

Corner House Care Limited

Millard 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 ●

Summary of findings

Overall summary

About the service:

Millard House is a residential care home, providing personal care and accommodation for people aged 65 and older. At the time of our inspection 38 people were living in the service.

People's experience of using this service:

People were safe living in the service. Risks had been identified and people told us they felt safe and well looked after.

Staff were kind and caring and supported people to be as independent as possible. People had access to healthcare professionals when required.

Staff knew how to care for people. Staff used their skills and the resources and equipment provided so they risk of accidental harm or infections was reduced. People were supported to have their prescribed medicines to remain well.

People were supported to eat and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The registered manager had clear oversight of the service and worked alongside staff. Staff were respectful of the register manager and told us they were approachable and supportive.

We found the service continued to meet the characteristics of a "Good" rating in all areas; More information is available in the full report.

Rating at last inspection:

Good (The date of the last report published was 17 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service in line with our re-inspection schedule for those services rated as Good.

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 remains Good.

Details are in our Safe findings below

Good ●

Is the service effective?

The service remains Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service is caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains Good.

Details are in our Well-led findings below

Good ●

Millard 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of one 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. Our expert by experience for this inspection had expertise in the care of older people.

Service and service type:

Millard House is a care home. People in care homes received accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service what the service does well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with six people who use the service and nine family members to ask about the experience of living in and visiting the service, we also spoke with a visiting health care professional.

We spoke with the registered manager, trainee manager and the provider. We also spoke with six staff including the chef and the maintenance staff. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

Is the service safe?

Our findings

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

People continued to be safe and protected from avoidable harm. People's needs were assessed and plans were in place and followed to promote their safety.

- People told us they felt safe. Comments included, "I ring the buzzer if I need help I never have to wait very long" and "The staff are very good, always around and checking if I am okay, I definitely feel safe living here much more than I did in my own home."

Systems and processes to safeguard people from risk of abuse:

- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- Risks to people continued to be assessed and were managed safely. Staff told us how they supported people to minimise the risk for example of falls. We observed staff supporting people to move around the service as independently as possible, whilst ensuring there were no obstacles in the way.

Staffing and recruitment:

- Staffing levels were appropriate to meet the needs of people using the service. All staff spoken with said they felt there were sufficient staff on duty. Our observations throughout the day found staff were available to meet the needs of people living in the service. People's call bells were answered without delay.

- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks by the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely:

- People continued to receive their medicines safely. Staff received training on how to manage and administer medicines.

- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

- One relative told us, "My [name of relative] looks so much better now as they are getting their medicines on time, the staff make sure he takes them, they are very good."

Preventing and controlling infection:

- Staff completed training in infection control. The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the

relevant personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's care, treatment and support continued to achieve good outcomes, promoting a good quality of life.

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

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence based guidance that achieved effective outcomes.
- Care plans were regularly reviewed and updated to ensure people's changing needs were met.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled; and carried out their job roles effectively. Many staff had worked in the service for many years and therefore knew people very well. Staff told us they received training and were positive about the training programme. As well as mandatory training, staff also received specialist training for example, Parkinson's and diabetes.
- Agency staff were used on occasions of sickness or annual leave. The management told us they ensured they used consistent agency staff. This meant people received care from staff that knew them well.
- Staff told us they had regular supervision meetings with the manager to support their development. Competency assessments were carried out by senior staff to ensure staff were following best practice. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.

Supporting people to eat and drink enough with choice in a balanced diet:

- Most people told us they enjoyed the food and were given the opportunity to have input into the menus.
- The chef was knowledgeable about people's likes and dislikes as well as people who were on a specialised diet.
- We saw people in communal areas with drinks within reach and fresh cups of tea and coffee being offered. The tea trolley had snacks of biscuits and cakes. However, there was no fresh fruit on offer for people who were unable to help themselves to the fruit bowls in the communal areas. We discussed this with the management and they told us they would rectify this and ensure fresh fruit was available on the trolley.

Staff working with other agencies to provide consistent, effective, timely care:

- The service had clear systems in place for referring people to external agencies. Any input from health professionals was clearly documented in people's care plans with any outcomes or actions to be taken.

Adapting service, design, decoration to meet people's need:

- The environment was bright and airy and well decorated. People's rooms were personalised and the communal areas were homely and inviting.
- Since the last inspection the service had undergone complete refurbishment. A large conservatory had been added which, although used for people accessing day care was also used by other people in the home

when available. There was also a bar which had been recently erected in one of the rooms.

- The trainee manager told us they had plans to fully utilise this space along with another area which was going to be made in to a shop for the people living in the service to access. Staff were discussing this with people and their relatives.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to services such as the chiropodist, optician and dentist. Some people could access these independently. One person told us they had recently had a fall and the GP was called and their family informed as per their wishes.
- The service had a good relationship with other health professionals. One health professional told us, "The home is very good in communicating and things have definitely improved with the new manager." They told us how they had requested another treatment room with different flooring which was easy to keep clean to stop cross infection.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection the registered manager informed us some people had been referred for a DoLS authorisation and some outcomes were still pending.
- People's care plans contained clear information about their ability to make decisions on a day to day basis. Staff ensured people were involved in making decisions and were clear about making sure any decisions were taken in people's best interests.

Is the service caring?

Our findings

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

The service involved people in their care and treats people with compassion, kindness and respect.

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

- We observed staff interacting with people. Staff spoke with affection about the people they supported.
- Staff took time to speak with people and to listen to what they had to say. People felt safe and comfortable in the presence of staff. One person told us, "Yes, everyone is here to look after me, it took one of them three hours to dress me, they are very good, you can have a laugh and joke with them." One relative told us, "They are all very good they make it feel like it is [name of relative] home. Staff are kind and caring and always respectful."

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

- People told us they were given plenty of opportunities to express their views. One person told us, "We have had resident's meetings and the management do listen to you."
- People were given choices throughout the day of what they would like to eat or drink or if they would like to take part in an activity. Staff knew how to support people to enable them to make an independent decision. For example, staff showed people the options using objects of reference such as two different types of drinks.
- A monthly newsletter was sent to all residents and their families. This gave information about forthcoming events as well as including photographs of the past months events.

Respecting and promoting people's privacy, dignity and independence:

- People told us the staff encouraged them to do as much for themselves as possible. One person told us, "The staff will let you be as independent as you can but will always help you if you need them to."
- Staff treated people with dignity and respect. We observed staff knocking on doors and closing doors behind them when they entered someone's room.
 - People told us they could have visitors at any time. One relative told us that they were always welcomed when they visited. A hot drinks machine had recently been installed in the reception area at the request of people and their relatives so they could make themselves a drink.
- People's records were kept securely and computers were password protected. Staff knew how to keep people's information confidential.

Is the service responsive?

Our findings

- People knew how to raise concerns or complaint they may have. One relative told us, "Yes, I have complained about the lack of drinks given to my [relative] the new manager has sorted it not a problem now." Another on told us, "You can speak with the staff and the new manager about any concerns. I had a few niggles about clothing but they have been sorted out now."

Responsive – this means that services met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care:

- Care plans were detailed and contained clear information about people's specific needs, their personal preferences and how they wished to be supported. Each care plan was regularly reviewed and updated to reflect any changes.
- People's spiritual needs were met. The service had regular visits from the local church and the Salvation Army.
- People were enabled to follow a variety of interests and activities. Ideas and events were discussed at resident's meetings. The service employed activity staff who supported people with activities. In addition, volunteers came in to the service and supported people with activities and the mobile shop.
- The service held fund-raising events throughout the year and invited the public to join them. These included raffle's, fetes and coffee mornings. The service also arranged trips out to nearby attractions including a tea dance and garden centre and for coffee or lunch. One person told us, "I have been to an old motor show I used to work with cars so enjoyed that."
- People told us they had plenty of activities to do within the service. One person told us, "There is always something going on if you want to join. Quizzes and cards, we have music regularly. I am quite independent and like to spend time in my room."
- Since the inspection the management team have sent us details of a computer system they have purchased which is a voice-controlled device for providing responses to questions, playing music, reporting on weather, news or sports scores. They felt people living in the service would benefit from being able to use this independently.
- The service had close links with the local primary school and nursery. The children visited on a regular basis to join activities alongside people that lived in the service. People told us they enjoyed seeing the children and this was evidenced by photographs we saw displayed around the service as well as being included in the monthly newsletter.

Improving care quality in response to complaints or concerns:

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clothing but they have been sorted out now."

End of life care and support:

- People care plans contained information regarding people's preferred end of life care. Compliments seen included family feedback praising the help and the empathy shown by the staff during their relatives end of life care.
- The service was in the process of implementing the Gold Standard Framework. This programme to supports staff to deliver good quality care when looking after people's holistic needs at the end of their lives. Staff received training on this approach. The National Gold Standards Framework is the leading national provider of quality improvement, accredited and evidence based end of life care training for frontline health and social care staff in the UK. Their training programme aims to enable staff to provide a high standard of care for people nearing the end of their lives.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. They assured person-centred high-quality care and a fair and open culture.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was committed to ensuring all staff promoted a person-centred high quality of care. The management team all wanted to achieve the highest possible outcomes for people.
- The registered manager was supported by a trainee manager who supported them in the day to day running of the home. The trainee manager was being mentored by the registered manager to take over from them when they returned to their role within the senior management of the company.
- Staff told us they felt fully supported by the management team who were approachable. One staff member told us, "We work as a team the management team are all really approachable and supportive."

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

- The registered manager was experienced and knowledgeable and led by example. The staff had the upmost respect for them along with the trainee manager.
- To support the service's own quality assurance processes, the provider sourced the support from an external consultant. The registered manager told us that this person visited the service and completed audits twice a year.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff:

- Staff meetings and relative meetings were held regularly and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives.

Continuous learning and improving care: Working in partnership with others:

- The registered manager told us they kept up to date with current legislation by attending care conferences and using the local authority.
- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dietitians, speech and language therapists, GP's and district nurse. This ensured a multi-disciplinary approach to ensure people received the appropriate level of care and support.

