

# Interact Care Limited

# Mill House

## 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 

### Overall summary

This inspection took place on 12 and 14 May 2015 and was announced. This meant the provider did not know we were arriving.

Mill House is a new service and has not previously been inspected.

The service provides accommodation for five people with learning difficulties and is set in a rural part of County Durham.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager in post.

# Summary of findings

We found people's medicines were managed safely. Records showed how people preferred to take their medicines and staff were aware of people's preferences.

We found all areas of the home including the laundry, kitchen, lounges and bedrooms and bathrooms were clean, pleasant and odour-free.

In people's care records we found the numbers of staff required to care for each individual was described. These were included on the staff rota and we found the required number of staff were on duty.

The provider had carried out robust checks on staff before they started working in the home. This ensured people who were employed by the provider were assessed as being safe to work with vulnerable people

All of the staff had received safeguarding training and the staff on duty were able to articulate to us the different types of abuse.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted applications to deprive people of their liberty.

We found staff were appropriately supported through the use of induction, supervision, appraisal and training.

Staff were aware of people's eating habits and had put arrangements in place to support people who required special diets.

People had in place communication passports which contained information on the best ways to communicate with people who used the service. We saw the service used pictures and photographs to support people.

During our inspection we found involvement was a key theme of the home. We saw the provider had put in place arrangements to support people being involved in decisions about their home.

We observed people were comfortable in the presence of staff and staff worked with people in gentle ways whilst being firm and maintaining safe boundaries.

The service spoke up for people and used advocacy services to make sure any decisions taken about people were in their best interests.

We found the provider had in place a comprehensive set of care plans which described people's needs, wishes, hopes, dreams and aspirations. We saw people met with their keyworkers and were involved in reviewing their care plans. Staff were given detailed guidance on how to care for people.

People were engaged in activities which they liked and staff looked for activities to help people achieve their goals.

The registered manager had in place a broad range of audits to monitor the service quality and produced a monthly report for the provider which detailed what had happened in the service.

The registered manager also maintained a number of logs from which she could monitor the service and check its progress.

Staff were confident in the registered manager's knowledge and experience to lead the service.

# Summary of findings

## 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 safe.

We found people's medicines were managed safely.

We found all areas including the laundry, kitchen, lounges and bedrooms and bathrooms were clean, pleasant and odour-free.

The risks to people were clearly documented and staff were given guidance on mitigating those risks.

Good



### Is the service effective?

The service was effective.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted applications to deprive people of their liberty.

We found the provider had put in place appropriate arrangements to support staff.

We observed people using pictures during the day to guide them to their next activity. People were aware by these pictorial representations how their day was structured.

Good



### Is the service caring?

The service was caring.

We found people were involved in the running of the home. We saw the provider had purchased items requested by people during their meetings.

We observed people were comfortable in the presence of staff and staff worked with people in gentle ways whilst being firm and maintaining safe boundaries.

We saw the provider supported people's well-being by having in place pictorial plans which included their aspirations and activity wishes.

Good



### Is the service responsive?

The service was responsive.

We found the service had in place a comprehensive range of care plans which documented people's needs in detail and gave staff guidance on how to care for and support people.

The service had put in place books for people which were called 'My Life'. People had a record of their lifestyles in lieu of family memories.

People were engaged in activities which they liked and staff looked for activities to help people achieve their goals.

Good



### Is the service well-led?

The service was well led.

Staff were confident in the registered manager's knowledge and experience to lead the service

Good



## Summary of findings

The registered manager had in place a broad range of audits to monitor the service quality and produced a monthly report for the provider which detailed what had happened in the service.

We saw the home worked in partnership with other agencies and people's family members.

# Mill House

## Detailed findings

### Background to this inspection

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

This inspection took place on 12 and 14 May 2015 and was unannounced.

The inspection was carried out by two adults social care inspectors.

Before our inspection we reviewed all the information we held about the service. We looked at information used to register the service and if there were any notifications

received by the Care Quality Commission. We also spoke with the local commissioners and Healthwatch. No concerns were raised by these organisations. Following the inspection we spoke with the Infection Prevention and Control team who confirmed they had visited the home and action had been taken to reduce the risk of infection spreading.

During the inspection we spoke with the registered manager, two senior carers and two care staff and a relative. We looked at four people's care records. We reviewed four staff files and carried out observations of staff and people working in the service.

Before the inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

# Is the service safe?

## Our findings

Not everyone in the home was able to verbally communicate with us so we carried out observations and found people behaved in ways which indicated they felt safe. For example we seemed relaxed and happy in the home. We observed staff behave and carry out their work in line with policies procedures and written information about people to keep them safe.

We saw the provider had in place an administration of medication policy. The policy described the safe storage of people's medicines. We found the provider acted in accordance with their policy and people's medicines were stored in a locked cabinet. The registered manager showed us how staff members were assessed four times per year as being competent to give people their medicines. We saw staff had to complete questionnaires and were observed carrying out administering people's medicines.

We found each person had a medication profile with their photograph and their allergies listed. People's preferences were recorded about how they liked to take their medicines. For example we saw recorded on one person's profile, 'Prefers to take meds with blackcurrant juice'. The provider had in place Medicine Administration Records (MAR) which recorded when people were given their medicines. We found there were no gaps in people's MAR records. We checked the stocks of medicines and found these correlated with the MAR records. This showed people had been given their medicines as and when they were prescribed.

We found the provider had in place 'as and when required' medicines. We asked the registered manager how they knew when people required such medicines. They described to us how people presented if they were in pain. This meant staff were aware of when people might need 'as and when required' medicines.

We found all areas including the laundry, kitchen, lounges and bedrooms and bathrooms were clean, pleasant and odour-free. We saw staff carrying out regular cleaning and staff confirmed it was a part of their role to ensure the home was clean and well presented. We found night staff had specific cleaning duties and there were effective systems in place to reduce the risk and spread of infection.

We looked at the needs of people and found some people required two members of staff to care for them during the

day and some people needed one member of staff. We looked at the staff rotas and found the required number of staff for each person was provided. Staff showed us how the rota worked and described to us the levels of care people needed. During our inspection we checked to see which member of staff was supporting which person and found staff were allocated each day to care for a person. This meant the provider had in place enough staff to be able to care for people living in the home.

We found safety to be a key aspect of the service and found people had risk assessments in place. The risk assessments provided information to staff on how to identify triggers, manage risks and prevent harm to people. For example a member of staff showed us around the home and described to us risks in relation to a person's environment. They explained if the staff placed too many furnishings in their bedroom the person would have an adverse reaction. Where incidents were likely to take place there were detailed plans in place which described the steps staff were to take to reduce the likelihood and impact of an incident. We saw such steps included the use of gloves and wipes to protect staff when a person for example started spitting. We also saw staff had taken action to promote one person's independence and take calculated risks so they could have a more independent lifestyle. This meant the provider had assessed positive risk taking to support a person.

The registered manager told us the service supported people who challenged the provider or others whilst respecting their human rights and diversity. This included how incidents were to be avoided. Descriptions were provided to staff at the home about how to use positive body language and specific language and phrases to help support people and reassure them when they were stressed or upset. This meant staff were given guidance on how to keep people safe.

We checked to see if the provider had employed fit and proper persons. We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and always two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff. We also saw copies of application forms and these were checked to ensure that personal details

## Is the service safe?

were correct and that any gaps in employment history had been explored. This meant that the provider had a robust recruitment and selection procedure in place and carried out all relevant

checks when they employed staff. Staffing levels were routinely reviewed and staff rotas reflected when people needed care.

The registered manager showed us the staff disciplinary policy and told us there were no on-going disciplinary concerns.

The registered manager told us there was a safeguarding policy in place and that staff received training in this area.

The staff we spoke with confirmed they had received safeguarding training and were able to articulate the different types of abuse. We saw the provider had a whistleblowing policy and staff told us they 'had loads of training' in these areas. The procedures in place helped ensure service users were kept safe from harm.

The provider had put in place a number of checks to ensure the building was safe. We saw they had carried out electric and gas safety checks, portable appliance testing (PAT) and fire checks.

# Is the service effective?

## Our findings

One relative told us they thought Mill House was excellent and there should be more places like it.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The provider had in place applications to the supervisory body for DoLS for everyone who lived in the home. We found staff were aware of the implications of using Deprivation of Liberty Safeguards.

We found where one person required significant medical treatment the service had involved an Independent Mental Capacity Advocate to represent the person's views and contribute to the decision making. The provider had best interests decision arrangements in place.

We discussed with the registered manager the use of mental capacity assessments in the home. The registered manager showed us examples of how the service carried out capacity assessments for example people had in place mental capacity assessments in relation to their ability to self-medicate and finances. These resulted in people having an allocated amount of pocket money which they could choose how to spend. We saw one person had £2 per day to spend and was taken to the local shop on a daily basis. Staff described to us the routine and explained to us how they used this routine to support the person to demonstrate socially acceptable behaviour in the community. We found staff supported the person to say 'hello' to others in an acceptable way. Staff also told us this was a way of educating the community so they got used to the person and knew what they needed. This meant people's capacity had been assessed and people were supported to use their mental capacity to carry out activities.

The registered manager showed us staff induction booklets and how staff were supported to get to know the service, the home and the people who lived there. We found where a person had transferred from another home run by the provider the induction booklet had been adapted to meet their needs. As a part of their induction we found staff were required to carry out training described as mandatory for

the service. We found staff had completed their mandatory training and all the staff team had undertaken training on Autistic Spectrum Disorder. This meant staff were supported to carry out their role at Mill House.

We saw staff had in place supervision agreements with their line manager. The agreements included the frequency of supervision meetings, their contents and the standards of behaviour required by staff. A supervision meeting takes place between a staff member and their manager to discuss their progress, any concerns and their training needs. We looked at four staff files and found that staff met with their line manager for supervision purposes in line with the policy. This included monthly supervision during a staff member's probationary period leading up to an appraisal. We saw the provider had annual appraisals in place to monitor each staff member's performance and set performance targets for the following year.

In the provider's training room we saw information on Non Violent Crisis Physical Intervention (NVCPI). The registered manager told us about the four stage process which is designed to reduce the need for physical restraint and maintain the least restrictive practice. Staff confirmed they had received training in NVCPI.

We saw in the dining room pictorial representations of people's day. We observed people coming to look at what they were doing next. During our inspection staff improved a person's daily pictorial diary and provided a holder so when the person had finished a daily activity the picture went into the holder. This meant the person was able to see clearly the next activity on the list.

We saw the provider had in place a handover file. The file contained the minutes of the last staff meeting where staff were expected to sign to say they were aware of the contents. The file also contained safeguarding procedures, people's daily records and medicine information. This meant the information staff required to work each day was stored together.

We spoke with staff about people's eating habits. Staff told us one person preferred a limited range of foods to eat; we saw this person's diet was recorded. Staff also showed us people's weights and demonstrated one person had lost weight despite eating a good diet. This was attributed to



## Is the service effective?

getting more daily exercise. Staff demonstrated people's weights were monitored and provided reassurance if a person continued to lose weight then they would seek medical advice.

The registered manager told us about one person's dietary requirements and said a staff member had researched their needs due to a medical condition. We looked at the person's plan and found their needs had been recorded in detail including the need to be given food six times per day. We found the staff team had sought and implemented a person's diet to improve their intake.

We saw the provider had adapted a part of the garage to form a separate break out room. The registered manager explained to us this was particularly important for one person who found it difficult being in the main part of the house when everyone was returning at the same time. They said the room provided the person with a quiet space, but also afforded similar opportunities for other people in the home to use. During the inspection the registered manager at our request contacted the local fire service to seek fire safety advice on the break out room.

We saw the provider had in place 'Communication Passports'. These described people's behaviours and their meaning and included a section on, 'What would I like you to do'. This meant the service had made sure people's needs and wishes were understood by staff and people were not placed in situations where they would become anxious. This helped reduce the likelihood of an incident occurring where a person may be frustrated due to communication challenges.

The home had been tastefully furnished and adapted to meet the needs of people using the service. This included the creation of light and airy rooms. We saw one bedroom had been adapted to meet a person's needs for privacy.

We found the provider had put in place guidance and information using pictures to help people understand how they took a shower or washed their hair. These pictures supported people to be independent.

# Is the service caring?

## Our findings

People who lived in the home were not all able to give us their views using speech. During our inspection we observed people were comfortable in the presence of their staff. We saw staff spoke to people in gently ways and with good humour, whilst at the same time being firm and maintaining safe boundaries. One member of staff told us they enjoyed working at Mill House because people had a good rapport with staff.

We observed staff providing support and reassurance to one person who was concerned about having inspectors in the room. The staff member also gave guidance to us to provide the reassurance if required. This meant we were able to ensure our inspection visit did not adversely impact on the person's well-being.

During our inspection we found involvement was a key theme in the home. We found people were involved in the running of the home. Staff told us one person had been given the role of a fire marshal. We spoke with one person who lived in the home about their fire marshal duties. They told us about the checks they carried out and confirmed they liked to be a fire marshal in the home. This meant people were included in keeping the home safe.

We looked at house meeting records and found people were involved in making decisions at the home. For example people had requested a trampoline and a large paddling pool for the summer. We saw the provider had listened to people's wishes and had purchased the items for use.

We found people were involved in the daily living activities of the home. For example people were taken food shopping and bought food for everyone who lived in the home. One person confirmed to us they had been out shopping during our inspection.

All bedrooms were personalised. The registered manager told us people who used the service could spend their time either alone or together with other service users as was their choice. One bedroom had been specifically developed for people who needed to have more independence and privacy.

The registered manager showed us information about the service including the advocacy service to which people had access, and also demonstrated to us the service had worked with independent mental capacity advocates. We also saw the service had responded to family members as natural advocates for people and had also acted in an advocacy capacity for people with other services. We found the service spoke up for people in their care.

We saw each person had in place pictorial care plans which included their aspirations and activity wishes. These plans included people's wishes to for example go to concerts. We saw where people had expressed what they would like to achieve the provider had put in place arrangements so people could achieve their personal goals. People were invited to regularly review their goals with their key workers. Staff spoke with us about people's wishes and aspirations. They were able to describe local events where people's wishes could be carried out. For example staff told us they had looked for a new disco to meet one person's wishes. This meant the service provided time for people to express their wishes which the staff tried to meet.

During our inspection we heard a person making loud noises in their bedroom. Staff explained to us this was a common pattern but also told us how they checked on the person and made sure they were safe whilst respecting their privacy and dignity.

# Is the service responsive?

## Our findings

We spoke with staff, the deputy and the registered manager who told us everyone who lived at the home had care plans in place. Staff showed us people's care plans; they described in detail people's needs and how staff at the home were required to individually care for people. We found each person had an 'Essential Lifestyle Plan'. These included people's personal preferences, likes and dislikes and their preferred daily routines.

We also found there was a section in people's care records which covered people's life histories and personal statements about their hopes for the future. We found every area of need had very clear descriptions of the actions staff were to take. We saw detailed information had been supplied by other agencies and professionals, such as a psychologist or occupational therapist. This was used to complement the care plans and to guide staff about how to meet people's needs. This meant staff had the information necessary to guide their practice and respond to people's needs.

We watched as staff supported people and engaged with them about familiar places, people or recent occasions and activities. This supported people who may have been feeling stressed or anxious in our presence. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at people's care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, staff had specific ways of using positive language, facial expressions and gestures to reassure people who may otherwise have become anxious or upset.

The provider had in place hospital passports for people. This meant when people went to hospital there was information readily available to share with medical staff to support the person. Staff described to us the arrangements they had put in place when a person needed treatment, this included working with medical staff to avoid the person getting distressed. We read the person's care plans and found the behaviours staff described were documented. We saw staff had behaved appropriately to support the person seeking treatment.

To help others understand their important requirements, preferences and background, people had a book called 'My life'. We saw these books contained a range of photographs

and supporting comments about people including photographs of people undertaking a range of activities with comments to prompt people's memories. For example one book documented a range of activities and included a person choosing the décor for their room. This meant the service had in place a person's history in lieu of family memories and in a relevant form for them.

We saw the provider had in place monthly summaries of people's lives. Staff we spoke with showed us the summaries demonstrated the progress each person had made from month to month. One member of staff showed us how over a period of four months one person had made significant progress in their behaviour towards others.

We observed staff keeping up to date people's daily records. The daily records we looked at were very detailed and were used to monitor any changes in people's care and welfare needs. This meant the service was able to identify changes and respond to those changes.

We saw each person had a key worker whose role it was to spend time with people to review their plans on a monthly basis. Key worker's played an important role in people's lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes. There was evidence a great deal of thought, consideration and care had gone into people's care plans.

We found choice was a key factor in people's lives. Staff demonstrated to us an awareness of when people wanted to be in their rooms and when they wanted to go out. We found people's choices were respected by staff.

Staff were aware of people's behaviours which may cause them to be socially isolated. For example they recognised one person's behaviours in greeting others may cause others to withdraw. The staff had broken down these behaviours and had found a more acceptable way for the person to greet others. We observed staff reinforcing the new behaviours. One relative told us the home had given their family member access to a social network and told us, "It's brilliant." This meant staff worked to prevent people from being isolated.

Activities were personalised for each individual. We saw each person had in place a daily activities plan. These included people accessing and enjoying a range of

## Is the service responsive?

community facilities. For example we saw one person went swimming, another person went to Zumba classes and had attended a photoshoot. This further demonstrated how the service provided personalised care.

The provider had in place a complaints policy. The policy provided people who used the service and their

representatives with clear information about how to raise any concerns and how they would be managed. We looked at the documentation and found no one had made a complaint. The registered manager explained the service prefers to address issues as they arise and work towards reducing the need for people to complain.

# Is the service well-led?

## Our findings

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

Staff we spoke with were confident in the registered manager's knowledge and her ability to lead the service. One person told us, "She always makes sure things are followed through."

We saw the service had in place a set of values. These were aspiration, achievement, self-reliance and respect. We saw these values in action during our inspection. For example we found staff respected the needs of each person and people in the service were able to express their aspirations with support from staff to reach their goals.

The registered manager showed us their supervision log and explained to us how she logs people's supervision and appraisal. We saw the registered manager ensured people who were subject to a probationary period received an increased frequency of supervision and the registered manager monitored their progress. Where there were any gaps in supervision records for example where staff were on holiday we found the registered manager had recorded these so she was able to track when people received supervision.

We found the registered manager monitored staff training and saw where there were gaps training been planned by the registered manager to ensure staff were appropriately supported.

We saw the registered manager carried out a monthly monitoring report. The report covered recruitment and

vetting procedures and the core areas of the home. For example we saw the registered manager monitored the duty rota, significant events and fire logs. The report also identified actions to be carried out to improve the service. The registered manager had included in a recent monthly report she wishes to improve information to people on how to make a complaint. The registered manager showed us a leaflet entitled. 'If something is making you unhappy' and explained this was work in progress. This meant the registered manager was seeking ways to continually improve the service.

The registered manager showed us a number of logs they kept to monitor the activities of the home. These included a bullying log and a significant events log. We found the registered manager had in place a comprehensive set of audits to monitor the service and assess its quality. The registered manager also monitored the service by seeking feedback from family members. One person had written, 'Warm and friendly team, full of enthusiasm'. We saw the feedback received by the service was positive.

We found the registered manager disseminated good practice. For example after attending an area meeting the registered manager had shown staff a suicide audit to make staff aware of what they needed to look out for. The provider also had pre-empted potential scenarios and had in place a missing person's protocol should the need arise. No one had gone missing from the service.

We saw the home worked in partnership with other agencies and people's family members. One relative commented that without the support of the registered manager their family member would not have been able to sustain a college placement. Other partnership arrangements included work with local psychologists and other health professionals through multi-disciplinary teams to support people.