residents and relatives well and get stuck in with looking after everyone." Other comments included, "The manager is always available to speak to; really helpful and gets things sorted straight away." "We

couldn't have made a better choice. This care home is excellent and we're very happy that [person] is here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality care and support with openness

- People, staff and relatives were engaged and involved, to help inform their care and related service planning.
- A range of methods were used, to help inform service planning and improvement. This included a range of meetings and periodic care quality and staff surveys. Recorded feedback showed overall satisfaction with the service, and an open culture where people, relatives and staff were confident their views were routinely sought and listened to.
- When any changes or improvements were needed for people's care; management records showed this was communicated to staff in a timely manner, to ensure they fully understood.

Working in partnership with others

- The provider worked with relevant agencies, including community agencies, educational providers and external health and social care partners, when needed for people's care.
- This helped to ensure people received safe, individualised care that was effectively informed. For example, to support people's lifestyle preferences; for their medicines, end of life and dementia care experience; and for timely infection prevention and control measures at the service.