

The Regard Partnership 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

Mill House is registered to provide accommodation and personal care for up to 22 people. There were 22 people living in the home when we visited. Accommodation is provided over two floors. There are communal toilets and bathrooms for people to use. All bedrooms are for single occupancy with some having ensuite facilities. There are communal areas, including lounge areas, a dining room and a large garden area for people and their guests to use.

The last inspection took place on 4 September 2013 during which we found that Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 regarding the maintenance of the premises was not being met. The provider sent us an action plan informing us that improvements would be completed by 1 July 2014. At this inspection on 23 September 2015 we found that the required improvements had been made.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

People told us that they felt safe living at the home. Staff were knowledgeable about the procedures to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any concerns. People received their medication as prescribed.

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that only staff who had been deemed suitable to work with people at the home were employed following satisfactory recruitment checks had been completed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and all staff were knowledgeable about when a request for a DoLS application would be required. The registered manager told us that there were no applications currently submitted to the relevant local authorities but they aware of who to contact should they need to submit an application.

Staff respected and maintained people's privacy at all times. People were provided with care and support as required and people did not have to wait for long periods of time before having their care needs met. This meant that people's dignity was respected and that their care needs were met in a timely manner.

People's assessed care and support needs were planned and met by staff who had a good understanding of how

and when to provide people's care whilst respecting their independence. Care records were detailed and up to date so that staff were provided with guidelines to care for people in the right way.

People were supported to access a range of health care professionals. These included appointments with a range of healthcare professionals. Risk assessments were in place to ensure that people could be safely supported at all times.

People were provided with a varied menu and had a range of meals and healthy options to choose from. There was a sufficient quantity of food and drinks and snacks made available to people at all times.

People's care was provided by staff in a caring, kind and compassionate way. People's hobbies and interests had been identified and were supported by staff in a way which involved people to prevent them from becoming socially isolated.

The home had a complaints procedure available for people and their relatives to use and all staff were aware of the procedure. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

There was an open culture within the home and people were able to talk and raise any issues with the staff. People were provided with several ways that they could comment on the quality of their care. This included regular contact with the provider, registered manager, staff and completing annual quality assurance surveys. The provider sought the views of healthcare professionals as a way of identifying improvement. Where people suggested improvements, these had been implemented promptly and to the person's satisfaction.

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.

People were safely supported with taking their prescribed medication. Medication were stored, recorded and managed by staff who were assessed to be competent staff members.

People were cared for by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding procedures.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

Good



Is the service effective?

The service was effective.

People were assisted by staff to make choices. Staff were skilled in meeting people's assessed needs.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People had access to a regular supply of sufficient quantities of nutritious food and drink. People were supported to eat a balanced diet.

Good



Is the service caring?

The service was caring.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

People's privacy and dignity was preserved by the staff at all times.

Good



Is the service responsive?

The service was responsive.

People, including their relatives, were involved in the assessment, planning of their care.

People were supported by staff to pursue their interests and hobbies and to access the local community.

Regular reviews were completed to ensure that people's care needs were being met. Action was taken swiftly in response to people's suggestions and concerns before they became a complaint.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There were strong links with the local community and people's independence was promoted by the staff and registered manager.

The provider and registered manager had an open management style and were aware of the day to day needs and culture in the home.

Staff were supported and were aware of their responsibilities and the standards expected of them when providing care and support to people living at the home.

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 unannounced inspection took place on 23 September 2015 and was carried out by 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.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with nine people living in the home, two relatives, the registered manager and five care staff. We also observed people's care to assist us in understanding the quality of care that people received. We also spoke with two care managers from the local authority and two community psychiatric nurses from the local mental health team.

We looked at four people's care records, quality assurance surveys, staff meeting minutes and medication administration records. We checked records in relation to the management of the service such as health and safety audits and staff records.

Is the service safe?

Our findings

All of the people we spoke with had no concerns about their personal safety. One person said, “I find it quite safe at this place and it’s comfortable.” Another person told us, “I’ve always felt safe here and they [the staff] are always willing to support me when I need.” A relative also said, “My [family member] loves living at Mill House and I feel they are in safe hands.”

Staff showed an understanding about safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. A person told us, “I do not worry about anything and the staff are really very helpful and kind.” One staff member said, “I have received training in safeguarding and I would never hesitate in reporting any concerns to my manager.” Another member of staff told us that they were aware of how to raise a safeguarding concern and knew that the safeguarding procedures and information file were kept in the staff office. We also saw information displayed in the home which gave the contact details of the local authority safeguarding team for people to use if they needed to.

Staff told us that they were confident that if ever they identified or suspected poor standards of care or harm they would have no hesitation in whistle blowing.

Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the registered manager if they raised concerns. One staff member said, “We are a good team. If there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay.”

People’s individual risk assessments had been completed and updated. These risk assessments included behaviours that challenge, mental health needs and nutritional needs. During our inspection we observed staff supporting people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

We observed care staff safely administer people’s medication. We saw that only staff who had received medication training administered medication at the home.

Staff had received regular competency checks by members of the management team to ensure they were safely administering medication. Each person’s medication administration record (MAR) was stored with a photograph of themselves and details of any allergies they had. The records showed that medication had been administered as prescribed. We saw staff administer medication in a careful and unhurried manner and completed the MAR chart as required. People told us that, “Staff give me my tablets when I need them and I can have painkillers when needed.” This meant that people were safely provided with the support they needed with their prescribed medication.

People told us, and we saw that there were sufficient numbers of staff available. The registered manager told us staffing levels were monitored on an ongoing basis and that additional staff would be brought in if a particular care and support need was identified. For example, when a person needed additional support for medical reasons. At night time there were waking staff available and a sleep-in staff to provide assistance when needed. One person said, “There are always enough staff on duty to help me with what I want.” We observed that staff were readily available to support people and answered their queries promptly.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. Information provided in staff recruitment records showed that appropriate checks, which included criminal record checks and references, had been carried out prior to the member of care staff started work in the home. This showed us that the provider had only employed staff who were suitable to work with people living at the home.

Daily cleaning had been completed and bathrooms and communal areas were kept in a clean and tidy condition. One relative said, “The home is kept clean and tidy and the staff help my [family member] to keep their bedroom tidy.”

There were fire and personal emergency evacuation plans in place for each person living in the home to make sure they were assisted safely whenever there was a need to evacuate the premises. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This helped ensure that the home was a safe place to live, visit and work in.

Is the service effective?

Our findings

The last inspection took place on 4 September 2013 during which we found that Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 regarding the maintenance of the premises was not being met. The provider sent us an action plan informing us that improvements would be completed by 1 July 2014. At our inspection on 23 September 2015 we found that the required improvements had been made. We also saw an improvement plan indicating further planned maintenance and refurbishments in areas of the home. The registered manager told us that they would update the Care Quality Commission regarding the progress of these refurbishments.

One person told us, “The staff look after us really well here,” and another person said, “This place is giving me the opportunity to advance and move forward with my life and they have shown me there is another way. My opinion is that this is a proper place and you can get most of what you need.”

Staff told us they had regular supervision and ongoing support. One staff member said, “There is lots of good training and we get refreshers throughout the year.” There was a training record in the office with forthcoming dates for training sessions. This ensured that staff were kept up to date with any changes in current care practice. Staff told us that they received an induction training to ensure that they were aware of their responsibilities when they had commenced working in the home.

Staff confirmed that they received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. DoLS apply when people who lack capacity have restrictions on their freedom where this is in their best interests to keep them safe. The registered manager told us that there were no applications currently submitted to the relevant local authority but that they were aware of who to contact should they need to do so.

We saw that lunch time was a sociable occasion, with lots of interaction between the staff and people having their lunch together in the dining room. People told us they had the opportunity to make alternative choices if they did not like the menu option. The staff also explained that people were asked, about menu choices in the house meetings and on a one-to-one basis. One person said, “There is

always plenty of food to eat and there are drinks available all the time. I had two large helpings of lasagne today because it was so good.” Another person said, “The food is very good – too much of it sometimes. When I get up in the morning I get a choice of things to eat and also throughout the day.” People’s dietary needs were monitored and the registered manager told us that where any concerns were identified advice from the person’s GP and a dietician were sought where necessary.

We saw that the cook regularly spoke with people living in the home to gather views about the meals and to ensure that individual preferences and favourites were included. We saw that drinks and snacks were available to people throughout the day. As part of people’s ongoing rehabilitation programmes the cook organised cookery sessions in the afternoon and people had particularly enjoyed the cake baking events.

People’s care plans had been reviewed regularly and changes had been made to people’s care needs where this was required. Nutritional assessments were recorded along with monthly weight records. This demonstrated to us that the staff monitored and understood what helped to maintain a person’s health and care and support needs.

Any significant events that had occurred during the person’s day were documented which included any appointments with health care professionals such as GPs, psychiatrist, community nurses, dentist and optician. There were separate records in place regarding visits and support that people received from external health care professionals. This showed that people could be assured that their health care was monitored and appropriate referrals and actions were taken when necessary.

One person told us that the staff had been very caring kind and reassured them whilst accompanying them for treatment at the accident service at the local hospital. Another person said, “I do have good access to a GP and the staff take me to see the doctor, only last week in fact. They are very good like that.” A relative told us that the staff always kept them informed of any health care issues affecting their family member.

Healthcare professionals we spoke with were positive about the care and support provided and that staff were

Is the service effective?

knowledgeable and provided good quality information to them when required. This showed us that people's care and support needs were well monitored and effectively responded to by staff at the home.

Is the service caring?

Our findings

People said that they felt they were treated as individuals. One person said, “I feel that they know me and the things that I like and dislike.” People also said that staff were very caring and sensitive in the way that care and support was provided. One person said, “I’ve been here four years and the staff here have always supported me when I needed it and they were always there to listen when I wasn’t feeling so well. Even at night they will help and there is always a choice of male or female workers to help.” Another person said, “The staff here are really good and look after me really well. They help me a lot with my life and I even work on an allotment, which I love.”

A relative said, “We can visit whenever we like, and we are always made to feel very welcome. One member of staff described the home as, “Having a friendly family atmosphere.” Another member of staff said “I really love my job and we work well together to support people.” Throughout our visit we saw positive interactions between the staff and the people using the service. One person told us, “The best thing about this place is the staff who I talk to all the time.”

Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. One relative told us that they were involved in discussions and decisions about their family member’s care. Another relative told us that, “The staff are very good in letting me know how things are and they are always good at keeping me informed.”

We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner which promoted people’s independence at all times. Staff engaged meaningfully with people. For example, they participated and helped with a craft activity in the dining room.

We saw that staff knocked on people’s bedroom and bathroom doors and waited for a reply before entering. One person said, “My room is very comfortable and I have a

lock on the door. I get up and go to bed when I want.” Relatives that we spoke with were positive about the care their family member received and one relative said, “The staff are all very supportive and caring.” Another relative said, “The staff always keep me aware of anything that affects or could affect my [family member]. The care is good and they give my [family member] a lot of help.”

During our inspection we saw a lot of warm, friendly and positive interactions between staff and people living at the home. We noted any requests people made for assistance were responded to quickly by staff and we saw staff gently assisting people with their requests. We observed that when people requested money that was kept for them in the office this was made available to them by staff as soon as possible. We also saw that people were not kept waiting for long periods of time. One person told us, “I have no concerns and the staff treat me very well and make sure I have everything I need.”

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and assisted and prompted with any personal care they needed in private. We observed that staff positively engaged with people throughout the day and enquired whether they had everything they needed. We saw a member of staff helping a person with their laundry in a gentle and reassuring manner. One relative told us that, “This place has a good atmosphere and the staff are kind and helpful.”

People were able to see their friends and relatives without any restrictions. One person said, “My family and friends visit often and there are no time limits on visits.” A relative told us that, “The staff are always welcoming whenever I visit.”

The registered manager told us that people were provided with information as to how they could access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes

Is the service responsive?

Our findings

People said the planned activities in the home were good and varied. People were supported to take part in interests that were important to them throughout the day. Examples included board games, working on the allotment, bird watching, art and crafts, trips to the local pub, indoor bowling, swimming, walks in the local village and trips to the local towns. We saw that a group of people had chosen, with staff assistance, to go on a walk in a local seaside area during the day. People told us they had enjoyed the trip and the visit to a café for tea. People also had access to and used music playing facilities, television and DVD's in communal areas and could spend time their own bedroom whenever they wished.

Care plans were written in detail and had been amended and updated as people's care needs changed. There was sufficient information for staff to be able to provide the care. One person said, "They ask me about my life and how I want things done I feel involved." Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. Guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines.

Daily records showed that people made choices about their care to ensure that their care and support needs were met. One person said, "The staff here have really supported

me to the point where I'm moving on to my own flat soon." People told us the staff involved them and spoke with them about their care. We saw that people had signed their care plans as an agreement to the care provided. The care plans we looked at all included information about people's end of life wishes. One person said, "They [staff] are helping me to get a solicitor so I can make a proper will."

People told us, and we found from records reviewed, that an initial assessment of their care and support needs had been completed prior to them coming to live at the home. This ensured as much as possible, that each person's needs were able to be met.

Staff had access to a shift handover to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

The provider had an effective complaints process and managed complaints to the satisfaction of the complainant. There were no complaints currently being investigated. There was a complaints policy so that people could make a complaint including timescales and the response they should expect. People and relatives we spoke with told us that any concerns they raised were dealt with to their satisfaction by the registered manager and staff at the home. One relative said, "If I had to raise a concern I would be confident that they would sort things out straight away for [family member]."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. People and relatives we spoke with told us they knew who the registered manager was and that they frequently saw them around the home and regularly spoke with them during the day. One person said, "I feel I can talk to the staff and the manager any time and they respond quickly if there is anything I am not happy about."

People we spoke with were aware of and had attended the House Meetings where they had discussed activities, meals and events in the home. Minutes and outcomes of these meetings were displayed on the notice board in the lounge. Minutes from house meetings showed tasks that had been achieved such as trips out and improved domestic tasks in the home.

One person said, "The manager and staff are attentive and check that we are okay during the day." A relative also confirmed that if they raised any issues or concerns these were always promptly dealt with by the staff and the registered manager.

Arrangements were in place to ensure that the day to day management tasks were being completed including staffing, care planning and liaison with healthcare professionals.

There was an open team work culture and staff told us they enjoyed their work and caring and supporting people who lived at the home.

All staff we spoke with told us that they felt very well supported by the registered manager and that they were

readily available to them for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued and listened to by the provider and registered manager.

Staff told us that they had been supported and mentored by a more experienced member of staff when they commenced working in the home. They said they found this to be very helpful and reassuring. Many of the staff we spoke with had worked at the home for a number of years and one member of staff told us, "I love my job and working here - it's like a big family and everyone works very well together as a team."

There were audits completed in relation to medication administration, care planning and staff training. The registered manager also received regular visits from an operations manager who completed regular audits and included care planning, staffing and training, repairs and refurbishments that were identified. This demonstrated to us good management as well as infection control and hygiene standards were in place.

People told us that they felt confident that staff knew how to provide care in the way that they preferred. One person told us that, "I am very happy living here." All staff told us they enjoyed working at the home that they were supported by the registered manager and their colleagues.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. We saw a copy of the summary of the annual survey that had been carried out which included positive comments about the care and support provided in the home. We also saw the recent six-monthly survey that had been carried out and we saw that the responses from people had been positive.