

Caring Homes Healthcare Group Limited

Mill House

Inspection report

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20 June 2019

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23 July 2019

Ratings

Overall rating for this service	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Mill House is a care home providing personal and nursing care for up to 45 people aged 65 and over. At the time of the inspection there were 29 people living at Mill House.

Rating at last inspection

The last rating for this service was Good (report published 23 June 2018). At this inspection we found the rating remained Good.

Why we inspected

The inspection was prompted in part due to concerns received about people not being supported to meet their needs, provision of activities, the use of emergency equipment in end of life care and the management of the service. As a result, we undertook a focused inspection to review the Key Question of Responsive and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Responsive and Well-Led sections of this full report.

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

Through speaking to one person, a relative and staff we heard that people sometimes experienced delays in receiving their care. The provider was calculating staffing hours using a dependency tool and had recently been providing more staff hours than indicated. We have made a recommendation about consulting people and their representatives about their experience of receiving care.

We found no concerns in relation to activities. People had opportunities to take part in activities both in the care home and in the wider community. Activities were provided throughout the week and checks were made on people's experience of taking part in activities. Mill House had won awards for activity provision. People were supported to maintain contact with their relatives. Care was provided for people at the end of their life. There were arrangements in place for people and their representatives to raise concerns about the service.

At the time of our inspection visit there was no registered manager in post and the provider was actively recruiting a new manager. An interim manager was working at Mill House until the new manager started. The provider understood that a new registered manager application needed to be submitted as a priority to ensure they continued to meet their registration conditions.

Effective quality monitoring systems were in operation. The current manager was approachable to people using the service, their representatives and staff.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service 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 House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Mill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection visit the service did not have a registered manager. However, arrangements were in place to manage Mill House until a manager was appointed who would apply for registration.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, they had no concerns about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service who were willing and available to speak with us and two

visitors about their experience of the care provided. We spoke with the regional manager, the group quality manager, the acting manager, the assistant manager, the activities supervisor, two members of care staff and a registered nurse.

We reviewed a range of records. This included two people's care records and complaint investigations. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

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

- We received mixed feedback about the responsiveness of staff in meeting people's needs in a timely way. Despite this we found the service was using a dependency tool to ensure there were enough staff to meet people's needs. The regional manager explained how staff hours were currently being provided above the calculated amount as an assurance against short notice staff absence. We did not witness people receiving delays with their care when we visited. We also found examples of people being supported and cared for in a personalised way such as a person being supported with their preferences about their appearance. One person told us they were "very well looked after". We discussed responses to call bells with the provider and they agreed to start an audit of response times.
- A new more individualised format had been introduced for people's care plans, with care plans produced only where an assessment indicated the need. Care plans had been kept under regular review.

We recommend the service review people's experience of receiving care in response to their needs through consultation with them and their representatives.

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had a policy to guide staff with providing information to people in an accessible format when required.
- People had care plans to guide staff in communicating with them taking into account needs around hearing and eye sight.

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 able to engage in a range of activities both at Mill House and in the local community. Activity themes often followed national days for example on national gin day a gin tasting event had been organised. People's involvement in activities was recorded in scrap books kept in their individual rooms. There was strong involvement with the local community such as a local gospel choir and singing groups visiting the care home. One person had helped at a local school with cookery classes.

- A recent improvement to activity provision following consultation with people and their representatives had resulted in regular activity provision at weekends and extended hours on week days.
- Mill House had won awards at local and regional level for activity provision.
- The garden had been developed for people to use at all times of the year. At the time of our inspection the garden was tidy and accessible to people using the service. Raised beds enabled people to cultivate plants and a gardening club operated at Mill House which aimed to involve people regardless of their abilities.
- Activities were audited to check if they were suitable for people and if people enjoyed taking part. Two people told us how they had enjoyed a trip in the care home's minibus to a nearby village on the morning of our visit.

Improving care quality in response to complaints or concerns

- There were arrangements to listen to and respond to any concerns or complaints. Records showed, complaints were recorded, investigated, meetings held with complainants and responses provided including a follow-up on any issues found. There had been 12 complaints since our previous inspection. Appropriate action had been taken as a result of findings, for example, changes to how a person's medicines were administered, changes to meals provided and changes to how staff provided care around breakfast time to ensure people received personalised care.
- Information was available for people and their representatives on how to make a complaint.

End of life care and support

- At the time of our inspection, Mill House was not providing care to people at the end of their life. End of life care had previously been provided to people using the service in conjunction with community health professionals. Staff had received suitable training in end of life care. We discussed the use of emergency equipment with the manager and senior staff and found there was an understanding of the appropriate use of this as well as an understanding of end of life care.
- People's wishes for the end of their life including resuscitation had been recorded for future reference where this was known.

Is the service well-led?

Our findings

• Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

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; 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 provider had a clear vision for people to have access to good quality care and support with their personal care and daily living activities. We found people were cared for in accordance with the provider's values and objectives.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- At the time of our inspection visit there was no registered manager in post and the provider was actively recruiting a new manager. An interim manager was working at Mill House until the new manager started. The provider understood that a new registered manager application needed to be submitted as a priority to ensure they continued to meet their registration conditions.
- The provider completed and submitted all required notifications to support our ongoing monitoring of the service. The rating from our previous inspection was prominently displayed in the care home.
- People benefitted from quality assurance checks which ensured a consistent service was being provided. A clinical management system had been developed. This collected clinical data and information regarding accidents and incidents in the home. This collected clinical data and information regarding accidents and incidents in the home. This enabled the manager to identify any trends so that action could be taken to ensure people received good quality nursing care. The audit in June 2019 had analysed and provided oversight of actions taken in response to areas including, accidents, deaths, complaints, falls and infections.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Strong links had been developed with the local community particularly to with activities with Mill house winning an award from a local business organisation.
- The views of people using the service, their representatives, staff and stakeholders had been sought

through individual surveys with the results recorded and any areas for action identified. Areas covered by the surveys included activities, awareness of the complaints policy and the management of the care home. Issues raised in recent surveys such as improvement of the garden and a communal room had been actioned.