

# Cumbria Nursing Services (Millfield) Limited

## The Millfield

### 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

The inspection took place on 1 June 2016. The inspection was unannounced.

The Millfield Retirement Home (The Millfield) is situated in a residential area close to the centre of the Lakeland town of Keswick.

The Millfield is a former private house which has been converted to provide personal care and accommodation for up to 45, mainly older people, people living with dementia, mental health issues or physical disabilities.

Accommodation is spread over three floors and includes private bedrooms, some of which have en-suite facilities. There are communal lounges, a conservatory and dining areas as well as specially equipped communal bathrooms. Entrance ramps, stair lifts and a passenger lift help ensure people can access all areas of the home including the gardens.

At our last inspection of this service on 29 August 2013 the service was compliant in all of the areas we inspected.

There is a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All of the people who used this service, who we spoke to during our inspection, told us that the staff were "very good" they also said that they were "very well looked after." People who used this service did not raise any concerns with us during our inspection visit. Although one person did think that lunch and tea were quite close together.

A visitor to the home told us; "This is an excellent home. The girls (staff) are great and very patient."

The day time care workers thought that the staffing levels during the day were sufficient and that they had time to care for people and meet their needs appropriately. However, the night time care workers had a different view. They were concerned about the amount of domestic tasks that they were expected to carry out in addition to providing care and support to people during the night. However, people using this service did not raise this as a concern.

We observed daytime staff supporting people who used this service in some of the communal areas. We saw that staff were respectful of people's privacy and dignity and only intervened when necessary or when people requested their help. This meant that people who used this service were supported and encouraged to remain as independent as possible.

On the day of our inspection the home was clean, tidy and there were no unpleasant odours.

The registered provider had safeguarding procedures in place and staff at the home had received training and updates to help them identify and effectively report abuse allegations or concerns.

In the sample of care records we looked at we found that there were some aspects that needed to be reviewed and updated to reflect people's current support needs and preferences. The registered manager had started to address these matters before we left the home on the day of our inspection visit.

We found that medicines were managed and handled safely. People were able to store their own medicines safely in their own rooms. There was some confusion around the use of covert medication and we have made a recommendation about this.

Most of the staff we spoke to at the home told us that they were well supported by the registered manager. We noted that they received regular supervision and staff meetings took place. Staff were supported in keeping their skills updated and there was a training plan in place. We looked at the way in which the service recruited new staff and found that this process was managed effectively. This meant that only suitable people were employed to work at The Millfield.

There was one person living at The Millfield who was subject to Deprivation of Liberty Safeguard. The registered manager had followed the correct processes, in line with the requirements of the Mental Capacity Act 2005. Care homes are required to notify us about any applications they make to deprive a person of their liberty under the Mental Capacity Act 2005 and about the outcome of those applications. The registered provider had done this.

"Do not actively resuscitate" orders did not consistently follow current guidance. There was confusing information regarding one person's wishes and others had not had their "DNACPR" orders reviewed as required.

People who used this service were well supported with their nutritional needs. Healthcare professionals were consulted where people had been identified as being at risk of poor nutrition.

The accommodation at the home included various communal areas and an accessible garden. Adaptations and specialised equipment was available to help keep people safe or assist them in accessing the facilities at The Millfield.

We noted that the windows at the home had not been fitted with appropriate window restrictors to help prevent people accidentally falling out.

People who used this service told us that they could receive visitors at any time. People also told us that they went out with their families or out into the local community by themselves.

There was a complaints process in place at the service. We did not receive any complaints during our visit to the service. We checked the information we held about the service, we found that we had not received any complaints during the last 12 months. The format of the home's complaint procedure may not meet the communication needs of everyone who used this service.

The registered manager had carried out various audits to monitor the quality of the service. Where shortfalls had been identified action plans had been developed to help drive improvements to the service. People

who used the service were able to comment on their experiences and quality of the service they experienced. We saw that this had been done via questionnaires and meetings.

We have made a recommendation about the use of covert or disguised medicines.

We have made a recommendation about the use of "do not attempt cardio pulmonary resuscitation orders" (DNACPRs).

We have made a recommendation that the service considers current guidance from reputable sources to ensure the home is compliant with health and safety legislation.

We have made a recommendation that the service seek advice and guidance from a reputable source about providing information to people who use this service, in a format that meets their needs.

## 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.

The registered provider had robust systems and up to date safeguarding processes in place. This meant that people who used this service were effectively protected from potential abuse and improper treatment.

The registered provider assessed, and kept under review, the risks to the health and safety of people who used this service.

Medicines were safely managed and care workers had been kept up to date with their training. However, the registered manager had not always followed best practice where people may have needed to receive their medicines covertly.

### Is the service effective?

Good ●

The service was effective.

Staff received support and supervision from the registered manager and they were provided with training to help ensure their skills and knowledge were kept up to date.

The registered provider had a policy and procedure in relation to the Deprivation of Liberty Safeguards (DoLs). The registered manager followed the principles of the Mental Capacity Act 2005, where applications had been made to deprive someone of their liberty.

Although people had been involved in the decision making process, the service did not consistently make sure that any "Do not actively resuscitate" orders followed current guidance.

### Is the service caring?

Good ●

The service was caring.

Staff were respectful of people's privacy and dignity and only intervened when necessary or when people requested their help.

People who used this service were involved in the care planning

process and were encouraged and supported to maintain their independence as much as possible.

People had made decisions about the type of care and support they would like at the end of their life.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The people who used this service had a personalised plan of care and support that generally reflected their needs and preferences. In the sample of care plans we looked at we noted that one person's care plan was not up to date. The registered manager started to address this before we left the home on the day of our visit.

People told us and we observed, that there were activities and social events available at the home should they wish to join in with them.

The registered provider had a process in place for dealing with complaints and concerns. People who used this service knew who to speak to if they needed to raise any concerns or complaints.

### **Is the service well-led?**

**Good** ●

The service was well led.

Accident and incident recording and reporting were effectively monitored and managed.

The registered manager had carried out a variety of safety checks and audits to help ensure the home was safe. Action plans had been developed to help the registered manager keep on track with making improvements to the standard of service provided.

People who used the service, staff and visitors to the service were all aware of who the registered manager was. All of the people who used this service said that they were confident in speaking to the registered manager if they had a problem or concern.

# The Millfield

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 June 2016 and was unannounced.

The inspection was undertaken by one lead, adult social care inspector.

Prior to our inspection visit we looked at the information we held about this service. This included notifications sent to us by the registered provider about significant events that had happened at the home.

During the inspection we spoke to people who used this service and visiting relatives. Prior to our inspection we also spoke to social care professionals. We spoke to the staff on duty at the time of our inspection, including the registered manager and the staff who had just completed the night shift.

We looked in detail at the care records belonging to three of the people who lived at The Millfield and we sampled a further four care records. We reviewed the recruitment records of two members of staff and we looked at a sample of records that the registered provider is required to maintain in respect of safety and quality monitoring.

We observed staff supporting people who used this service with their care needs and we looked at the general environment at The Millfield.

## Is the service safe?

### Our findings

We spoke to people who used this service. Everyone told us that they were "very well looked after" and that the "girls (staff) were very nice." Everyone that we spoke to also told us that they knew who to raise concerns or worries with if they needed to. They were confident that they would be listened to and their concerns taken seriously.

One person told us; "The staff are very patient. They have some difficult people to deal with but I have never seen them get cross."

Another person said; "They (staff) are all very nice and I can't complain. The staff come when I need them and they always pop in and say good night when they are going home at the end of their shift."

We contacted the local social work team prior to our inspection. They told us that they had no concerns about the service. They commented that the registered manager and deputy manager were extremely helpful and supportive to professionals as well as the people who used this service. The social work team told us that they thought the staff at The Millfield were always pleasant and welcoming and happy to provide them with information when required.

We looked at the way in which the registered provider managed allegations of abuse and safeguarded the people that used this service. We checked that the registered provider had procedures in place and that staff received training with regards to safeguarding vulnerable adults.

We checked with the local authority about any concerns that had been reported to them. The quality management officer from Cumbria County Council told us; "No concerns have been raised. There was one safeguarding a couple of months back but the home actioned all requests made through the safeguarding and quality process."

We looked at the information we held about this service and matched this to records kept at the home. We found that the registered manager had reported concerns appropriately and in a timely manner. This helped to make sure people who used this service were protected from the risks of harm or abuse.

General and individual risk assessments were in place to help keep people who used this service and staff who worked at the service, safe from the risks of harm or injury.

We looked at a sample of care records belonging to three of the people that used this service. We found that plans and risk assessments were in place to safely evacuate people from the building should an emergency arise.

Risk assessments and management plans had also been developed where people needed assistance with their mobility or where people were at risk of falling. When people had suffered a fall, we found that their risk assessments had been reviewed and updated to help mitigate the risks of falling again.



We looked at the registered provider's medication policy and procedures and we looked at the way in which the service managed the administration of medicines.

The home had recently changed their supplying pharmacist which, the registered manager said, had resulted in a much improved service. There were comprehensive processes in place to help ensure all medicines received into the home were checked and accurate. There was also a system in place for the safe disposal of medicines.

People who had the responsibility for medication management and administration had completed training to help ensure they were competent and could carry out this task safely.

We observed that medicines were stored appropriately and securely. We carried out a random sample check of people's medicines and medication administration records, including medicines that were liable to misuse (controlled drugs). Medication administration records were completed and up to date.

Most medicines, including topical creams and ointments, had been stored safely in people's own rooms. Some medicines, for example those required at mealtimes, had been stored in the medication trolley kept in the dining room.

We asked the care worker administering medicines on the day of our inspection about how "when required" medicines were managed. We were told that the only medication of this type in use were "painkillers." The care worker told us that people who used this service were asked during the medication round if they needed pain relief. The care worker also told us that people were able to ask themselves, if they needed this type of medicine at other times.

One person's records showed that they received their medicines in yogurt. It was not clear from the records whether or not this medicine was being administered covertly. Although their doctor had authorised this, checks had not been made on the mental capacity of this person with regards to making decisions about their medicines. However, the pharmacist had been consulted about the safety of crushing tablets, which is good practice, but they had not been asked to advise on the stability of any medicines that needed to be mixed with food or liquids.

We recommend that the service considers current guidance on giving people their medicines covertly and takes action to update their practice accordingly.

We spoke to people who used this service and the care workers on duty during our inspection of The Millfield, about staffing levels. We were told by some of the night staff that it was "very busy during the night trying to get everything done." One person was unhappy about the amount of domestic tasks that needed to be completed in addition to caring for people with changing needs or needs that could at times be challenging. People who used this service did not raise any concerns with us about the care they received during the night.

The staff who worked during the day shift thought that there were enough staff to meet people's needs. We observed that the care workers were very busy throughout the day but no one was rushed with their support needs and call bells were answered promptly. None of the people who used this service, who we spoke to, raised any issues or concerns with regard to staffing levels at the home.

The registered manager had recently recruited some new members of staff. We looked at the process for doing this and sampled the recruitment records. We found that the registered manager had carried out all of

the necessary checks to help ensure only suitable people were employed to work at The Millfield.

On the day of our visit the home was clean and tidy. There were no unpleasant odours. People who used this service were happy with their rooms and the standard of furnishings and cleanliness.

The registered provider had infection control policies and procedures in place that reflected current guidance and best practice. Staff had received training with regards to the prevention and control of infections and we observed that staff maintained good practices such as frequent and appropriate hand washing and the use of appropriate protective clothing when required.

We saw that some upstairs windows were fitted with devices to restrict how far they would open to protect people from falling from them. However, the restrictors were not tamper proof and could be removed without the use of a key or special tool. This meant they did not comply with guidance issued by the Health and Safety Executive.

We recommend that the service considers current guidance from reputable sources to ensure the home is compliant with health and safety legislation.

## Is the service effective?

### Our findings

One of the people who used this service, who we spoke to, told us that they thought; "Lunch and tea are served very close together. We have a good lunch and three hours later we have tea. I can't always eat this as I am still full from lunch."

Another person commented; "The food is alright. I used to cook when I lived at home and the food is not always what I would have cooked myself but I do get enough to eat and drink."

The care workers we spoke to during our inspection of the service all told us that they were provided with training and updates. One of them told us; "I had never worked in a care service before but I have received very good induction training." They added that this had helped them understand their roles and responsibilities "very well."

The care workers that we spoke to told us that they were well supported by the registered manager. They said (and we saw from personnel records) that they received regular supervision and appraisal. Staff meetings took place and, we were told, the registered manager checked staff competencies. We checked the staff training and supervision records held at the service. We found that these confirmed the things that staff had told us.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered provider had a policy and procedure in relation to the Deprivation of Liberty Safeguards. This included the need for staff training, the process for applying for authorisation and the need to keep this under regular review.

There was one person living at The Millfield who was subject to a DoLS. The registered manager had followed the principles of the MCA 2005. Most of the care workers, including the registered manager, had completed training with regards to the Mental Capacity Act 2005 and the DoLS. The training plan showed

that there were staff who still needed to complete this important training and we noted that the registered manager was in the process of arranging this.

When we looked at the samples of people care plans, we found that some people had made the decision not to be resuscitated in the event of a cardiac arrest (DNACPR). There was clear evidence that people who used this service had been involved in the decision making process with regards resuscitation. However, one person's records were very unclear about their wishes and other people's DNACPR's had not been reviewed as required. We spoke to the registered manager about this at the time of our inspection as these matters needed to be clarified and addressed without delay.

We recommend that the service consults current guidance from a reputable source about the use and maintenance of "do not attempt cardio pulmonary resuscitation orders" (DNACPRs).

We looked at the ways in which people were supported with their nutritional and hydration needs.

We observed care workers serving meals to people in the dining room or in their own rooms. We noticed that there were some very nice interactions between staff and people who used this service during the lunchtime meal. Care workers only intervened when people needed assistance. The dining room at lunchtime provided a pleasant and sociable environment.

We noted that people were asked if they wished to wear an apron to protect their clothing from spills. We saw that people were helped to remain independent with eating and drinking and noticed that adaptations, such as plate guards, special cutlery and drinking cups were available where needed.

One person suffered a choking episode during their lunch. Care workers dealt with this very well in order to protect the dignity of this person.

Care and kitchen staff at the home were aware of people's eating and drinking needs, including specialised dietary requirements, likes and dislikes.

Where people had been identified as being at risk of poor nutrition, we saw that their body weights, food and fluid intake were monitored appropriately. We also found that the GP, speech and language therapist and the dietician had been consulted where necessary. This helped to ensure people were supported effectively with their nutritional needs.

The kitchen had been inspected by the local authority food safety officer and had been awarded a rating of 5 stars – Very Good. This meant that people could be confident that food was handled and prepared safely.

There were a variety of communal areas at the home including lounges, a conservatory, dining room, adapted bathrooms and toilets and accessible gardens. The accommodation was provided over three floors which were accessible via the stairs or a passenger lift..

The home was well equipped with handling equipment to help ensure people who needed assistance with their mobility, were supported safely. Where people needed specialised beds or mattresses to help reduce the risk of pressure ulcers, these had been provided and other specialised equipment was available to help reduce the risks of people suffering a fall.

## Is the service caring?

### Our findings

One of the visitors we spoke to during our inspection of The Millfield told us; "This is an excellent home. The girls (staff) are very kind and quick to help when needed."

A person who lived at the home said; "The staff are very good and help me when I need it." Other people commented; "I'm very happy here," "I am very well looked after" and "The girls (staff) are lovely."

People who used this service told us they were aware that they had a plan of care and we saw evidence to confirm that they had been actively consulted about the support they expected.

We observed care workers supporting some of the people who used this service. We noted that staff were respectful of people's privacy and dignity and only intervened when necessary or when people requested their help. We noted that personal care was provided sensitively and always behind closed doors.

We observed staff using handling equipment and providing explanations to the people using it. This helped to reduce people's concerns and anxieties when staff were supporting them with their mobility. Wherever possible, people were able to remain as independent as possible.

Care workers had received training about promoting dignity during personal care procedures. The care workers we spoke to during our inspection knew the people who lived at The Millfield very well and were able to give us verbal updates about people's needs and support required. One care worker told us; "I am able to read people's care plans and keep up to date with their needs and requirements. I am encouraged by senior staff to contribute to people's care plans."

On the day of our inspection, there were no people at the home who were requiring special support because they were coming to the end of their life. We noted that some people had made decisions about the type of care and support they would like at the end of their life. One person was being cared for in bed. We looked in on this person, although they were sleeping at the time. We found that their room was clean, bright and airy with gentle music playing from their radio. Food and fluid intake charts had been maintained and we saw that this person had been regularly supported to change their position to help avoid pressure injuries to their skin.

Care workers told us that they had received training with regards to equality, diversity, privacy and dignity. We saw from the training records that staff were also in the process of completing training to help them support people when they came to the end of their life.

## Is the service responsive?

### Our findings

People who used this service told us that they could receive visitors at any time. People also told us that they went out with their families or out into the local community by themselves.

One person told us; "There's always something going on here. I don't tend to join in much, I prefer to stay in my own room, but I know I can go down and join in if I choose."

Another person said; "I can come and go as I please really. I often go out for walks or a taxi ride on my own."

We observed that there were interesting and stimulating activities available throughout the day and that staff had time to spend socialising and supporting people to access these if they wished.

During our inspection of The Millfield we looked, in detail, at the care records of three people who used this service and sampled a further four records.

We found that care records were well maintained and reflected people's individual care needs and personal preferences. Care plans and risk assessments had mostly been reviewed and updated as people's care and support needs changed. We found inaccuracies in one person's care plan, but the registered manager had started to address these before we left the home on the day of our inspection.

Staff told us that they had access to people's care records and were able to contribute in the reviews of people care needs. The staff that were on duty during our inspection were able to give us accurate accounts of the needs of people they were supporting. People who used this service were treated gently and with kindness by staff who were well meaning in the way in which they provided care and support.

The registered manager told us about the improvements they were making to the admission processes at the home. The pre-admission process was now to invite potential users of this service to come into the home for day visits, have a meal at the home and bring their family members if they wished.

Everyone we spoke to during our inspection confirmed that they knew who to speak to if they needed to raise concerns. One person told us about a concern that they had raised with the registered manager. They confirmed that the matter had been dealt with to their satisfaction.

The registered provider had a complaints procedure in place a copy of which was placed on the notice board in the home. Although the procedures were accessible to everyone at The Millfield, the format of this important document did not meet the communication needs of all of the people who used this service.

We recommend that the service seek advice and guidance from a reputable source about providing information to people who use this service, in a format that meets their needs.

We checked the information we held about this service and we checked with the local authority's adult social care team. We found that no complaints had been made about this service to either CQC or the local

authority.

## Is the service well-led?

### Our findings

All of the people we spoke to during our inspection of this service knew who the registered manager was.

Social workers told us; "The Millfield have adopted a transparent way of working and always seek advice where appropriate and implement strategies to improve their service where required. The Millfield are always extremely supportive in urgent situations and their day service facilities are person centred and flexible to meet the needs of people using the service and their families. "

People who used the service and visitors to the home told us that they would speak to the registered manager about anything they were concerned about. Staff told us that they met with the registered manager regularly and that the registered manager was "very approachable."

The staff also told us that they had formal meetings with the management and that their competence and practice was monitored. The personnel records we checked confirmed that this was the case.

We looked at a sample of health and safety records that the home was required to maintain, including accident and incident records. We compared these to the information we held about this service. We found that the registered provider and registered manager had been notifying us about these matters as required.

We found that moving and handling equipment had been appropriately serviced and checked.

We found that regular audits and checks on the management of medicines, including the correct completion of administration records had been carried out to help ensure these were managed safely and that records were properly maintained.

Fire prevention and firefighting equipment had been frequently serviced and checked and the registered provider had a fire safety action plan and risk assessment in place.

The registered manager had recently carried out an audit to check the quality and maintenance of the quality of fixtures, fittings and furnishings at the home. The audit had highlighted areas for further improvement and the registered manager had developed an action plan, with clear time scales to help ensure improvements were made.

People who used this service and visitors to the home knew who the registered manager was and were "confident" that she would "listen and act" on any concerns or suggestions raised.

The registered manager carried out quality checks on the service. This had included sending questionnaires to people who used the service, their relatives and to external health and social care professionals who visited The Millfield. The comments and outcomes of the quality checks were mostly positive. Where suggestions had been raised, the registered manager had put things in place to make improvements.