

Achieve Together Limited

Mill Hayes

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

About the service

Mill Hayes is a care home providing care and support to autistic people, people with a learning disability and people with mental health needs. At the time of our inspection, 7 people were living in the home. The service can support up to 7 people. People were accommodated in 1 adapted building, there was a self-contained living area for 1 person, other people shared communal rooms, a conservatory, and a large garden. There was a large kitchen downstairs and a smaller kitchen upstairs for people to use.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Medicines were managed in a way which promoted people's independence and focused on STOMP principles (stopping over-medication of people with a learning disability, autism or both). However, there were a couple of discrepancies between the stock levels and paperwork. The provider responded straight away and improved systems, training and quality processes to improve medicine monitoring.

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.

People personalised their home and bedrooms. People were supported in a safe, clean and well-maintained environment. The environment was designed to meet people's sensory and physical needs, whilst making it feel homely.

Staff were recruited safely. There were enough appropriately skilled staff to meet people's needs and keep them safe. Staff received training in autism and learning difficulties. Staff knew people well and could tell us about each person's support needs and preferences.

The provider reviewed all accidents and incidents which occurred in the home. Lessons learnt from incidents were shared with the staff team and relevant agencies in order to learn from them.

Right Care:

People told us they had choice and control over their own lives. Staff encouraged people to make their own decisions and take positive risks. People said they were confident to raise concerns with staff and the management team.

People and relatives told us staff respected people's privacy and respected their individuality at all times.

Care plans were holistic and clearly monitored people's physical, emotional and mental health needs. People were supported to attend medical appointments and staff encouraged people to follow the recommendations put forward by health professionals.

People were encouraged to develop their skills, independence and take part in new experiences. People attended workshops to increase their awareness of monitoring their own health.

Right Culture:

The culture of the service was open and transparent. The risks of closed cultures were discussed in staff meetings to raise awareness and reduce the risk of a closed culture developing.

People and staff told us the registered manager was a great leader. A leader who focused on the rights of the people using the service and encouraged innovative approaches and new ideas.

People, relatives and staff felt included in the service and told us they could raise concerns and make suggestions freely. People were encouraged to be involved in all areas of the home and their preferences were respected.

The provider worked in partnership with other health and social care professionals to ensure people received the appropriate level of care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 27 August 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement (published on 01 October 2019).

Why we inspected

The inspection was prompted in part due to concerns we had received about incident management, closed cultures and medication errors. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full 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.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mill Hayes

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.

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 was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mill Hayes is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Mill Hayes is 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 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 sought feedback from the local authority, and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 2 relatives about their experiences of the care provided. We spoke with 8 members of staff including the head of operations, registered manager, team leaders, care staff, the administrator and maintenance staff.

We reviewed a range of records. This included 2 people's care records and multiple people's medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were safely managed. People received their medicines in a safe way. Staff followed systems and processes to administer, record and store medicines safely
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed on a regular basis.
- People received information about medicines in a way they could understand. 'Easy read' material was available for each person. This showed the name and photograph of each medicine, explained what it was used for and its possible side effects.
- People had chosen to reduce some of their medicines used to reduce anxiety and had developed alternative strategies to help them to lower their anxieties in line with medical consultation.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to safeguard people from harm. Local area safeguarding policies and internal policies were accessible to staff members, staff told us where they were located. Staff followed these processes to keep people safe.
- Some people told us they did not always feel safe. The provider was aware of this and explained there had been a conflict between people in the home. In response, the provider had increased staffing levels which people told us had helped them to feel safer. In addition, the provider planned to change the layout of the environment to enable additional space. These plans were being discussed with people to enable them to choose the design.
- Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people were effectively monitored and managed. Risk assessments were in place to manage or mitigate risks relating to people's care and support needs. These included, support in the community, cooking and accessing public transport assessments.
- People were involved in managing risks and in making decisions about how to keep themselves safe. We saw examples of positive risk taking, where people were being encouraged to become independent in line with their preferences and potential risks.
- Staff managed the safety of the living environment and involved people in environmental safety checks. For example, some people chose to be involved in the fire safety checks.

Staffing and recruitment

- There were enough staff on duty to support people safely. Staffing levels were increased as and when required, for example following incidents or in response to people's changing support needs.
- People told us there was enough staff on duty. One person said, "Yes, there is enough staff. I can go out on my own."
- Staff were recruited safely. The provider followed safe recruitment procedures to ensure their staff were suitable. This included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a culture of openness when things went wrong. Accident and incident forms were completed and investigated by the management team to prevent recurrence.
- Incident trends were examined by the management team. The provider's system in place alerted the relevant agencies following an incident, such as the safeguarding or positive behavioural support team.
- Lessons learnt were documented following every incident. These were shared with the staff team in order to learn from the incidents and develop new strategies to support people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were regularly assessed. People were supported by a keyworker to regularly review their care and support preferences. A key worker is the staff member who represents the central point of contact for the person, their family members and the services involved in their care.
- People took part in regular review meetings with to discuss and review their care and support preferences.
- Staff knew people extremely well. They told us about people's needs and preferences without looking at the care plan.

Staff support: induction, training, skills and experience

- Staff received support in the form of induction, training, and ongoing supervision. One staff member told us, "The provider is good at pushing staff forward and furthering their careers."
- Training records confirmed staff received regular training and their skills were regularly refreshed through refresher training and spot checks. One staff member said, "When you do medication training, you have to have spot checks. These are important to make sure you are doing it correctly and to improve practice."
- The provider recently signed up to a national leaning disability and autism training. Staff spoke positively about this training and told us how they plan to embed the training into practice.

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

- People received support to prepare and cook their own meals in their preferred way. One person told us, "I make hot drinks, and cook my own lunch. I put fish fingers, chicken nuggets or pizza in the oven." Another person said, "I eat when I'm hungry. At teatime I have what I want."
- People were supported by staff to eat at a time they chose. Some people chose to eat out and have take away food. Staff encouraged people to eat healthily although ultimately respected their choice of meals.

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

- Healthcare records confirmed people's health needs were regularly assessed and reviewed. The records showed staff encouraged and supported people to follow the recommendations made by healthcare professionals.
- People were supported to live healthy lives and access support. Some people had attended a sexual awareness workshop and took back innovative training materials to learn about the risks of certain types of cancer. One person showed us the photographs from this event.
- People were supported to attend medical appointments to maintain their health. One person said, "I ask

staff to make appointments. I go with staff for support, as requested by the GP."

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

- The home was adapted, designed and decorated to meet people's needs. One section of the home was a self-contained area, this was designed to meet 1 person's sensory needs.
- People were involved in the design and decoration of the environment. We saw numerous examples where people had chosen a specific design or adapted the environment to suit their preferences.
- People's bedrooms were individually designed and personalised. People could choose to lock their bedroom door, in line with their preferences and risk assessment.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider worked within the principles of the MCA. Assessments of people's mental capacity and best interest meetings had taken place to ensure decisions made were appropriate and least restrictive. This related to the decisions concerning where a person should live and supervision in the community.
- The registered manager had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.
- Staff received MCA and DoLS training. One staff member told us about people in the home who lacked capacity over certain decisions they said, "People can still make decisions. It's important to encourage people to make their own choices but to do so safely."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care from kind and compassionate staff, who used positive and respectful language. One person said, "I can talk to them [staff]. We never fall out."
- People were supported to express their sexuality positively. One person had chosen to attend an outdoor event which celebrated different sexualities.
- Staff responded calmly to people and were attentive to people's emotions and support needs, such as sensory sensitivities.

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

- People were supported to make their own choices and decisions. One person told us, "I like to be busy. I clean my bedroom, and brush and mop communal areas, corridors and kitchen."
- People were supported to be involved in the community and to take positive risks. One person said, "I come and go with no time limits. Doing what I want to do."
- People attended regular review meetings with professionals and were encouraged to express their own views, preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity were respected, staff members knocked on people's bedroom doors before entering and addressed people respectfully. One person told us, "I have privacy. I am left to my own devices."
- Relatives told us staff respected their family members privacy. One relative said, "My [family member] likes spending time and being quiet in their room."
- People had the opportunity to try new experiences, develop new skills and gain further independence. One person had taken part in an event where they gave a speech, this increased their confidence. Others had developed further skills when accessing the community on public transport, this had increased their independence skills.
- A separate kitchen upstairs enabled people to cook and to learn independence skills. Although, people could use the large kitchen downstairs if they wanted to.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 experienced choice and control over their care and support. Staff encouraged people to pursue their interests and to develop their independence skills.
- Care plans were holistic and reflected people's needs and aspirations, including their physical and mental health needs. Some people had chosen to write an introduction to their care plan, others had decorated their plans. This showed people were encouraged to be involved in their care plans.
- One relative told us their family member was reluctant to engage in new experiences. Although, staff continued to try to encourage their family member to try new activities, whilst respecting their overall decision.

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.

- Individual communication plans were in place. These detailed effective and preferred methods of communication, including approaches to use for different situations.
- Easy read materials were available for people to use, these included topics such as health and wellbeing, complaints and medication.
- Staff had good awareness and understanding of individual communication needs. Staff told us about different approaches they used when communicating with people. For example, using shorter sentences and giving time for people to respond.

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

- People were supported to maintain and develop relationships. One person told us, "I meet my partner at disco club." Another person said, "I have friends on social media."
- Relatives told us people were supported to maintain relationships and they regularly visited their family member in the home.
- People told us they engaged in regular activities which were of interest to them, and they told us they had tried new experiences. These included new hobbies such as bike repair and line dancing.

Improving care quality in response to complaints or concerns

- The provider treated all concerns and complaints seriously, investigated them and learned lessons from the results. These were shared with the whole team and the wider service.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person said, "Yes, I have raised several complaints. These were dealt with okay by senior managers. I can email them."

End of life care and support

- No one was currently receiving end of life care. Although people's care plans contained a section to record end of life wishes and choices when people wished to discuss these.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and staff understood their roles, and were clear about quality performance, risks and regulatory requirements.
- There were checks and audits in place to monitor quality and safety. Although the medication audit needed to be more robust. The provider acted straight away and strengthened the medicine audit and provided additional medicine administration training to all staff.
- The registered manager had notified us of all significant events which had occurred in the home in accordance with their legal responsibilities.

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

- The culture was inclusive. People were empowered and supported to achieve good outcomes and had as much choice and control over their lives as possible. One staff member said, "[Registered manager] cares so much about staff and the people here and really listens. [Registered manager] always tries new initiatives."
- People told us the culture was empowering. One person said, "[Registered manager] is very supportive, and good." Another person told us they had learnt new skills and they shared their plans of moving out of the home into a supported living home.
- Records of team meetings showed how the team discussed closed cultures and ways to avoid them from developing. One staff member told us how this educated staff about the signs to be aware of which could suggest closed cultures.

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

- The registered manager was clear about their duty of candour. They told us it was their duty to be open and transparent.
- The provider had apologised to people when things went wrong and sought to resolve any concerns or complaints raised.

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

- People were engaged and involved within the service. A people's committee was in place. This was made up of autistic people and people with learning disabilities. The committee group assisted the provider to

review their systems and policies. They had made changes to the language which was used within policies, making the language more inclusive.

- Relatives told us they were involved with the care and support provided to their family members and they confirmed they received regular updates about any changes or recent events, such as health care appointments their family member attended.
- Staff told us they were involved and could make suggestions and recommendations. One staff member told us about a new activity they had suggested, this had been taken up by the person, who enjoyed this activity.

Continuous learning and improving care

- People were invited to attend provider management events and conferences so they could make recommendations and suggestions to improve the care provided. Recent suggestions over the language used in policies had been taken on by the provider and changes made.
- Easy read feedback forms were available to assist people to feedback into the service.
- The provider had an action plan in place to show how they planned to continue to improve the service provided. Plans involved adaptations to the physical environment. People were involved in these plans and their opinions respected.

Working in partnership with others

- Records showed collaboration with numerous health and social care professionals.
- The provider worked closely with new schemes and initiatives which broadened the experiences for people.