

BKR CCH Limited

# Millington Springs

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Millington Springs accommodates up to 42 people in one building over two floors. At the time of our inspection there were 14 people living at the service, some of whom were living with dementia.

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

Since the last inspection, the service had made significant improvements which reflected positively on people's experience. The management acknowledged there were still further improvements to be made. People, their relatives and staff felt listened to and engaged with the service.

People felt safe when receiving support. People's risks were assessed and managed well. Staff were trained to support people with specific needs. People were supported to take their medicines in a safe way.

People's needs had been assessed and care was delivered in line with current guidance and law. People could choose what they preferred to eat, and staff were attentive to their hydration needs. People had been consulted when it came to how to decorate their own bedrooms and had access to outside space.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by kind and thoughtful staff who paid attention to little details to ensure people's comfort. People felt their wishes were respected and were treated with dignity.

People's plans of care were personalised and contained information that guided staff to provide individualised support that met people's needs and preferences. People were supported to maintain relationships that were important to them and were encouraged to participate in activities. People knew how to raise concerns they might have, and these had been dealt with promptly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was inadequate (published 06 April 2021) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 06 April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Millington Springs

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors, a Specialist Advisor who specialised in Nursing 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.

#### Service and service type

Millington Springs a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the service did not have a registered manager. The home manager was currently in the process of applying to become registered. This means that, when registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Whilst on site, we spoke with six people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the nominated individual, the manager, the clinical lead, senior care assistants, the cook and the head housekeeper. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records this included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management and safety of the service were reviewed.

Following the day on site we reviewed records we had requested electronically, these included policies and procedures. We sought feedback from healthcare professionals who regularly visit the service. We spoke with two further members of staff and three relatives over the telephone.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to effectively assess and manage risks and medicines had not always been safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to take their medicines in a safe way.
- On the day of inspection, we did raise some concerns around the storage of medicines, disposal of medicines and paperwork relating to medicines. We found no evidence these concerns had a negative impact on people and the manager addressed all concerns promptly.
- People said, "They are alright with the medication I get it when I need it," and "I get my tablets and they make me comfortable."

### Staffing and recruitment

At our last inspection the provider failed to ensure there were sufficient numbers of suitably skilled and experienced people to staff the service. This is a breach of regulation 18 (Staffing) of the Health and Social care act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection more permanent staff had been employed, particularly at senior levels. The provider had followed safe recruitment practices.
- Whilst agency staff were still being used, the nominated individual stated they had been successful in a recruiting more permanent care staff and they were in the process of coming on board.
- The clinical lead felt there were enough care staff on shift for the current dependency needs and the number of residents. A staffing tool was used to establish the required amount to meet people's needs safely, this was reviewed weekly by the manager.
- We observed communal areas to be staffed at all times and people did not have to wait long for support. A person explained, "I don't have to wait long for them[staff] to answer the buzzer. They soon come if I ring in

the night too".

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection systems were either not in place or robust enough to demonstrate safeguarding was effectively managed. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were kept safe by the processes and systems in place.
- People said, "They look after me and I feel safe." Some people mentioned they didn't always feel safe around other people living in the service. This had already been identified by the provider and steps had been taken to try and reduce the risk posed.
- Staff had completed safeguarding training and staff we spoke to knew what to do if they suspected abuse. Staff had confidence management would act if they did raise concerns.
- We saw evidence of management taking appropriate action to protect people when incidents occurred. Any learning from investigations was shared with staff in order to mitigate the risk of reoccurrences.

Assessing risk, safety monitoring and management

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk to people were being identified, assessed and managed well.
- People's care records had risk assessments for nutrition, falls, tissue viability, moving and handling and choking, all of which were being regularly reviewed.
- Staff had received training on how to support people with behaviours that may challenge. People's care records also included clear individualised guidance on how to support people if they were to become agitated.
- Health and safety checks and audits were being carried out to ensure people were living in a safe environment. If any issues were found actions plans were developed and appropriate actions being taken.

Preventing and controlling infection

At our last inspection systems were either not in place or robust enough to demonstrate infection control practices were effectively managed. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were 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 needs had been assessed and documented to ensure staff were aware of people's choices. There had been no new admissions since the last inspection.
- Assessments considered the protected characteristics under the Equality Act 2010 and these were reflected in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This reduced the risk of people experiencing discrimination. Staff had completed training in equality and diversity.
- The provider used an electronic care planning system. This enabled staff to update people's care plans immediately and in 'live time'. Care plans were reviewed and updated through the electronic system using a traffic light procedure. Staff were provided with ongoing supported on how to use the system and it was monitored regularly by management to pick up on any inconsistencies.

Staff support: induction, training, skills and experience

- Staff felt supported in their roles.
- Since the last inspection the provider had supported staff with extra training to meet specific needs of people.
- Staff new to care were enrolled on the Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.
- The clinical lead had started a programme of appraisals and clinical supervisions for nurses so they could gain a clear picture of what skills were in the team.

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

- People were supported to eat and drink well. At mealtimes we observed people were supported with dignity.
- People told us they enjoyed the food. The cook recorded people's likes and dislikes and sought feedback after meals so they could adapt the menus to suit people.
- People's dietary requirements were known to staff and the cook had good knowledge on how to meet them.
- The cook said, "I make a note of what goes down well and try to put plenty of variety into the menu. I am aware of the dietary needs and make things which everyone can eat including the diabetic residents. I also ask for the monthly weights so I can build those up that need it and watch that other residents put on too much weight. I make breakfast to order as residents get up."

- People had access to fluids throughout the day and staff encouraged people to drink especially in the hot weather.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access the appropriate healthcare services in timely manner.
- People had oral health assessments and staff were trained on how to support people to maintain good oral hygiene.
- Staff knew people well and could identify changes in their health. The clinical lead explained, "They [care staff] know the residents really well; they [care staff] often know when something is wrong before there are any obvious clinical indicators."
- We observed staff encouraging people to stand and move, whilst explaining to them they needed to relieve pressure. Staff asked people if they were comfortable and not too hot.
- Records showed staff were responsive to fluctuations in people's physical and mental health and sought input from GP's and specialist teams where needed. People with specific health conditions had individualised care plans to guide staff on how to support them with their additional needs and daily management.

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

- People had been involved in deciding how to redecorate bedrooms, we saw some beautifully bright choices. People's bedrooms were personalised and homely.
- People had access to outdoor space. There was a large garden with easy access from downstairs communal areas, we saw people enjoying the garden on the day of inspection.
- There was a lift to assist people to move between the two floors. Bathrooms and toilet door were all painted red and signage was in place to help people identify them.

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.

- People's mental capacity had been assessed and their care plans reflected MCA.
- Staff understood the principles of the MCA and how this applied in day to day care. Staff explained, "If someone doesn't have capacity we can act in their best interest. We still offer people choice, for example around going to bed or what sort of drink they like".
- We did find some of the MCA documentation lacked some detail. For example, it was unclear of what the

opinions of relevant parties, such as relatives, were, although it was noted they had been consulted.

- DoLS applications were being submitted and authorisations were being followed by the service.

# 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. 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 were supported with thoughtfulness and kindness by caring staff.
- People said, "I think the staff are lovely," "I would say I get well looked after; they [staff] are all hard working people" and "They [staff] look after me very well. The food is nice. I am happy here."
- Relatives were happy with the care their loved ones received, one explained, "When I've been to visit the carers seem lovely."
- People's plans of care were written respectfully, acknowledging people's differences and guided staff on how to support people with equality.

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

- People were supported to be involved in their care and to make their own choices.
- People explained, "I chose when I want to go to bed", "If I want anything I only have to ask" and "Staff always involve me in any discussions and decisions."
- People's feedback was sought for various areas of the service such as menus and decoration.
- Staff took the time to speak with people. A person explained, "Sometimes they [staff] will pop in for a chat and check I am alright."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- A person explained, "I think I am treated with dignity and respect. Respect comes when they do thoughtful things like that" (a staff member brought out the person's hat and checked they weren't overheating).
- We observed thoughtful interactions throughout the day. Including when staff supported people with mobility aids, such as hoists. Staff talked through everything they were doing and were gentle and patient, whilst encouraging people to do what they could for themselves.

# 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 good. At this inspection this key question has remained the same. 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 plans of care were personalised and detailed with their individual needs and preferences.
- Relatives told us, and we saw evidence of them being involved in planning their loved one's care. A relative explained, "I think they [staff] have been very good at listening to me and taking on my ideas. I feel very involved in [relative's] care plan."
- Staff were guided on how to support people in their preferred ways and had information on people's specific likes and dislikes. For example, we saw one person with a glass of milk rather than water, this matched with what was in their care plan and what their relative told us they preferred.

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.

- People had communication care plans which guided staff on how best to communicate with them.
- The manager understood their duty to follow the AIS. They demonstrated how they met individual people's needs. For example, by using pen and paper to communicate, use of picture cards and providing flashing fire alarm light for anyone who was profoundly deaf.

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 maintain relationships with friends and family.
- A person explained, "My daughter is coming now, before she was ringing them and they would come and ask me how I was so they could tell her, they would also ask if I needed anything. It is better now I can see her."
- At the time of the inspection there was not a full time activities coordinator, however we observed staff engaging people in activities if they wished, for example carpet skittles and art. Different types of music was played, and people responded to certain songs, staff picked up on this and encouraged some singing.
- The provider has created a new entrance directly into one room at the front of the building enabling visitors to enter a nice room to meet with their loved ones in private.

Improving care quality in response to complaints or concerns

- Complaints had been investigated and resolved.
- There was a complaints handling policy in place. However, we did note for the one complaint received this

year there was no formal letter sent with the outcome.

- People told us they knew how to complain and would bring up any concerns with staff or the manager. We saw there was a "You said, We did" board up demonstrating how the service had improved the quality of care following concerns raised. A relative said, "They listen to concerns and sort them out."

End of life care and support

- People were supported in the way they preferred at the end of their life.

- People who were receiving end of life care had two butterflies on their door to discreetly indicate to staff.

People who had a 'Do Not Attempt Resuscitation' (DNAR) order in place had one butterfly.

- People had end of life plan's in place, these were regularly reviewed and contained information, where the service could obtain it, about peoples last wishes.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Continuous learning and improving care

At our last inspection the provider failed to ensure their systems and processes to keep people safe were working effectively and could not assure the Commission they had good governance systems in place. This was a breach of regulation 17 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection a new manager and clinical lead had started. This gave the service clearer leadership and was reflected in positive improvements throughout the home.
- The manager acknowledged there were certain areas of the service that still required improvement but had been appropriately prioritising improving the areas of most risk.
- Audits were in place and where concerns had been picked up an action plan had been developed which clearly identified who was responsible to resolve the issue. However, we found these audits were not always comprehensive, for example they had not identified some of concerns we found around medicines. We also found prompt action hadn't always been taken following external audits.
- We also identified some recording issues which meant contemporaneous records of care were not always kept, the manager was aware of this issue and stated they were working with staff to improve recording.
- The provider and manager were working closely with external consultant to support them in making improving the care provided. They also ensured they had learnt from the findings at the last CQC inspection and were working through a detail action plan to improve all areas of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives spoke positively about the provider and the management team.
- A relative said, "I am very pleased [name] has taken over as manager... I think they are already bringing in more routine and processes and are raising the profile overall. I can already see the difference."
- Staff spoke positively about the new management structure and the changes within the service. Staff felt

they were listened to and encouraged to be involved. There were regular staff meetings and opportunities to feedback. Staff explained, "Whenever I need [manager] I will send them a message or ring, and they will answer the phone straight away, they listen."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider ensured they investigated incidents and informed relevant parties which demonstrates transparency and an understanding of their duty of candour.
- Relatives told us they were always told when things happen. One explained, "They communicate with me about incidents that occur". Another said, "They really do keep me informed of anything that goes on, if [relative] has fall or any good news. I'm really happy with them."