

Key inspection report

Care homes for older people

Name:	Millbeck House
Address:	Millbeck House Oakdale Road Arnold Nottingham Notts NG5 8BX

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Lynda Dyer	2 5 0 8 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Millbeck House
Address:	Millbeck House Oakdale Road Arnold Nottingham Notts NG5 8BX
Telephone number:	01159569790
Fax number:	01159569791
Email address:	s.cockayne@abbeyfield.com
Provider web address:	

Name of registered provider(s):	The Abbeyfield Society
Name of registered manager (if applicable)	
Mrs Sandra June Cockayne	
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	32

Additional conditions:

The maximum number of service users to be accommodated is 32

The registered person may provide the following categories of service, Care Home only, Code PC to service users of the following gender, either, whose primary care needs on admission to the home are within the following category, Old Age, not falling within any other category, Code OP

Date of last inspection

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Brief description of the care home

Millbeck House is located within the residential area of Arnold and is registered to provide personal care for the needs of 32 older people.

The grounds are safe and accessible for residents; parking is available at the front of

Brief description of the care home

the building. There is ramped access for wheelchair users, a passenger lift and stair lift for back up use.

The home has 32 single rooms four of which have en-suite facilities.

Current fees range from £399 to £415

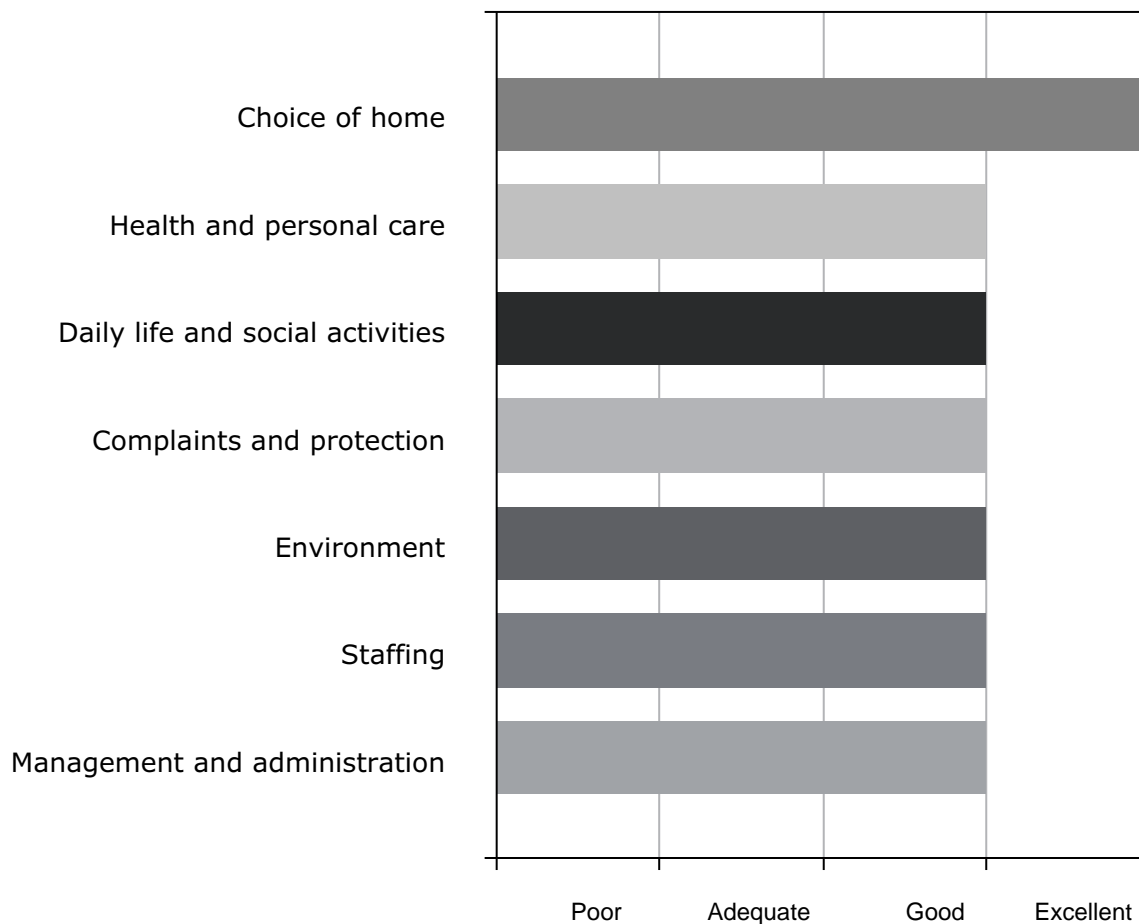
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The focus of inspections undertaken by the Care Quality Commission is upon outcomes for people who live at the home and their views on the service provided. This process considers the providers capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provision that need further development.

This is a newly registered service due to the providers changing their name from Abbeyfield UK to The Abbeyfield Society.

'We', as it appears throughout the Inspection Report refers to The Care Quality Commission.

One inspector carried out an unannounced site visit to the agency, which took place over a period of four and a half hours. The Registered Manager was very helpful and assisted us during the site visit to the home.

We asked the manager to fill in a questionnaire about how well their service provides for the needs of the people who live there and how they can and intend to improve their service, this is called an Annual quality assurance assessment (AQAA). We received the AQAA back from the manager in good time. The form was completed well and gave us all the information we asked for.

We also sent out surveys called, 'have your say', to people who use the service, staff that work there and relatives. This meant we could get an idea of what people thought about the way the home was run.

We had 13 completed surveys back and we have included some of the comments in this report. We have not included comments that could identify the writer as we want people to feel they can be open about the way they feel the service is run.

We also reviewed all of the information we have received about the agency since we last made a visit to them and we considered this in planning the visit and deciding what areas to look at.

The main method of inspection we use is called 'case tracking', which involved us choosing three people who use the service and looking at the quality of the care they receive by speaking to them, observation, reading their records and asking staff about their needs.

We spoke with the manager, two members of staff, one visitor and six people who use the service to help us to form an opinion about the quality of the service being provided to people.

We read documents as part of this visit and looked at the environment and facilities of the home to form an opinion about the health and safety of people who use at the service.

What the care home does well:

Care plans of three people living in the home contain risk assessments about all areas of daily living with clear information for staff on what they needed to do to manage the risks and to meet the needs of that person. The care plans are being reviewed regularly with input from the person for whom it was written and their representative where appropriate.

The home has developed a handbook to give to people when they move into the home and this has also been given to people already living in the home. The handbook contains part of the person's care plan so that they can see what care they should be receiving. It also contains a wide range of information about what services the home offers, advocacy services, what to do if things go wrong and information about external agencies involved in the health care sector. The handbook is written in a clear, easy read format and contains pictures and photographs to help people with communication difficulties.

What has improved since the last inspection?

This is a newly registered service due to a change in the name of the provider. Improvements will be assessed at the next inspection.

What they could do better:

While the home has some good practice around the medicine procedures we also found some gaps in procedures that should be followed.

The nutrition charts could be fully completed to show what action has been taken by staff to address any issues with regard to weight change.

A record of what activities people have taken part in could be implemented and maintained.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Peoples needs are assessed before they move into the home so that staff know how to meet their needs. People are offered a range of information before they choose to move into the home and given extensive information on admission.

Evidence:

The manager told us in the AQAA that all residents are admitted on the basis of a pre-admission needs assessment, which is completed at Millbeck House, in the persons own home or hospital setting. They also told us that prospective residents are given the opportunity to visit the home for coffee, for the day or a short stay before making a decision to stay on a permanent basis.

We case tracked the most recent admission to the home and we found that a full needs assessment had been carried out prior to them moving in and that the information from this had been used to form part of the care plan for this person.

Evidence:

We spoke with this person and also received information from people living in the home via a survey and this told us that people receive information about the home and have chance to visit before they decide to live there.

The home has developed a handbook to give to people when they move into the home and this has also been given to people already living in the home. The handbook contains part of the persons care plan so that they can see what care they should be receiving. It also contains a wide range of information about what services the home offers, advocacy services, what to do if things go wrong and information about external agencies involved in the health care sector. The handbook is written in a clear, easy read format and contains pictures and photographs to help people with communication difficulties.

The home does not offer intermediate care and so standard 6 does not apply.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in the home have up to date and relevant care plans to enable staff to deliver the appropriate individual care and people are happy with the care they receive. Medication procedures are generally safe.

Evidence:

The manager told us in the AQAA that a comprehensive care plan is in place for each resident based on the information available to ensure their individual needs are met and these are reviewed at least monthly with the resident. They also told us that care plans include a personal risk screening tool and personal evacuation plan and that privacy and dignity is paramount to the residents care.

We looked at the care plans of three people living in the home and they contained in depth risk assessments about all areas of daily living with clear information for staff on what they needed to do to manage the risks and to meet the needs of that person. The plan contained information that was important to the person that it was written for with evidence of the plan being person centred. There was evidence of the care plans being reviewed regularly with input from the person for whom it was written and

Evidence:

their representative where appropriate.

People living in the home are being weighed regularly and this is recorded in their care plan. One person that we case tracked had lost weight over a period of time and their nutrition chart had not been fully completed to show what action had been taken. However, we spoke with staff and looked at other records and this showed that the appropriate action had been taken to address the weight loss.

The home has started to include information about the Mental Capacity Act 2005 in the care plans. However assessments around making best interest decisions for people lacking capacity have not yet been developed.

We observed a member of staff administering prescribed medicines to people living in the home and they followed the correct procedures. We also looked at the medicine storage and systems in the home and there was evidence of some good practice around the medicine procedures but we also found some shortfalls in procedures that should be followed.

When we asked people living in the home what the home did well, they said things like, "Good care and attention to my needs"and "Exceptional caring". One member of staff told us in a survey, "We care well for all the residents needs".

People living in the home told us that they received the care and medical support they needed and staff told us that they were given training which gave them enough knowledge about health care and medicines.

People living in the home told us that staff respected their privacy and dignity and we observed this on the day of the inspection with staff speaking to people with respect and knocking on their bedroom doors before entering.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People that live in the home are given the opportunity to participate in recreational activities and maintain social contacts. People receive a nutritious and appetising diet with individual preferences being met.

Evidence:

The manager told us in the AQAA that all residents have a say in their Daily Living routine which remains flexible to suit each resident's capabilities and preferences and that they participate in choosing activities with a volunteer attending weekly to assist with activities and regular church services. They also told us that dietary needs, likes and dislikes are recorded and that meals are unhurried to allow residents to socialise.

One person living in the home told us that there was not enough activities in the home for people to do. However, on the day of the inspection we saw evidence of regular trips that had been arranged for people to attend outside of the home and further planned trips. We also saw evidence of regular in-house activities such as board games, church services, external entertainers and exercise classes.

We observed a meal being served and this was a relaxed and pleasant experience with people living in the home being given the choice to eat in different areas such as the

Evidence:

dining room, the lounge and the conservatory. There were enough staff present to support this and the meal looked appetising and nutritious. We spoke with four people living in the home about the meals and they told us that the meals were generally very good. We saw evidence of a choice being offered to people and the four people we spoke with told us that there was usually a choice available.

We observed visitors to the home being welcomed throughout the day and we spoke with one visitor who told us that they felt welcomed by the staff when they visited their friend.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service feel able to raise concerns and complaints and can be confident that the manager will act on them. Staff know how to safeguard people living in the home from abuse.

Evidence:

The manager told us in the AQAA that every complaint or concern is looked into and recorded, however minor and that the revised complaints procedure is displayed in the foyer of the home. They also told us that they have safeguarding adults and Whistle Blowing policies in place and that most staff have had safeguarding adult training.

The manager told us that there have been four complaints made to the service since registration and that these had been resolved and were not upheld. The Commission has not received any complaints about the service since it registered with us.

People living in the home told us in the surveys they completed that they knew how to raise concerns and make complaints and staff told us that they knew how to respond to someone making a complaint to them.

We saw the complaints procedure on display in the home and this was current, clear and assessable. The procedure is also in the hand book given to new admissions and which has also been given to people already living in the home.

Evidence:

Complaints are looked at as part of Abbeyfields monthly audits to ensure they are being responded to appropriately.

The home has the current local safeguarding procedures in place and we viewed three staff files and they contained evidence that staff are trained in how to safeguard vulnerable adults from abuse.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Good housekeeping procedures provide people with clean, pleasant and homely surroundings in which to live.

Evidence:

The manager told us in the AQAA that the home provides a comfortable, modern, safe and well maintained environment for residents with a handyman attending once a week to do minor works and general maintenance. They also said that the layout of the home is well planned and the fixture and fittings are to a high standard and residents are able to furnish their rooms with their own furniture and personal belongings.

We received nine surveys back from people living in the home and they all said that the home was always clean. One person living in the home said, "They keep the home clean and we get our bedding changed often".

One the day of the inspection we found the home to be clean, hygienic and well maintained. Communal areas were arranged to give people a choice of where to sit and bedrooms that we viewed were personalised, well maintained and contained any equipment needed for that person.

Staff are trained in infection control procedures and we saw evidence of them

Evidence:

following these procedures on the day of the inspection.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home operates a safe staff recruitment process and staff are trained effectively in supporting people living there.

Evidence:

The manager told us in the AQAA that there is a thorough recruitment procedure in place and staff must provide written references and any necessary checks before they commence working at the home. They also told us that all staff have a personal development and training record and are supervised regularly.

When we asked staff in surveys what the home could do better we received comments like, "They could get more reliable staff" and "I would utilise the regular staff more as rather than using agency staff as in my opinion this would create a more stable environment for the residents".

However, we spoke with people living in the home and they told us that they felt there was enough staff on duty to meet their needs and that they did not have to wait for staff if they needed assistance. We also spoke with staff working in the home and they told us that they felt there was enough staff on duty and that the manager always made sure it was the same agency staff that came to the home in order to maintain the consistency of care delivered.

Evidence:

When we asked people living in the home, what the home does well they said things like, "Helpful and polite staff" and "Staff care for me with kindness and consideration".

When we asked a member of staff what was the best thing was about working in the home, they said, "Nice atmosphere, good quality care and good staff qualifications".

We looked at the files of two members of staff working in the home and we found that they were well organised and contained evidence that all of the required recruitment checks had been made prior to employment commencing.

The files also contained evidence that a recognised induction was being carried out on new staff and that the manager was supporting staff to access training in areas of health and safety and health care. Staff we spoke with confirmed this.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The manager shows a caring and open approach to the people living in the home and the health and safety of people involved in the home is maintained. People using the service are given the opportunity to express their views and opinions in the running of the care home,

Evidence:

The manager told us in the AQAA that the home has a business plan to focus on improvements and that surveys are used to gather customer feedback with the quality assurance manager and regional care service manager completing monthly unannounced visits to the home to monitor quality. They also told us that systems are in place to ensure that the health and safety of residents, staff and visitors is maintained and that the home also has robust financial procedures in place.

The manager has worked in the home for many years and has the required qualifications. Staff told us that the manager met with them regularly to support them and discuss how they were working and we saw evidence of this in the staff files that

Evidence:

we viewed.

There is an external quality assurance survey conducted annually by The Abbeyfield Society and the manager also does her own in-house survey. We viewed the results of the latest survey and the manager told us that the results were discussed with the people living in the home and then action taken to address any issues identified. Quality is also measured with monthly visits to the home by The Abbeyfield Society and we saw the report from the latest visit, which included an action plan for the manager so that she could address any issues found as a result of the visit.

There are regular meetings held for the people living in the home to discuss activities, menus and issues in the home and we saw the minutes of these meetings.

We viewed the personal spending money of two people living in the home and the manager was maintaining these appropriately.

People living in the home told us that the manager was approachable if they needed to speak with her and we saw evidence of this on the day of the inspection.

One person living in the home told us, "I am comfortable and happy here".

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	Medication must be stored within the temperature range recommended by the manufacturer. To ensure the quality of medicines in use.	01/10/2009
2	9	13	When prescribed medicines are not administered to a person living in the home, staff must use appropriate coding and record the definition for the code. This will ensure the reason for not giving the medication is documented.	01/10/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	Care plans should be further developed to meet the

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		guidance set in the Mental Capacity Act 2005 regarding best interest capacity assessments.
2	7	The nutrition charts should be fully completed to show what action has been taken by staff to address any issues with regard to weight change.
3	9	Handwritten entries on the medication administration records must be signed by staff and witnessed with a further signature.
4	12	A record of what activities people have taken part in should be implemented and maintained.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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