Care UK Community Partnerships Ltd

Mill View

Inspection report

Sunnyside Close
East Grinstead
West Sussex
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Mill View is a residential care home providing personal and nursing care. The home accommodates up to 70 people in a purpose built two storey building. On the day of this inspection there were 35 people living at the home. People living at the home had a range of needs including nursing needs, mental health needs and some people were living with dementia.

People's experience of using this service and what we found
Leadership was not consistent and people, their relatives and staff were not fully engaged and supported by the registered manager. Some people told us they felt isolated in the home and relatives described a lack of effective communication with the registered manager. Staff did not always feel well supported because the registered manager was not always visible and accessible to staff.

There were enough staff to provide care safely, but the deployment of staff did not always support person centred care. Staff described having little time to spend with people. The registered manager said they were developing plans to address these issues.

People and their relatives spoke positively about the care they were receiving at Mill View. One person said, "I feel very safe here, all the staff are kind and caring and I am always treated with the upmost respect." Relatives said people were well cared for by kind staff who were knowledgeable about their needs. One relative told us, "The staff really care about the residents here."

There were safe systems in place to assess, monitor and manage risks to people. Lessons were learned when things went wrong, and comprehensive risk assessments and care plans supported staff to care for people safely. Some people needed support with eating and drinking. Staff were knowledgeable about their needs and there were safe systems in place to ensure people were supported in the way that met their individual needs.

Staff had received training relevant to their roles, including in how to safeguard people from abuse. People were supported to access health care services when they needed to.

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.

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 (published 19 March 2020).

Why we inspected
We undertook this focussed inspection to check that the provider continued to manage risks associated with eating and drinking. We undertook a focused inspection to review the key questions of safe, effective and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective section of this focussed report.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained good. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mill View on our website at www.cqc.org.uk.

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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below

Mill View

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
The inspection team consisted of two inspectors 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
Mill View is 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.

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.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection
We spoke with six people who used the service and nine relatives (by telephone) about their experience of the care provided. We spoke with seven members of staff including the registered manager, two nurses, two team leaders and two care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training records, quality assurance records and team meeting notes.

Good

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse.
- Staff demonstrated a clear understanding of their responsibilities for safeguarding people and knew how to recognise signs of abuse. One staff member told us, "I would not hesitate to report any concerns". A team leader told us they had confidence that staff would know what to do if they had concerns saying, "They understand what they need to watch out for and what to report."
- People and their relatives told us that they felt people were safe living at Mill View. One person said, "All the staff are good, they are very kind, I have never felt that any of them are unkind in any way." Relatives told us their loved ones were well cared for, one relative said, "The place is safe and secure." Another relative explained, "I believe they (staff) care for people well, there is no unkindness in the place."
- Records showed that any safeguarding concerns had been reported appropriately in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and managed.
- Risk assessments were comprehensive and personalised according to people's needs and preferences. Some people needed support to move around safely. Risk assessments identified if people were at risk of falling and any equipment that people needed to support their safety. For example, a person was assessed as being at high risk of falls. Their risk assessment included the need for support from a staff member when moving around. A sensor mat was in place to alert staff when the person was moving around and needed support.
- People's views had been considered as part of the risk assessment process. One person explained how staff had talked with them about being at risk of malnutrition and dehydration. They explained, "I have always been rather under-weight but I have a very small appetite." They said, "I prefer to have snacks and small meals, so they are taking a "little and often" approach with me." This was reflected in the person's care plan and the portion size of their meal at lunchtime. Staff we spoke with were aware that this was the person's preference.
- Risk assessments and care plans had been reviewed and updated regularly to ensure that staff had up to date information about risks to people. A staff member explained how any changes that might increase risks to people, such as becoming unwell, were discussed on a daily basis so that staff had the information they needed to support people safely.
- Environmental risks, including with equipment and the premises, were consistently monitored. Any shortfalls were addressed to ensure the environment was safe for people, staff and visitors.

Learning lessons when things go wrong

● Effective monitoring of incidents ensured learning was identified when things went wrong.
● There were robust systems for monitoring incidents and accidents and staff were aware of their responsibilities to report incidents.
● A staff member told us lessons were learned when things went wrong. They explained how new ways of working were introduced to make improvements. They said, "If something new starts, it's often because something has happened," They explained how adjustments to people's care were made and reviewed in daily meetings to ensure the changes led to improvements in their care.

Staffing and recruitment
● There were enough staff on duty to provide care safely. One person said, "If I ring the bell they always come quickly." A relative told us, "I think people get all the care they need here."
● We observed that staff were responsive to people's needs and had the skills and knowledge they needed to care for people safely.
● Records showed that staffing levels were consistently maintained. The registered manager told us people's needs were regularly reviewed to ensure safe staffing levels, including when people's needs changed.
● There were robust systems in place for recruitment of staff. Appropriate checks had been made to ensure staff were safe to work with people.

Using medicines safely
● People were receiving their medicines safely as prescribed.
● Staff who administered medicines had been trained and were assessed as competent to do so.
● We observed how a staff member explained what a person's medicine was for before administering the tablet. They were gentle in their approach and offered a choice of drinks to have with the medicine.
●Medicines were ordered, disposed of and stored safely and staff maintained accurate Medicine Administration Record (MAR) charts.
● Some people were prescribed PRN (as required) medicines. There were clear guidelines in place for staff to identify when and how to administer these medicines.

Preventing and controlling infection
● We were somewhat assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Staff understanding of current arrangements for visits was inconsistent. We have discussed this further in the well-led section of this report.
● 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.
●Some information and sign posting was provided.

Good

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● People were supported to have enough to eat and drink. Risks associated with nutrition, hydration and swallowing problems were identified and managed to ensure people's needs were met.

● People told us they enjoyed the food and they were offered choices throughout the day. One person said, "It's usually good food, if you don't like something you can choose something else." Another person told us, "The chef will make anything you ask for." People's cultural needs and personal preferences were identified in their care plans and staff were knowledgeable about what people liked. One person was eating a takeaway pizza and told us, "I really fancied this so the staff ordered it for me."

● We observed that there were plentiful cold drinks and snacks including fresh fruit, in communal areas for people who were able to help themselves. Staff were observed regularly offering people hot and cold drinks during the inspection and encouraging and supporting people who needed prompting.

● People's nutritional and hydration needs were identified as part of their initial assessment when coming to live at the home. Information about risks associated with eating and drinking were included in care plans with clear guidance for staff about any specific needs. Risk had been regularly reviewed and care plans were updated, including when people's needs had changed. Advice from the dietician and Speech and Language Therapist (SaLT) had been included within care plans.

● There was a robust system in place to ensure that staff were aware of people's dietary needs. We spoke with staff who were delivering meals to people and supporting them according to their care plans. Staff were consistent in their understanding of people's individual needs and referred to the systems in place to support their practice. For example, one person was at high risk of choking, SaLT advice in the care plan identified the importance of supporting the person to be in an upright position when eating. They had a modified diet and needed support to eat at a slow pace. We observed a staff member supporting the person in line with this guidance. They were patient and calm in their approach and took care to ensure the person's posture was correct before assisting them.

● Staff had completed training in dysphagia (swallowing problems) and the International Dysphagia Diet Standardisation Initiative (IDDSI) framework, which describes the different levels of modified foods and drinks. They had also completed first aid training including how to support a person who is choking.

● Staff we spoke with knowledgeable about people's individual needs and appeared confident in supporting people with modified diets who were at risk of choking.

● People's weight was monitored regularly, and changes were discussed during daily staff meetings with the chef present. Risks associated with weight loss, weight gain or dehydration were effectively monitored and managed. Specialist advice was sought to address concerns. Where people needed modified diets or fortified food and drinks this was arranged.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

● Assessments were comprehensive and considered people's diverse needs and choices. People were supported to access the health care services they needed. Staff made appropriate, timely referrals and worked effectively with other agencies.

● Care and support was regularly reviewed and updated to reflect evidence- based guidance and best practice. Effective tools were in place to identify and evaluate specific risks. For example, people's risk of malnutrition and skin integrity were measured using nationally recognised tools.

● Staff were knowledgeable about people's health conditions and there was consistent monitoring to identify changes in people's needs. For example, following deterioration in a person's mobility staff identified that they had an infection and sought advice from the GP.

● People and their relatives told us that staff made appropriate referrals to support people's health and well-being. One person said, "They called the doctor for me, I had an infection." A relative told us, "The doctor is called immediately if there are any concerns." Another person explained how they were supported to improve their mobility saying, "They make sure I have a walk with my frame every day, to keep me moving. A physiotherapist comes in to assess me." We observed the person walking with a staff member during the inspection.

● A visiting health care professional spoke highly of communication within the staff team. They told us, "The staff are incredible, and patients are well looked after."

● We observed a staff member updating a dietician about a person's progress following their assessment. The staff member was knowledgeable and used information from monitoring records as well as their understanding of people's preferences, to provide a current picture of their needs. For example, they explained how the person's weight had increased and they were enjoying a specific flavour of fortified milk shakes that had been suggested to increase their calorie intake. This enabled the dietician to assess and revise their recommendations for the person's care.

Staff support: induction, training, skills and experience

● Staff had received the training and support they needed to be effective in their roles.

● People and their relatives told us they had confidence in the skills and knowledge of the staff. One person said, "They are all very good, but the nurses are particularly good and well trained. I totally trust their judgement." A relative told us, "The staff are all skilled in dealing with people with dementia." Another relative said, "The staff seem to me to be well up-to the job."

● We observed staff to be confident in their approach to people and knowledgeable about their needs. One staff member told us, "The training has been good, and we can get advice from the team leader or the nurse on duty if we need to."

● Records showed that staff had received training that was relevant to their roles and the needs of people. For example, all staff had completed training about dementia and manual movement of people.

● New staff completed a comprehensive induction. One staff member said, "I had a thorough induction, I was able to shadow an experienced nurse for two weeks and got to know the people, systems and I had a chance to read care plans." We observed a new member of staff being shown around the home and having time to look at people's care plans.

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

● The building was purpose built and the design and decoration supported people's needs.

● People were able to personalise their rooms and one person told us it was comforting to have their own furniture and possessions around them including plants and pots from their garden.

● Some areas of the home were designed to support people with dementia and the home was maintained

and decorated to a high standard. Specialist equipment was used to support some people including a high-backed wheelchair designed for people with postural difficulties. Some people needed support with moving around and were at high risk of falls. Where appropriate sensor mats were in place to alert staff when they needed support.

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.

- Staff had involved people in decisions about their care to ensure their human and legal rights were upheld. One person told us, "It was a difficult decision to make but I feel safer here then I did at home. I was not put under pressure, they helped me think things through and I decided to stay here." Another person said, "I was given the choice about whether to live here and I am glad I came. This is my home."
- When people lacked capacity to make certain decisions, staff knew how to involve relevant people to make decisions in their best interest. Records showed that staff had considered matters of consent in line with MCA and best interest decisions were recorded.
- DoLS applications had been made appropriately and there were systems in place to ensure that any conditions on authorisations were complied with.

Requires Improvement

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 now deteriorated 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.

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

- Leadership and management of the home was not always consistent.
- Staff views were mixed but most staff we spoke with described feeling that the registered manager was distant and not consistently available to support them. Their comments included, "Half the staff don't know the manager, they are usually in their room with the door shut and the blind down. There's not much contact with the staff." Another staff member said, "I have only seen the manager in passing, not to talk to." A third staff member told us, "The manager is not very visible in the home, she says hello if passing but I don't feel like I have got to know her." Some staff said they had been well supported. One staff member said, "They have been very supportive of me, I am able to go and see her whenever there is a problem."
- People we spoke with told us they knew who the registered manager was and spoke positively about them. One person told us, "The manager is very nice, a caring person, very good at her job, I would say." People's relatives gave mixed feedback, some relatives described a lack of contact and communication with the registered manager and others said they found them to be approachable.
- We spoke to the registered manager about engagement with people, their relatives and staff. They told us that they would put a plan in place to be more visible and accessible to everyone at the home.
- Whilst we found staffing levels were consistent and people were cared for safely, the deployment of staff did not always support person centred care.
- Some people told us the staff were kind and caring but had little time to spend with them. One person said, "Sometimes I feel as if I am all alone here because I don't see anyone, unless they are bringing me a drink or food." A relative told us, "My view is that they(staff) are rushing around, trying to keep up."
- Our observations confirmed that staff were busy and had little time to spend with people. Some areas of the home were spread out and this meant that people who were spending time in their rooms could feel isolated.
- Following the inspection, the registered manager told us they recognised the geography of the home, including the long corridors, could contribute to some people feeling isolated. They explained that they were reviewing the deployment of staff and looking at options to reduce the impact for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

● Not all staff were clear about their roles and responsibilities. They described shortfalls in communication that had caused some confusion. For example, a relative told us they had received conflicting information about visiting arrangements. Staff confirmed there was a lack of clarity. One staff member said, "There are so many changes about visiting, we are not always quite sure on what to do." Another staff member said, "It has been unclear, the visiting arrangements have been inconsistent because staff were not sure."
● The registered manager had not been aware of this confusion and said clear guidance would be provided to staff to avoid further inconsistencies.
● Governance and oversight systems were not always effective in identifying risks to quality.
● The registered manager understood their responsibilities with regard to the duty of candour and other legal requirements.

Continuous learning and improving care;
● The provider had systems in place to monitor quality and support improvements and learning.
● Audits were regularly completed to identify concerns and areas for improvement. For example, one audit had identified the lack of involvement with relatives when reviewing people's care and support. This was noted as an action to ensure that relatives were involved and included when appropriate to do so.

Working in partnership with others
● Staff worked proactively with other agencies and had developed positive working relationships.
● We observed staff communicating effectively with health and social care professionals during the inspection. Information was shared appropriately to ensure people benefitted from a collaborative approach.
● A visiting health care professional told us, "I have been in a lot of homes and this is the better one by far."