

Cumbria Nursing Services (Millfield) Limited

The Millfield

Inspection report

28 Penrith Road
Keswick
Cumbria
CA12 4HB

Tel: 01768772099

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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: The Millfield is a residential care home that provides personal care and accommodation for up to 45 people. The home is situated close to the town centre of Keswick and at the time of this inspection there were 43 people living here. The accommodation also includes a designated 10 bed unit for people living with dementia.

People's experience of using this service:

There were sufficient numbers of suitably qualified staff to meet people's needs in a timely manner. People and their relatives told us there were always enough staff available to assist them. One person told us, "There always seems enough staff." Staff had completed training that enabled them to deliver good care and support to people effectively.

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. Medications were stored and managed safely and people received their medicines as they had been prescribed.

People's individual preferences for food and drink were catered for and this also included people's specific health and dietary requirements. Staff gave the right level of support to those who required extra help in eating and drinking. One person told us, "The food is good, very good and you get a good choice." We observed the dining experience it was pleasant, sociable and very personalised.

Care provided to people respected their privacy, dignity and promoted their independence. It was clear from our observations that staff knew people's needs well. Kind and friendly interactions were observed taking place. One person told us, "It's excellent here it really is, the girls [staff] are very kind, they spoil me really." Another person told us, "The staff are really kind. They look after me very well, they seem to know what I want before I do."

The service remained at the heart of the local community with strong links including the local school whose pupils visited the home regularly. The activities coordinator told us, "People from the town are very involved in the home, we get lots of input and help." There was a varied and individualised activity programme in place that ensured people lived a fulfilled life of their choosing.

Staff were motivated and proud of the service. One staff member said, "We do work hard but this place is so much better to work in than some others, we are all family here." There was a particularly strong emphasis on continuous development and improvement of the service with staff gaining additional qualifications and the implementation of electronic care records.

A variety of audits were in place that demonstrated the service was monitored and safe for people to live in. Feedback about the service was consistently good especially from health professionals we spoke with. One health professional said, "They [staff] work exceptionally hard with people they have referred to us. They

follow our instructions and it shows in that those people no longer require our service."

More information is in the full report.

Rating at last inspection:

GOOD (The date last report published was 19 July 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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 remained safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

The Millfield

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of an adult social care 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. Our expert by experience had knowledge of nursing care of older adults and people who have dementia.

Service and service type:

The Millfield is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that 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 on the first day and we announced our visit for the second day.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with three relatives, 11 service users, two health care professionals, four staff members and the registered manager.

- We reviewed six people's care records, seven staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People living in the home, their relatives and health professionals we spoke with told us it was a safe place to live. Staff had received induction and ongoing safeguarding training.
- Policies and procedures were available to guide staff on how to identify and report concerns. We saw, where necessary, appropriate referrals had been made to local safeguarding team.
- The registered manager had sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks relating to people's care and treatment had been identified and managed safely. People's care records were current and gave guidance for staff about the actions to take to ensure their safety and the safety of the people they were supporting.
- Records of the accidents and incidents that had occurred showed the appropriate treatment had been sought and actions that had been taken to prevent reoccurrence. Any lessons that had been learned had been recorded.
- We saw there was sufficient, suitable equipment to assist people who may have limited mobility and this had been regularly serviced.
- All accidents and incidents were reviewed by the registered manager to ensure appropriate actions were taken. The risks were reassessed in order to prevent reoccurrence where possible and where lessons had been learned these were shared throughout the staff team.

Staffing and recruitment

- People and visitors to the home told us they thought there were sufficient staff. A health professional said, "There always seems enough staff on duty and someone always comes with me if I have several people to see, that's really good." Staff were visible about the home all day and call bells were answered promptly.
- We checked the recruitment files for seven members of staff. Application forms had been completed, references had been taken up and a formal interview arranged. All the checks of suitability to be employed to work with vulnerable people had been completed.

Using medicines safely

- The recording of medicines administration and stock control was being managed safely.
- Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We observed people received their medicines safely and as prescribed. There were auditing systems in place to monitor the management of medications and the local pharmacy completed regular checks.

Preventing and controlling infection

- The home was clean and well maintained. Staff had received training on infection control and understood their responsibilities. We observed staff using appropriate protective wear to prevent cross infection

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

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; 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where necessary best interest meetings were held and recorded to assist people, who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged. We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.
- We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. A relative told us, "My [relative's] care plan is excellent and there is nothing in it that shouldn't be. The staff are excellent, they know everyone really well and what I like is they are extremely proactive, they get in first before things go wrong."

Staff support: induction, training, skills and experience

- We looked at the staff training records that showed what training had been done and what was required. We saw that each member of staff had an induction programme, regular supervision, appraisal and ongoing training. Staff we spoke with told us they felt they could discuss their training needs in an open manner and would be listened to and action taken to help them to develop. A staff member told us, "We do a lot of training and it is much better than where I used to work."
- Staff attended regular meetings that supported them in their work. We saw minutes of the meetings held with staff and saw how through the meetings they could share their ideas about improving the service.

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

- People had been asked about their meal preferences and we saw that meals prepared catered for a variety of preferences and dietary needs. People we spoke with told us the food served was good. One person said, "The food is very good, nice cooking and a good choice." People could choose where to eat their meals and received the right level of assistance.
- The dining room was laid out in a very inviting manner, there were flower centrepieces and condiments on each table. Staff told us most people chose to eat in the dining room and said, "Very few people chose to stay in their rooms, even the ones on bed rest we ask if they want to get up to eat." There was quiet music playing and a lot of conversations between people and staff, there was some singing and a lot of laughter.
- After lunch had been served the cook asked people had they enjoyed the meal and discussed the next day's meal choices and preferences. We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where necessary people had been referred to their GP or to a dietician.

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

- We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services.
- During the inspection we saw and spoke with visiting health professionals. These included the chiropodist, community nurses and nurses from the Care Home Educational Support Services (CHESS) team. A health professional told us how they had supported the home delivering some specific training and how that it had been beneficial to people living in the home.

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

- There was a purpose built and designed unit (Beech unit) for people living with dementia. The registered manager and provider had used research based design ideas and current best practice guidance in the design and décor of the unit. This made it a very supporting environment for people who were living with dementia.
- We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.

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

People were supported and treated with dignity and respect and involved as partners in their care.

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

- We looked at the arrangements in place to ensure equality and diversity was promoted. We saw support was provided for people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and in following the religions of their choice. Relatives told us how they could visit at any time and were made to feel very welcome.
- Everyone we spoke with said staff were kind and caring. One person told us, "It's excellent. I couldn't ask for better, the staff are very caring and I am well looked after." Another person said, "It's very nice here, the staff are very good, most kind." One relative told us, "Staff call me when my relative is awake, as they sleep for long periods at odd times. They call me so I can come and have a meaningful visit while they are awake and I can come anytime day or night."
- People said the staff were always polite and willing to listen, and help, if they had a problem. One person told us, "Staff always make themselves available if I need to talk and they really do help me." There was a regular church service once a month and other religious denominations services could be arranged.

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

- Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.
- Where applicable independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Respecting and promoting people's privacy, dignity and independence.

- We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence.
- We saw that the staff gave people time and encouragement to carry out tasks themselves. We also saw that, where appropriate, people were given the right level of support to complete tasks. The service promoted people to be as independent as possible.
- Staff clearly knew people well. We saw staff speaking to people pleasantly and respectfully with lots of appropriate hugs and kisses. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People told us they had been asked about their care needs and been involved in regular discussions and reviews. One relative told us, "We have just booked a review for next week when all the family will be here."
- We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine if they could provide people with the right level of support they required.
- Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.
- There was an electronic care planning recording system in place. We saw that used it effectively and information we looked at was current and accurate.
- There was an excellent and meaningful range of activities made available. We saw people could engage independently in activities of their choice. We saw that people were supported in doing their own social activities in the local community or with visiting friends and relatives.
- There was a designated activities coordinator employed. A relative told us, "What I do like is the amount of activities there are, so much entertainment for them." A person living at The Millfield said, "We have lots of entertainment, if we want to join in."
- One person who was arranging many vases of flowers told us, "I do this, I'm not that good at it but they [the home] order the flowers every week and I arrange them. It's nice to have a little job. I also fold the napkins for lunch and help with the table cloths and things. It's nice to have something meaningful to do."
- There was a daily home 'newspaper' called the 'Daily Sparkle' that was used as a talking point by staff. It contained a variety of topics and pictures that was relevant and people could relate to.

Improving care quality in response to complaints or concerns

- The home promoted an inclusive living environment where staff, people and their relatives were involved in how the home could be improved. We saw minutes of residents and relative's meetings that showed that people's views had been acted on. For example, the provider had responded to comments made about converting a window into patio doors to provide another access to the gardens.
- The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "I can raise any concerns with any member of staff and it always get sorted."

End of life care and support

- We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs. It was evident staff knew people well and put these values into practice.
- The service regularly sought the views of people. People and staff were empowered to voice their opinions. The registered manager had an open-door policy and people told us they were happy to speak directly with her.
- Staff we spoke with were also happy with how the home was managed and described it as a lovely, homely place to work.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- There was regular monitoring of accidents and incidents and these were reviewed by the registered and care manager to identify any patterns that needed to be addressed or lessons to be learned.
- Quality assurance systems were in place to ensure safety, quality and improvement were consistently monitored. However, we noted that the electronic records could be further improved to benefit the oversight of the quality of the service.
- Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. A notification is information about important events that the service is required to send us by law in a timely way. For some incidents we saw the relevant authorities had been notified and appropriate action taken but the electronic recording system had failed in indicating whether a notification should be sent to us.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- We saw that people and their relatives were regularly involved in consultation about the provision of the service and its quality. People told us they were regularly asked about the service they received. We saw that regular reviews of people's care needs were held with relevant others.
- The home had developed strong community links and local people often supported activities for the people who lived there.
- We were told by visiting health professionals the service worked positively with outside agencies.