

Broad Horizons Limited

Mill House

Inspection report

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Mile End
Colchester
Essex
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Tel: 01206845378

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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

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

Mill House provides accommodation and personal care for up to four people who have a learning disability. Mill House is an adapted residential property which can accommodate four people. The service is situated in a residential area of Colchester and is close to amenities and main bus routes. The premises is set out on three floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service. At the time of our inspection four people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy."

At our last inspection of this service on 12 November 2015 the service was rated Good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

We found systems and processes were in place to keep people safe. Staff understood their responsibilities for safeguarding people they cared for and assessed risks to their health and safety. Measures were in place to reduce these risks and people were supported to stay safe, whilst not unnecessarily restricting their freedom.

Incidents and accidents were reported and the management team completed a detailed analysis and investigation to reduce the risk of similar incidents happening again. All incidents were reviewed on a regular basis.

Medicines were managed effectively and safely. The premises and environment was generally well maintained and the required safety checks were completed. Infection prevention and control was effectively

managed.

Staff received appropriate training for their role and they were supported to further develop their knowledge and skills. People's needs were assessed and care was delivered in line with national guidance. Care plans contained detailed information about each person's individual support and their preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Although most people were unable to fully express themselves verbally, they clearly enjoyed living at the service and appeared to be relaxed and happy. Staff had developed caring relationships with people and treated them with kindness and respect. People felt able to express themselves in a safe and supportive environment.

People continued to receive care that was responsive to their individual needs. Staff had a detailed knowledge of the people they cared for and were able to recognise subtle cues from people that enabled them to respond effectively to their needs and wishes.

People led full and active lives. They engaged in a wide range of activities based on their personal choices. People were treated equally, without discrimination and information was presented to them in a way they could understand.

The registered manager and deputy manager provided good leadership and support to staff. Processes were in place to support the staff. The views of staff and people using the service and relatives were actively sought and listened to.

Quality audits and governance processes were in place to enable continuous improvement in the quality of the service provided and to ensure that learning was shared.

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

Good ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service remains Good

Good ●

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.

The inspection took place on 05 September 2018. It was undertaken by one inspector.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

A Provider Information Return (PIR) was requested prior to the inspection. We used information the provider sent us in the Provider Information Return. This is 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 improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. Some people were able to talk with us about the service they received but others could not. 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.

During the inspection we reviewed the records at the service. These included three staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

We looked at two people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with three people, two staff, and the registered manager (by telephone) as they were not present on the day of inspection.

Is the service safe?

Our findings

People were cared for by staff who knew how to protect them from avoidable harm. People using the service could not always express themselves verbally; however, a person we spoke with described it as, "Yes this is a safe place." People were clearly relaxed and comfortable with staff. There was pictorial and easy read information advice in the reception/lobby area and in the communal areas of the service and information on who people could talk to if they had a concern.

Staff we spoke with were aware of the signs of abuse and what to look for, such as changes in people's behaviour, that might indicate they were being abused. They told us they would report any concerns to the registered manager or deputy manager and they were aware of how to escalate issues to the provider, or the local authority safeguarding team if necessary. The registered manager kept records of all safeguarding concerns and recorded their contact with the local authority when there was a potential safeguarding issue.

Risks to people's health and safety were assessed and reviewed so they were supported to stay safe while not unnecessarily restricting their freedom. For example, there was a risk assessment for a person accessing noisy crowded places and this provided information about the number of escorts, signs the person may be becoming distressed and how staff should act, depending on the situation.

Staff were trained to provide safe interventions and distraction techniques to respond, when people presented with behaviours that might place others at risk and to manage a person's behaviour in the least restrictive way. The staff used positive behaviour support plans that provided detailed information about things which might act as triggers for a person's behaviour and strategies that might be helpful in calming or distracting them.

Safe recruitment practices were followed to ensure staff were suitable to work with vulnerable people and those with complex needs. These practices included criminal record checks, obtaining a sufficient number of references from previous employers and proof of identity. Staffing levels were set to provide the level of support each person required. At times when people needed one to one support or an additional member of staff to accompany them in the community, this was provided.

Staff told us they were encouraged to report incidents and accidents. Records we reviewed, provided a detailed description of the incident, preceding events and actions taken by staff. A full debrief was carried out with the person and members of staff involved following incidents. All incidents and accidents were reviewed regularly. This enabled the team to identify any increase in behaviours that might put the person at risk and to provide more guidance for staff.

Medicines were stored and managed safely. Detailed information was available for staff about how each person preferred to take their medicines and any allergies they had. People's medicines records also contained a photograph of the person to aid identification and prevent misadministration. For people who had specialist medicines there were protocols in place to explain when and how the medicine should be used. Medicines administration records indicated people received their medicines as prescribed. Staff

received training in medicines administration and their competency was checked regularly. Policies were in place for the safe management of medicines.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Personal emergency evacuation plans were in place to inform emergency services of the support people required in the event of an emergency evacuation of the building. The home was visibly clean throughout and cleaning schedules showed that all parts of the home were regularly cleaned. Staff had completed infection control training and training to ensure food was prepared hygienically and safely.

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and their care and support was planned and delivered in line with legislation and evidence-based guidance. Policies and procedures were based on national guidance. Staff had access to the providers policies and guidelines in a folder kept in the service. Staff had signed to say they had read and understood the policies.

People's health needs were assessed and they had access to a wide range of professionals to assess and monitor their ongoing health. Documentation indicated the involvement of other professionals. Care records showed that staff followed the guidance of health professionals, for example with regard to diet, activities or managing behaviours

Staff received training and support to enable them to provide safe and effective care and support. Staff told us they were provided with all the training they needed and were encouraged to undertake further professional development. The deputy manager told us they had progressed and taken on a more senior role in the service. All staff had undertaken training in managing behaviours which might upset or endanger others.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the ability to consent to decisions about their care, their support records contained assessments to ensure decisions that were made, adhered to the principles of the MCA. When a person was unable to consent to a decision, mental capacity assessments were completed.

Documentation showed how decisions were made in the person's best interests. Staff gave us examples of best interest meetings, where family and a range of professionals involved in the person's care, came together to discuss alternatives and reach a decision which was the least restrictive for the person. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found the required authorisations were being sought and where conditions were in place, the service was taking the required actions to meet those conditions.

People's nutritional needs were assessed and care plans were in place, providing information on the support people required with eating and drinking. People were encouraged to eat a balanced diet; however, they were able to choose what they wanted to eat and drink and they had access to snacks of their own choice. The staff who cooked had a good understanding of people's preferences and spent time with them

to identify new ideas and meals they might like. They were able to interpret the non-verbal signs people used to communicate their preferences. Although there was a planned menu which people decided upon themselves daily we were told people could have different options at meal times which catered to their individual preferences. We observed a pleasant and social mealtime experience without any problems, and adjustments were made to encourage people to eat and drink well.

The premises were adapted to meet the needs of the people using them. We were told by the deputy manager that a number of areas had been identified for refurbishment including one of the upper floor bedrooms which was due to have the carpet replaced in the bathroom. The home and surrounding gardens were accessible to all and there were a number of areas where people could spend quiet time as well as communal areas. There was access to transport to enable everyone to access the community and external venues.

Is the service caring?

Our findings

Some of the people living at the service were unable to tell us about their experiences of living there. However, they reacted very positively when we asked if the staff were kind to them and they were clearly relaxed and comfortable with the staff.

Two relatives who had completed quality questionnaires for the service stated their family members appeared very happy at the service and that staff were caring, relaxed and friendly. They said they had never had any concerns about their family member's care or the attitude of staff. One stated, "I believe Mill House to be highly effective giving an excellent quality of life." Another stated, "[Registered manager] and all the staff at Mill House are very polite, caring and attentive."

We observed people and staff interacting throughout our inspection visit. Staff provided support in a sensitive manner, encouraging people to participate where they could, and they showed warmth and affection in all their interactions. People were allowed to express themselves individually and staff provided encouragement and positive feedback to improve their sense of well being, while giving gentle reminders or re-direction when the person's behaviour was not appropriate and might upset or endanger others.

The atmosphere throughout our observation was one of familiarity, friendship, support and calmness. We observed much laughter and chatting and people felt confident to express themselves in a safe and supportive environment.

Staff told us of the way in which people had positively responded to the care and support they provided. For example, one person had been very overweight when they first came to the service and had an emotional attachment to food. The service had worked with that person and they had now lost weight and their behaviour had transformed in the time they had been living at the service and they were now confident to go out shopping and ate more healthily. This was due to the relationships they had built with staff and the fact they were happy at the service.

Staff responded flexibly and were sensitive to people's mood and preferences for support. When a person went into the garden, staff accompanied them, but maintained a distance that enabled the person to have freedom of expression whilst maintaining their safety. When people became agitated, staff demonstrated good understanding of their needs by offering distraction activities in line with care plan guidance.

Care plans contained reference to ways in which staff should support people to maintain their privacy and dignity. Staff told us of steps they took to preserve people's dignity during personal care, such as closing their doors and drawing the curtains. The deputy manager told us one person, whose bedroom was on the upper floor could sometimes enter other people's rooms therefore they had monitoring measures in place to ensure other people's privacy was maintained.

Staff worked together to identify people's wishes and preferences and went out of their way to respond to them. They volunteered for additional shifts to enable people to go away on holiday to caravan resorts

which provided facilities for people with complex needs. Staff did as much as possible to enable people to maintain their relationships and contacts with their family. People had access to an independent advocacy service should they require it.

Is the service responsive?

Our findings

Staff demonstrated they knew people, and their preferences in relation to their care and support, very well. They were able to recognise subtle cues from people that enabled staff to respond appropriately to their needs. They spoke to us about activities each person particularly enjoyed, their interests and how they liked to spend their time.

Each person's daily activities were based on their choices. They planned their activities for the week with the staff, and pictures were used to display them on a board. We were told one person used communication picture cards to choose activities, dependent on what they wanted to do. A person we spoke with, went through their care plan and their activities for the day. They told us enthusiastically about a planned trip to the zoo and about what they liked to do on holiday.

People were encouraged to access community events and we were told they went out locally on a daily basis. On the day of the inspection, we observed people spontaneously asking to go out and staff supported them to do this. Staff told us people had been encouraged to identify places they would like to visit and things they would like to do. Pictures were used to promote people's choices and put forward suggestions in a way they could understand. On the afternoon of our inspection a trip to a local pub was planned which everyone was looking forward to.

A range of facilities were available to encourage people to be active and were adapted to their needs. This included a swing ball game in the back garden and one person in the service enjoyed gardening. A wide range of games, puzzles, and craft activities were available. We observed staff supporting two people to read books, and play games such as connect four and snakes and ladders which they particularly enjoyed and engaged them in conversation throughout.

Individual person centred files were developed with people to show their interests, participation in activities and achievements. The registered manager ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. People's support plans contained information in picture and easy read format. Information displayed around the home in relation to complaints, safeguarding and fire safety for example, were provided in picture form. Staff had developed communication care plans that provided detailed information on how people communicated their needs and preferences. They also had communication information cards with a brief summary of their communication needs for using when they accessed other services.

People's care and support plans provided detailed information about their needs and preferences. Some people had specific routines which they required to reduce their anxiety and maintain their sense of well being and these were clearly identified in their care plans. Key safety issues in relation to people's care were documented and care plans were kept up to date through regular reviews, or when a person's needs changed. We were told relatives were involved in an annual review of the person's care and staff communicated regularly with them about their family member's well-being.

There was clear accessible information displayed throughout the home about how to raise concerns or complaints. The complaints policy was readily available near the front entrance and the manager was aware of their responsibility for managing complaints. People told us they had had no reason to make a complaint and they were confident any issues were but addressed and resolved.

There was no one using the service who was nearing the end of their life care and the service had not needed to provide end of life care in the past. However, the registered manager said they would support the person, their family and external professionals on an individual basis should this occur in the future.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The registered manager was experienced and aware of their responsibilities for meeting these requirements. The ratings from our last inspection in 2016 were displayed prominently on the noticeboard in the entrance hallway of the service. The service was also displaying a certificate which had recognised them as one of the top twenty care homes in the area in 2015.

The registered manager had values that clearly put people at the centre of the service and focused on their needs and wishes. This was also echoed by staff. One member of staff said, "The people here are the most important thing, they can do anything they wish and we try to make it happen." We saw evidence that people's views were sought regularly through meetings and individual discussions. An annual relatives survey was also conducted. Feedback from questionnaires the service received showed people's relatives had confidence in the service and the quality of the care provided. They said they had no concerns about the staff's ability to provide the care people needed and they were always kept up to date with information about their family member's care. They expressed confidence in the registered manager and deputy manager and their response to any queries or concerns.

Staff confirmed that as the service was small they did not always have regular team meetings, however they were encouraged to express their views. They told us communication was very good and they were always kept up to date with developments. Staff told us the registered manager was always available either in person or on the phone to talk about any issues and they were very supportive.

Effective systems were in place to monitor the quality of the service and the care provided. A range of monthly and annual audits were completed by the deputy and registered manager. Audits were also completed of areas such as health and safety and infection control. The registered manager had an action plan to address areas for improvement identified in the audits. The registered manager reviewed the results of these audits regularly, to review quality, safety and people's experience and facilitate shared learning. Any lessons learned were documented in the form of an action plan in order to enhance the service for people.