

Mr & Mrs A W Carroll

The Mill House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Mill House is a residential care home registered to provide personal care for up to 31 people over the age of 65 years. This is a purpose-built home providing care and support for people living with a dementia. The service consists of two floors. The facilities consist of communal areas including a cinema. At the time of the start of the inspection 29 people were living at the home.

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

People and most relatives were positive about the care and support provided by the staff team at the home.

However, there were areas of practice within the home which we brought to the attention of the registered manager as needing attention.

There were risks to people's safety in their bedroom. We saw trailing wires which could present a trip hazard for people already identified as at risk of falling. The fire alarm was not always tested in line with the provider's own procedures.

The storage of some items of medicines needed to be improved as well as some areas of recording medicines. People in their bedrooms did not always have their meal served suitably for them to access it appropriately.

Systems in place to monitor the quality of the service provided were in place however, they had not identified all the areas of concerns identified as part of this inspection such as shortfalls in the testing of the fire alarm and storage of certain medicines. Risks to people were not identified within assessments such as the trailing wires in bedrooms.

People liked the choice of food available to them and were offered regular drinks although records did not always show how much people should have to drink and whether this was achieved.

The registered manager took immediate action in all the areas we identified as needing improvement and gave an undertaking these improvements would be sustained.

Risk assessments were in place and safety checks were carried out on window restrictors, wheelchairs and water temperatures.

There were sufficient care staff on duty to meet people's needs as well as other staff to ensure the needs of people were able to be met. Staff were supported by the management team and received regular training via a training consultant to enable them to meet people's needs. Safe recruitment procedures were in place.

People felt safe living at the home. The registered manager and staff team were aware of their responsibility to report any safeguarding concerns. People's needs were assessed prior to them moving into the home so they could be assured their needs were able to be met.

People were cared and supported by staff whom people liked and found to be kind and considerate. People had their privacy and dignity respected. Complaints and concerns were investigated and well managed.

People were able to access healthcare professionals to ensure their well-being was maintained. People at the end of their life were well cared for and their family members were supported by staff members.

The home was seen to be clean and staff were aware of how to reduce the risk of cross infection. The garden was assessable to people who could also spend time outside. Signage was in place to assist people find their way around.

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; systems in the service supported this practice. People were supported by staff who were kind and compassionate.

The registered manager and staff were motivated to provide the best service they could for people and their relatives. Systems were in place to audit the levels of service provided to people. They were keen to continually learn and take steps to make improvements.

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

Rating at last inspection

The last rating for this service was Outstanding (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

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 safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Mill House Care Home

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

The Mill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

This inspection was unannounced throughout each visit.

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 and professionals who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, the care manager as well as senior care staff, care staff, an activities coordinator and a chef. In addition, we spoke with one of the providers of the service and the training consultant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included a range of people's care records both written and electronic ones and multiple medication records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with three relatives to seek their experience of the service provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were in place such as in relation to falls. These were regularly reviewed to ensure they remained relevant to the individual. However, these were not mitigating the risks due to the way equipment was used.
- Some people were assessed as at risk of falling in their bedroom. As a result, several people had a sensor mat on their bedroom floor. However, we saw these presented a hazard themselves. Leads from the pressure mat to the call bell panel were seen in people's bedrooms to trail across the floor, therefore creating a potential trip hazard. These observations were brought to the attention of the registered manager for them to action and ensure people were kept safe.
- Although checks were undertaken of the fire alarm system these were not always carried out in line with the provider's own guidelines in relation to both frequency and ensuring all break glass points were included as parts of the testing. The registered manager was unaware of the occasions when testing had not happened as frequently as their own procedures required and was not aware of the lack of a system to ensure all break glass points were testing in sequence. Following us highlighting these shortfalls the registered manager undertook to make changes to ensure they had a system in place to check the testing was carried out.
- Some medicines required additional storage arrangements to be in place. We found the facilities available to store these medicines were not suitable and did not meet the requirements needed for these items. The registered manager took immediate action and prior to completing this report we were supplied with photographic evidence of a new storage facility.
- The date when boxed medicines were opened was not always recorded to evidence when this was. Having the date recorded upon the container assists in the auditing of medicines to check they were always administered as prescribed.
- When people were prescribed medicines on a varied dose the amount administered was not always recorded. We saw a reminder to record the actual dose given was attached to the medicine trolleys however, this reminder was not effective at reminding staff to record the date.
- People were seen to have their walking aids close at hand when sat in the dining room or relaxing in the communal seating areas of the home, therefore keeping them safe.
- Wheelchairs were seen to have footrests in place to prevent accidental entrapment. Staff were heard reassuring and providing people with guidance when using items of equipment such as a hoist to help people transfer from a chair to wheelchair safely.
- Staff were aware of people who were at risk of choking and how they were to be supported to reduce the risk such as using a thickener in their drinks.

- We saw staff members checking people's records prior to administering any medicines.
- Medicines were seen to be held securely when staff members were away from the medicine trolleys as staff locked the trolley before leaving the area.

Staffing and recruitment

- Sufficient staff were on duty to meet the needs of people living at the home. One member of staff told us, "We have sufficient time to meet people's needs."
- A relative told us they had noticed continuity of staff and believed this had resulted in the standard of care their family member received.
- As well as care staff additional staff were employed to ensure they did not need to engage in other tasks such as cleaning, laundry and cooking. Additional staff were also employed to assist care staff with some of their duties and ensure staff were available while care staff performed other duties. Two senior members of staff were on duty each shift during the day.
- Agency staff were in place when needed to cover shortfalls in the rota. The registered manager assured us regular agency staff were requested to assist in the continuity of care provided for people.
- The provider carried out robust staff recruitment checks to ensure staff were suitable to work with people living at the home.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was knowledgeable about their responsibility to report any actual or allegation of abuse. There were no ongoing safeguarding matters with the local authority at the time of the inspection.
- Staff we spoke with told us they believed people were safe at the home and were confident any allegations of abuse would be taken seriously. Staff members were aware of agencies to whom they could report any concerns they had.
- A relative told us when leaving their family member after visiting they, "Always go away knowing (person) is safe and treated with respect and dignity."

Preventing and controlling infection

- Staff were seen to use personal protective equipment (PPE) such as gloves and aprons when needed. While providing food and drinks care staff wore blue plastic aprons. Catering staff were seen to be wearing white coats and had their hair covered. These were in place to reduce the risk of cross infection.
- One person told us, "The place is clean." A relative described the cleanliness of the home as, "Good."
- The environment was seen to be clean and tidy. One member of staff was seen cleaning a mattress. This was to assist in the prevention of infections within the home.

Learning lessons when things go wrong

- The registered manager maintained detailed records following concerns and complaints and how the service could be improved as a result.
- There were systems in place to record and manage incidents and accident which had occurred in the home. The registered manager audited these and put into place strategies to reduce the risk of reoccurrences.

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.

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

- Assessments were undertaken prior to people moving into the home to ensure people's individual care and support needs were able to be met. The registered manager had worked alongside a local GP so they were able to ensure the assessment was meaningful and therefore to ensure staff had the necessary skills and experience to meet people's needs.

Staff support: induction, training, skills and experience

- Staff told us they received regular training and up-dates to their training. One member of staff told us they were, "On top of their training."
- The provider had engaged a trainer to undertake most of the training in house. Although the training matrix was not always up to date we found other evidence of regular training having taken place.
- Training regarding health conditions such as Parkinson's Disease, epilepsy, strokes and diabetes was provided. Staff recognised the importance of attending training events to ensure they had the skills and knowledge to provide care and support to people. We were told of an example whereby staff had applied first aid training when a person had choked.
- First aid training was undertaken by all staff members. Senior staff were provided with additional first aid training. Further staff were scheduled to be provided with training to enable them to train and guide staff in moving and handling.
- Staff received training on oral hygiene. Staff were aware of guidance issued in relation to the importance of oral care for people. One member of staff had been identified as an oral hygiene champion to provide guidance to their colleagues in the staff team. Training in oral care had identified a concern with one person.
- Newly appointed staff received induction training and undertook shifts whereby they shadowed experienced members of staff. Induction included allocation of a manager and experienced member of staff as well as observations carried out by management to ensure staff were consistent in providing safe care for people in areas such as personal care, infection control and eating and drinking.

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

- People told us they liked the food provided. One person told us, "I don't remember turning anything down" in relation to their food. Other comments included, "Fed very well" and, "Food is very good."
- A relative described the food as, "Exemplary."
- People were offered regular drinks. Drinks were served to people in individual mugs meaning they were not uniformed and identical.
- People were offered snacks and fruit with drinks. Staff visually showed people what was available for them

to eat. Therefore, people were able to make a meaningful choice.

- A relative told us staff encouraged their family member to eat and drink including having the availability of finger food, so they could eat while walking around the home environment.

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

- Since the previous inspection the provider has developed a sensory lounge for people to use and benefit from. Another lounge had become an area for people to engage in activities and watch films on a large screen television.
- The registered manager told us people were able to access the gardens as these were secured and safe for people to spend time outside if they desired to do so.
- There was dementia friendly signage to help people to find different rooms like lounges, bathrooms and toilets.

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

- The registered manager and staff worked alongside healthcare professionals to ensure people's needs were met. Professionals included doctors, district nurses and specialists in areas such as speech and language therapists. Provision was made to provide support with dental care and mobility.
- Relatives confirmed their family member was seen by healthcare professionals as needed to maintain their wellbeing.
- A visiting healthcare professional described the service provided to be, "Well run and organised". They told us they were always allocated a member of staff to assist them in the providing the healthcare treatment they were there to provide. They told us if any follow up support was needed with other healthcare professionals this was provided to ensure people's needs were met.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware, due to a system in place whereby the entrance hall could only be accessed by means of a fob to release the door, they were restricting people's freedom of movement. At the time of the inspection several people had authorised DoLS in place while other applications remained with the local authority for action. Some staff members told us everyone living at the home had an authorised DoLS. However, most people were awaiting the outcome of the application for a DoL to be approved.
- Staff were heard seeking permission from people prior to providing care and support for example whether people wished to have an apron on while eating.
- Capacity assessments and Best Interests decisions were in place. These were specific to the decision in

question.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they liked the staff who worked at the home. One person told us, "They (staff) look after you very well" and "Couldn't ask for better."
- Relatives we spoke with were mostly very positive about the care and support their family member received. One person described the care as, "Exceptional" and added, "I cannot fault the care." Another relative described the care their family member had received as, "Marvellous". They told us their family member immediately took to the staff team and, "I am extremely happy. All I see is kindness". A further relative told us they believed staff to be fond of their family member.
- Staff members were seen to kneel so they were at eye level with people when speaking with them. Staff were seen to be kind and caring as well as polite and courteous to people. Staff were seen to take a genuine interest in people's welfare. We saw a member of staff who offered to get one person a cardigan when they said they were feeling chilly.
- We saw staff take time to speak with people and they engaged in discussions with people when they were sat in communal areas. One person was seen to resist elements of care and support. Staff ensured the person was safe before saying they would return later.
- Staff were seen to spend time with people when needed to reassure them when showing any signs of distress.

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

- People were seen talking with each other at meal times and involving themselves and encouraging other to be involved in what was happening around them.
- People were shown a visual choice of the meals available to them at lunch-time for them to make an informed decision about the meal they wanted.
- People were able to make choices about their day to day lives. We heard staff offering people choices such as whether they wanted condiments and different sources with their meals such as with a cooked breakfast. We heard staff asking people where they would like to sit therefore giving individuals a choice.

Respecting and promoting people's privacy, dignity and independence

- We saw some people who lived at the home had keys to their bedroom door and therefore able keep their room private and prevent others gaining entry.
- Staff we seen to knock on bedroom doors before entering.
- Relatives told us their family member's privacy and dignity was respected by staff members. One relative told us they were asked to leave their family member's bedroom while person care was provided. The

relative told us staff were, "Kind and compassionate" when talking about privacy and dignity.

- People were seen to be encouraged to be as independent as possible. This included the ability to use the lift to have access to both the ground and first floor as well as freely mobilising around the communal areas of the home.
- Information including care records were held securely to protect people's right to confidentiality. The registered manager had secure email in place.

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 Outstanding. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- We saw occasions when care was not always personalised and provided in a way which ensure needs would be met. Although we saw good practices and experiences for people in communal areas this was not always the case for people who choice or needed to remain in their bedrooms. People were not always supported in a personalised way and their experience was not always positive and evidence they were in control of how care was provided.
- We saw one person eating their lunch with the meal resting on their chest. No bedside table was provided. The registered manager told us this should have taken place. Another person had their meal left on their bedside cabinet. We saw this meal had gone cold and appeared congealed and therefore not a positive experience.
- Food and fluid records were not always maintained to evidence what people had eaten and drunk. Staff were not always clear on the desired amount of fluid people should have drunk during a day.
- Food taken to people in bedrooms on a tray was not always covered to keep it warm and prevent any risk of contamination.
- A relative told us they had brought to the attention of management an aspect of their family member's safety. They told us they were pleased with the speed with which this matter was dealt with. A further relative told us their family member's needs were met due to the staff teams awareness of how to maintain their wellbeing and worked around the person to ensure individual needs were met.
- The registered manager was confident they were able to meet the needs of people living with dementia due to the design of the building and the skills and experience of the staff team.
- We heard the call system sound during the inspection whereby people living at the home called for assistance from a member of staff. The call bells were answered promptly by staff members.
- The registered manager was in the process of moving to electronic care plans. At the time of the inspection ten people had their care plan held on computer. Staff members were able to update these care plans using tablet handsets which were available within the home. The registered manager told us they were aiming to fully transfer from paper records by the end of the year.

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.

- Information such as the menu was displayed within the home for people to read. A pictorial menu of items available for breakfast was available.

- Information such as the service user's guide was available in large print and braille, Changes within the guide had taken place to include information to make the document fully inclusive.
- Large print books were available for people to borrow.
- Some people had their bedrooms identified by having a picture displayed outside of it.

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 participate in planning and engage in activities to pass the time of day doing things they enjoyed through discussions with staff and meetings. We saw one person reading their newspaper at the table while eating their breakfast. Other people were seen reading magazines or newspapers in the communal areas of the home. Another person was seen knitting. A further person told us they liked going out on trips.
- The provider employed staff to work on providing activities and fun things for people to do. Information on scheduled activities was on display for people to refer to. These events included a trip to a garden centre, arts and crafts, listening to music and manicures. During our inspection some people went out to a lunch club while others were seen engaging in art and crafts including making items for Halloween.
- Staff told us a visiting vicar was able to meet the identified religious needs of people living at the home.
- Outside areas included a vegetable garden and chickens. People told us they liked to see the chickens especially when they were seen to be pecking at the door trying gain entrance.
- People were able to see visitors at times suitable to them. We saw one person take a telephone call using the office telephone.

Improving care quality in response to complaints or concerns

- People told us they were confident any concerns or complaints they had would be addressed. One person told us, "I have no complaints".
- A relative told us they would speak with the management or staff members if needed in the event of them having a concern about their relative's care. They added, "If any problems I would say so." A further relative told us they would not hold back if they needed to raise any concerns.
- Detailed records of complaints received were maintained showing the action taken to resolve the concern or complaint. Some complaints were in relation to the care provided while others were in relation to food and concerns about time to answer the front door and leaves in the reception area. The registered manager told us they took all concerns and comments seriously. Apologies were offered to family members and improvements recorded where needed such as ensuring a person's glasses were kept clean.

End of life care and support

- During our inspection we were aware of one person who was receiving end of life care. We saw staff supporting the family at a time of loss with kindness and compassion. Staff were clearly saddened by the person's passing.
- An additional member of staff had been put in place to provide support to a person who was end of life.
- Staff had received training in end of life care.
- Healthcare professionals were involved in end of life care. This involvement ensured suitable equipment and medicines were in place to ensure people were comfortable.

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 Outstanding. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent in some areas where improvement was identified as needing to take place.

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

- The management had systems in place to monitor and audit the quality of the service provided and ensure people were kept safe. For example, restrictors were seen to be in place on windows to prevent the risk of accidental falling from these. Window restrictors were regularly checked to ensure they were in place and functional. Other regular safety checks took place such as checking water temperatures and wheelchairs.
- However, areas needing improvement were identified as part of the inspection such as in relation to the storage of certain medicines and shortfalls with the fire alarm testing. Other areas such as trailing wires had not received suitable action to ensure these practices did not take place and therefore reduce risks to people's safety.
- The registered manager took immediate action where possible to address areas identified as part of this inspection for example in relation to the storage of controlled medicines and fire safety checks. In addition, the registered manager brought to the attention of staff members our observations in relation to meals in bedrooms and trailing wires leading to the call system from pressure mats.
- The registered manager told us the training provider who spent time each week at the home undertaking staff training also worked as their mentor. The registered manager was positive regarding the level of support she received.
- The registered manager was aware of their responsibility to forward to the Care Quality Commission notifications within the home such as deaths, any allegation of abuse and serious injury.

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

- The majority of relatives were positive about the service provided and the management of the service. One relative described the registered manager as, "Really helpful" and told us the whole staff team had a, "Can do attitude" to providing quality care. The same relative described the care and support provided as, "Second to none." A further relative described the quality of care provided as, "Consistently reliable."

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

- Throughout the inspection we found the registered manager to be open and transparent.

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

characteristics

- Staff told us they found the registered manager and the management team to be approachable and supportive. Staff told us they felt listened to and were able to make suggestions about how to make further improvements to the care and support provided for people. One member of staff described the management as, "Wonderful." Another member of staff described the service as, "More like a family than somewhere to work."
- Staff told us they attended meetings during which they able to discuss various issues relevant to their role.
- The registered manager held meetings involving family members and others within the community to look at topics such as dementia care and funding. They had also provided basic life support for relatives.
- The registered manager had sought the opinions of people, their relatives and professionals through questionnaires. The comments received were positive.

Continuous learning and improving care

- The registered manager demonstrated their desire to continually learn and develop the service provided for people. They attended meetings for registered managers held within Worcestershire. In addition, they were aware of local projects and changes within policies and procedures such as within safeguarding.
- The registered manager had developed changes within staff induction training to ensure it was purposeful and engaging for newly recruited members of staff. In addition, they told us about meetings held involving staff whereby they reflected on the previous week and what had worked well for people living at the home.
- The registered manager had reviewed practises within the home in line with recent legislation to ensure people's personal information was protected.

Working in partnership with others

- The registered manager and staff team worked well with healthcare and other professionals to ensure people's needs were met and their wellbeing maintained.