

# Anchor Hanover Group

# Mill View

## Inspection report

Bolton Lane  
Bradford  
West Yorkshire  
BD2 4BN

Tel: 01274718910

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Mill View is a purpose built care home providing residential care for up to 50 people across 2 floors. On day 1 of our inspection, 41 people were living in the home and on day 2, this number was 40.

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

On day 1 of our inspection, we identified some staffing pressures which meant not all people had their care needs met in a timely way. On day 2, staffing levels increased and this improved. People told us there were enough staff to meet their needs in a timely way. Rotas showed shifts were fully covered. Recruitment practice was safe.

We have made a recommendation about reviewing people's dependency levels as this did not accurately reflect the care needs of all people living in the home.

Hot water temperature checks in bedrooms and communal spaces had not been checked since July 2023. This was identified on day 2 of our inspection and immediately dealt with. Some lifting equipment needed for bathing was faulty and parts were on order. Risks to people were assessed, monitored and reviewed. Staff understood these risks and how to support people safely.

Some issues were identified regarding infection control on day 1 of our inspection. By day 2, these had largely been resolved and following the inspection, the registered manager advised of further action taken.

The management of medicines was safe. Some additional detail to PRN (for medicines given as required) protocols was added immediately following our inspection.

People and relatives consistently told us they felt safe with the care provided. Staff showed an understanding of their safeguarding responsibilities and described appropriate action they would take to report allegations of abuse.

Records showed complaints were well managed. People and relatives felt able to report concerns or complaints and noted they were encouraged to raise issues by the management team.

Quality assurance systems were in place and had identified issues which were acted on. The registered manager and district manager carried out their own quality checks. The registered manager told us they were going to introduce monthly risk meetings to look at themes and trends from accidents and incidents.

Feedback from people and relatives about the care provided was very complimentary. People felt included in their care planning and through resident meetings. The home was in the process of switching from paper to electronic care records by early in 2024, and preparations were being made for this at the time of the inspection.

The management team were committed to continuously improve the service. They were responsive to our feedback and took immediate action where needed.

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. We observed personalised care being delivered by way of choices offered to people by staff. People were encouraged to be in control of their day to day routines and care records support this practice.

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

#### Rating at last inspection and update

The last rating for this service was outstanding (published 27 September 2018).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from outstanding to good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors on both days. On the second day of the inspection, a regulatory coordinator joined us to gather feedback from people and their relatives.

#### Service and service type

Mill View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mill View a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with the registered manager, a deputy manager, 3 team leaders, a care quality advisor, 7 care assistants, a housekeeper, a handy person, an administrator, a receptionist, and the district manager. We spoke with 10 people who lived at this home and 3 relatives. We looked at multiple medication records and care plans for 3 people. We looked at quality assurance records whilst we were on site and following the inspection.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not always enough staff to consistently meet people's needs.
- One person was asked to wait on 3 occasions when they wanted to go outside. Another person was not assisted with their meal when needed and their meal was later taken away uneaten. Staff were attending to other people at the same time. In the afternoon, some staff said they hadn't taken a break since their shift started at the beginning of the day.
- On day 2 of our inspection, staffing levels increased as a part time worker was present for their planned shift and 3 students from college were also present. Staff were seen to take breaks and were not as rushed. People told us, "Staff are very good, I don't really need to use my call bell, but staff come if I ever need anything" and "There's always someone around, I could just shout them if I need them." Some people said more staff were needed as they saw staff were rushing to carry out their tasks. The registered manager told us they were looking to increase staffing levels.

We recommend the provider reviews people's dependency levels as the number of people identified as having high level care needs did not match the number of people needing 2 staff to support them with meeting personal care needs.

- Safe recruitment practice was followed as relevant background checks were found to have been carried out.

### Assessing risk, safety monitoring and management

- Risks to people were not consistently well managed.
- On day 2 of our inspection, we found hot water temperature checks had not been carried out since July 2023. A new handy person was in post and they had not been made aware of the Health and Safety Executive (HSE) safe hot water temperature range. They took immediate action to check water temperatures across the home. There was no evidence of harm to people.
- One person was unattended in other people's bedrooms as staff were not aware of this person's whereabouts. This caused distress to 2 people in their bedrooms who screamed at the person to get out.
- Care records were detailed in identifying individual risks, which included moving and handling and dietary needs. One person who had a suspected infection was being encouraged to have more fluids and was being closely monitored.
- A visiting health professional told us staff understand the risks to a person's mobility and worked closely with them to ensure advice was listened to and actioned. People's independence was encouraged. People were supported to move with purpose around the home with their mobility aids.

- We observed staff minimising risks to people through their actions. For example, one person was about to walk with their frame whilst holding a warm drink. A staff member quickly intervened and said they would carry the drink. Staff encouraged a person who only had one shoe on to put their other footwear back on as they wanted to walk with their frame.

#### Preventing and controlling infection

- Infection prevention and control measures required some improvement.
- On day 1 of our inspection, not all sluice items were consistently stored in red bags. Two soap gel dispensers in communal bathrooms were found to be empty. This was rectified by day 2. The registered manager addressed these issues through a group supervision with staff.
- We observed the premises were largely found to be clean. A member of the housekeeping staff was knowledgeable about cleaning and was systematic in their approach.

#### Visiting in care homes

There were no restrictions on visiting people living at this service.

#### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- People consistently told us they felt safe and protected from harm. People's feedback included, "I definitely feel safe here" and "I feel safe here. If you have a fall, they (staff) are there straight away." Relatives agreed people were safe.
- Safeguarding records showed allegations of abuse were investigated and outcomes were recorded. Staff knew how to recognise and report abuse.

#### Using medicines safely

- Medicines were managed safely and people received these as prescribed.
- Directions for some PRN medicines such as paracetamol and laxatives required further detail, which was added immediately following our inspection.
- Team leaders showed a good understanding of the medicines they were responsible for. Clear systems were in place for the management of medicines. Medication administration records were accurately completed and body maps were in place for pain patch and topical creams.
- Staff responsible for medication had received training and an up-to-date competency check. Regular medication audits were being carried out and recorded in detail.

#### Learning lessons when things go wrong

- The provider was responsive to feedback highlighted through our inspection as well as improvements made as a result of their own checks.
- Two bath hoists were not in use due to faults. Recent maintenance of the boiler identified work was needed. Action was taken in response which meant these items were repaired following our inspection.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)



- The provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Care support observation records showed how staff practice was checked around areas including offering people choice in their daily routines and a staff knowledge check of the MCA and DoLS. Staff demonstrated a good knowledge of the MCA and DoLS.
- Throughout our inspection, we saw many examples of people being offered choice. Staff asked people for their preferences of where they wanted to sit and what they wanted to wear. We overheard a staff member asking one person, "Would you like a pudding or are you sweet enough?"

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question as outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised as staff promoted choice and control.
- Care plans showed detailed information about how to support people in a positive way with behaviour which may challenge others.
- People and relatives felt included in the planning of care. One person said, "We talk about my care plan sometimes to make sure it's still right." A relative said, "I'm asked all the time about (person's) care, it's an ongoing thing. They're consulting all the time about medication, food, how best to look after (person)."
- Care plans were changing from paper to electronic versions by February 2024. On both days of our inspection, the care quality advisor for the provider was working in the home to support this changeover.
- One person said they liked to tidy their own room and although this was challenging for them, they didn't want help, which staff respected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We asked one person with sensory needs how they received information to support their communication requirements. They shared examples such as staff letting them know where they'd placed a warm drink for them or if they needed something in larger print, they could ask for this, or alternatively, they asked staff to read their correspondence to them. Staff said they explained things in greater detail to describe things for this person.
- Other examples were shared by the management team around meeting communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A programme of activities was provided to engage and stimulate people.
- People told us activities were provided, although some feedback indicated they would like more. This was identified in quality assurance checks carried out by the district manager in October 2023.
- Residents and family members had been invited to a 'nibbles and singalong' event. People from both floors in the home attended. Although the home did not have a dedicated activities coordinator, we saw activities being delivered by staff and external entertainers.

- On day 1 of our inspection, a religious ceremony was held in a quiet lounge, which supported people to maintain their faith and religious beliefs.

#### Improving care quality in response to complaints or concerns

- The management of complaints was satisfactory.
- People told us they felt confident that any concerns or complaints would be dealt with suitably. Relatives told us, "We've raised things from time to time and they've been dealt with" and "The team leaders and (registered manager) are always saying we can raise anything and they'll be happy to discuss if anything isn't working."
- We looked at the complaints log and saw 2 matters recorded in 2023. Both complaints demonstrated appropriate action was taken in response to the issues raised and a response was provided.

#### End of life care and support

- People had end of life care plans in place.
- The home was beginning of a rollout of ReSPECT records. This stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.
- The management team told us they supported people and relatives through end of life care needs and shared examples of offering relatives stop overs, meals and bags with toiletries.

# 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 our last inspection we rated this key question as outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the home which helped ensure positive outcomes for people.
- People told us, "I'm lucky to be here, it's a very nice care home" and "I would recommend this place. It's a nice home, the staff work well together." Relatives said, "The staff are great. I don't know how they do it. They look after (person's) every need", "I just wanted to say this place is absolutely brilliant. They've looked after (relative) so well. I can't praise them highly enough" and "The staff manage really well, it's a really lovely place. It's a wonderful place, I can't knock it."
- Staff were patient, kind and caring. Examples of calm and sensitive interactions were observed between staff and people.
- Staff were quick to respond when a person fell in a lounge space and gave prompt support. On day 2, we observed a person struggling to stand up from a seated position. Staff were patient, understanding and communicated well, so the person was able to eventually mobilise safely.
- We overheard a comprehensive handover between 2 team leaders, which covered each person's risks, increased risks, actions being taken and improvements or deterioration in people's health, such as a potential infection for one person. It was evident they knew each person very well.

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

- Quality performance checks were taking place.
- We saw detailed accident and incident records which had been signed off by the management team. We discussed oversight of these events and the need for identifying themes and trends. The district manager had identified this in their audits. Following our inspection, the registered manager set up a monthly meeting to analyse accidents and incidents to look for learning opportunities.
- The management team carried out daily walkarounds. They also carried out spot checks on night shifts, although these weren't recorded for us to see.
- Examples of 'dignity in dining' audits were seen. These were sufficiently detailed and showed learning opportunities were identified and acted on.
- The district manager carried out their own monthly 'comprehensive audit' which looked at topics including medication management, falls, staff training and staffing levels.

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

- Our observations from this inspection showed the provider was meeting their duty of candour.
- Care records showed some examples of people getting up particularly early for baths. Most people said this was their preference, but 1 person wanted a later time. The registered manager told the person they would take immediate action.
- Care records we looked at included events which were reportable to us. We were able to match these to incidents we had been informed about, which meant this requirement was being met.
- The management team and all staff were open and transparent with us throughout the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged and given choices about care and support they received.
- People were asked for their preferences on the styles and colours used as part of the ongoing refurbishment of the home. At lunchtime, staff asked questions such as, "Where would you like (gravy on your food)? "What flavour of yoghurt would you like?" People were also offered show plates so they could see their meal choices. These examples showed personalised care being delivered.
- People told us, "We're asked what we think about things" and "Sometimes there are meetings where you can discuss things." A relative said, "People can openly suggest if anything needs improving. There are open meetings for relatives fairly regularly, they are productive. The team leaders and (registered manager) are always saying we can raise anything and they'll be happy to discuss if anything isn't working."
- A staff member told us, "I love it (working here). It's always challenging, but it's always brilliant. They added, "(Registered manager) does a great job, she's really supportive."

Continuous learning and improving care; Working in partnership with others

- The management team were responsive to our feedback and eager to improve the service. The home worked well with a range of partners in the community.
- We identified care records were not securely stored. Immediately following our inspection, the registered manager told us these had been moved into clinic rooms until a new office space was ready.
- The registered manager wanted to recreate a famous local tea room in an open space. They were planning to contact this organisation to gather ideas and products.
- On both days of our inspection, we found staff were very responsive to one person's deteriorating ill-health. They worked closely with healthcare partners. This person was monitored closely, admitted to hospital and supported with increased care needs on their return to the home. A GP surgery carried out a weekly ward round in the home.
- On day 2 of our inspection, we saw 3 health and social care students in the home as part of their work experience. The district manager arranged this in partnership with a local college.
- The home was committed to supporting a local charity closely linked to a person living in the home.