Parkview Society Limited (The)

New 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

Summary of findings

Overall summary

The inspection took place on September 1 and 7 2016 and was unannounced. The service is a small care home offering accommodation and support for six people with mental ill health. There was a mixture of long-term and short stay residents. People on the "step down" process were offered a bed for up to 4 weeks as the "halfway house" between leaving hospital and returning home. Other people combined living at the home with attending long-term therapy. The overall aim is to promote independence and assist people to return to independent living.

At the time of the inspection there were three people living at the service. At the previous inspection the service was found to be compliant in the standards we looked at. This was the first inspection using a new methodology for inspection.

There is a registered manager who divides their time between this home and two others operated by the same provider. 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.

Risk assessments were undertaken regularly on the premises and equipment. Individual risk assessments and the admissions screening process were done well but not all environmental risks had been formally assessed and recorded. Following the inspection, the registered manager started writing a new policy to address this issue.

Staff had a good understanding of safeguarding people from abuse and harm. Staff dealt really well with individual mental health crises. Staffing levels were managed flexibly in order to support clients at times of need. People said that they felt safe and that they were always able to find support from staff regardless of time of day or night.

All staff had undertaken induction, training and supervision which gave them the skills and knowledge required to give people effective care. Regular staff meetings ensured people's knowledge was kept up-to-date. People had requested and received training in specific aspects of mental health which had enabled

them to provide enhanced care.

Staff enjoyed high levels of supervision and support from the registered manager and within the staff group, where the ethos was on mutual group support. The registered manager was praised for being very accessible and supportive. Healthcare professionals working with the service praised the staff for being flexible and caring.
A good range of healthy food and drink was supplied and meals were prepared using fresh food. Staff acted as role models for healthy eating. Meals were shared in the evening with residents and staff eating together to promote social skills and a homely informal atmosphere.
People living at the service praised the staff who were observed interacting with people in a gentle and compassionate manner. Staff used the key worker model to develop close working relationships with individual clients, enabling them to get to know their needs well and to monitor changes and respond appropriately. People appreciated having regular discussions with the key workers.
Personalised care included person centred assessment planning, use of contracting to modify people's behaviour and timely regular reviews. Records demonstrated progress made and showed that people were engaged in a range of activities and interests outside the home to enable them to achieve the long-term goal of returning to independent living. People really valued the key worker model and the opportunity to develop close supportive relationships. Communication was a key strength.
All feedback received, both from people using the service and from healthcare professionals working with the service, was overwhelmingly positive.
The home had a very positive homely atmosphere with the emphasis on developing and maintaining independence. Leadership was strong and empathetic. There were good management structures in place and a range of quality assurance processes had picked up key issues. There was a history of successful partnership working.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood the principles and practice of safeguarding. People said they felt safe.

Risk assessments were regularly carried out on the premises, equipment and on an individual basis. Further work was being completed on this to ensure all areas of risk were recorded.

Staffing levels were managed flexibly to ensure sufficient coverage.
Accidents and incidents were well-managed.
Medicines were handled and stored safely.

Is the service effective?

Good

The service was effective.
People were supported by staff who had received comprehensive training in understanding and supporting people with mental health needs.
Principles of consent were understood..
People were encouraged to eat a healthy balanced diet.
People were supported in accessing external healthcare services.

Is the service caring?

Good

The service was effective.
People were supported by staff who had received comprehensive training in understanding and supporting people with mental health needs.
Principles of consent were understood..
People were encouraged to eat a healthy balanced diet.
People were supported in accessing external healthcare services.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's individual situation and were compiled in collaboration with people living in the service.

People were able to discuss any concerns with their key workers.

The service had responded promptly to issues raised and had an effective procedure for complaints.

Is the service well-led?

Good

The service was well led. The culture was one of mutual team support.

Staff praised the manager for offering strong leadership and effective supervision and being assessable in times of need.

The organisation's vision and values focused on the needs of the people being supported.

There were effective quality assurance and auditing systems in place.

Partnership working was a key strength.

New 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 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.

This inspection took place on September 1 and September 7 and was unannounced.The membership of the inspection team consisted of one inspector and one inspection manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the provider's website.

Information was gathered and reviewed from notifications and correspondence sent to CQC. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we talked to two people who had used the service and looked closely at the care those two people had received by examining their care files. We interviewed five members of staff, four of which were permanent and one relief worker. We also interviewed the registered manager .We looked at the recruitment files for three members of staff including the most recent recruit.

Records we looked at included staff rotas for a four-week period, induction and training checklists and records, and a range of policy and practice documents, including policies on safeguarding, whistleblowing, safe administration of medicines. Examples of feedback from people using the service and minutes of residents and staff meetings were also reviewed.

A tour of the building and informal observation of social interaction in the home took place. Four health and

social care professionals were contacted for feedback. Two replies were received.

Good

Our findings

People were protected by staff who had the knowledge and confidence to identify safeguarding concerns and act on these to keep people safe. All staff had undergone safeguarding training which was regularly updated. Safeguarding is also a standing item on the monthly staff meeting.

People told us that they felt safe living at the home and that they knew what to do if they ever felt unsafe. A screening process was used to exclude people from the home who could pose harm to other people , such as those with a history of violence or drug/alcohol abuse.
One person described an incident where they had felt uncomfortable about the behaviour of another person towards them. The incident was discussed by staff members and the person said they were happy with their response and felt supported.

On day one of the inspection, some minor issues with premises safety were found. One window in the communal bathroom had lost its window restrictor. This meant that the window could be opened up to 18 inches wide, enough for someone to fall through onto the street below. This issue was immediately raised with the staff and an effective temporary repair put in place. A date for the permanent repair 10 days hence was put in the diary. When we returned for the second inspection day this window was temporarily fixed closed until a new restrictor could be fitted.
It is part of the ethos of the service to encourage independence and to keep the building looking as homely as possible. This meant that people were encouraged to take responsibility for their own safety.

Individual risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. The aim of the service is to help people return to their own homes. Assessment of some environmental risks which could potentially place people at risk had not been recorded, although they had been considered by the registered manager.

Following the inspection, the registered manager reviewed this policy and is currently drafting a new document to ensure that all risks were formally assessed and mitigated. The draft policy stated: "Client safety is the highest priority for the Society and its staff. Our aim is to combine client safety along side a homely environment.".

A professional who has worked with the organisation said, "they take their risk screening very seriously and always ring us to discuss potential risks in a transparent and non-judgemental manner. Within this they often take positive risks to support the patient and their discharge as best they can."

There were no thermostatic valves fitted in the bathroom to maintain a safe water temperature. This issue had been raised with the owner of the building (who is separate to the registered provider) who had declined to do this. The service provided a large thermometer so that people could check their own bath water temperature. As all people had capacity to know if the water was too hot, the risk of scalding had been assessed as minimal.

We asked the senior care worker how they minimised risk for those who had a tendency to self-harm. They explained people would have a contract with the home about this behaviour, for example, that they would manage their own wounds where possible. They also explained some people had therapy four times a week which could often bring back memories for them. This could then trigger self-harming behaviour. In this scenario they would ensure staffing was proactively increased to provide additional support for the person.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Where someone had self-harmed and bleeding could not be staunched, they had been taken to hospital.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. For example, people knew that if any resident became violent, all other residents were to retire to their own rooms for safety.

Fire equipment was serviced regularly and staff had received training. This included responding to the fire alarm and exiting the building as per instructions. It had not been recorded that people had been assessed as understanding what to do in the event of a fire . However, people told us if there was a fire, they would leave via a fire exit. .

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The home was staffed 24 hours, seven days per week. People told us there were sufficient staff to meet their needs. Care staff explained how they made themselves available whenever possible in order to assist people with their needs. . One person said "staffing levels are fine… Because everyone is flexible and adaptable. We'll try and accommodate (clients) by juggling things about… We make time."

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults

Peoples' medicines were managed and administered safely. Some people were able to self-administer their medicines with support from staff. A risk assessment was done in consultation with the person who signed a consent form agreeing to take responsibility.

There were safe medicines administration systems in place and people received their medicines when required. People who worked with the service praised the service for a strong focus on medicines safety. One healthcare professional said, "They are always reminding us to discharge patients with appropriate medications and have often sought advice and liaised with the ward if there have been any errors."

Good

Our findings

People received individualised care from staff who had the skills, knowledge and understanding required to meet their needs. We observed that people looked relaxed and communicated readily with staff. One person said: "Staff understand and they listen. I could talk to anyone."

The provider had given staff the training and skills they needed to work with this client group. Six staff had undertaken a level 3 qualification in either Promoting Independent Living in Mental Health or in Health and Social Care and one was working towards a level three qualification. One care worker said of this training: "it's brilliant, it gives you a better depth and field of understanding[of mental health issues]"

There was a structured induction, supervision, appraisal and on-going training process. Records for staff confirmed they had received training in topics such as safeguarding, infection control and safe administration of medicines. Specific training courses had also been organised by the registered manager in response to requests by staff. For example, three staff had undertaken training in how to work with people who had suicidal intent. . Other staff explained how training had helped them improve their practice with people with a variety of mental health conditions. One said, "It gave me more understanding and patience about why they were doing certain things."

Staff said they felt well supported by the registered manager who had a qualification in clinical supervision .One person said: "(name of manager) is very, very supportive… You can talk to her about anything".

Staff had particularly appreciated the organisation of a debriefing process by the registered manager following a serious incident. . One-to-one and group counselling was also offered. Staff said that this enabled them to recover from the trauma and continue to support others. Many members of staff had been in post for several years. They described a group support culture which enabled them to withstand the stresses of caring for this client group by sharing their feelings and learning from experiences together. The registered manager was praised for facilitating this process and having an open communication culture within the home.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. No DoLS applications had been made, nor was anyone being deprived of their liberty.People were free to come and go as they pleased. Staff had received some training in understanding the MCA but the registered manager explained that all people had capacity and were all working towards returning to independent living.

People's wishes and preferences had been followed in respect of their care and treatment. People had given their consent to treatment plans. People described how staff had taken time to build up a relationship of trust with them and always treated them with respect. For example, one person said, "they always knock before they come into my room."

People living in the service worked with staff to share cooking. People chose and prepared their own breakfast and lunch. The kitchen cupboards were stocked with a wide range of healthy food, including a range of healthy cereals, protein sources, fresh vegetables, fresh fruit, filtered water, and fruit juice. Staff and people living at the home ate one evening meal together each day. Staff helped them to plan what to cook. This encouraged the development of key skills such as meal planning, shopping and washing up which all helped people move towards independent living. On day one of the inspection, one person t confirmed that the meal for that evening was to be stir-fried vegetables.

People using the service felt that eating together was a good idea because it encouraged socialising. One person said, "the staff eat with us… It makes a nice social occasion." Another one said, "there's a rota for cooking… I think it's a very good idea."

The policy in the home was not to buy 'junk food' such as crisps and sugared cereals. However, people retained choice. One member of staff said, "Residents can buy rubbish if they want to, we can't stop them". Efforts were made to mitigate the risk of unhealthy eating. For example, takeaway food was discouraged apart from on a special occasion, such as a birthday.
A member of staff said: "All staff try to act as role models for eating healthily."

One person said, "The food was brilliant. Not one meal that I didn't completely enjoy"

People's physical health needs were assessed as part of the care planning process. Individual care files had contact details for all relevant healthcare professionals. People were able to access individual and group therapy sessions and took responsibility for organising their own dental and optician healthcare appointments. There was good liaison with the local mental health teams.

One health care professional who had worked with the service said, "I've always found them very flexible, very supportive."

Good

Our findings

People received care and support from staff who had got to know them well. People had an initial assessment meeting either in their home or in their previous residential setting. Each person was allocated a key worker. People felt this worked well. One person described the process: "Some people (from New Mill House) would come and see me at home. They take you out, they help with shopping, go for a coffee and chat. It builds up a relationship."

People enjoyed the non-institutional atmosphere of the service. One person said, "I was given a tour, it felt homely." Another person said, "In many ways it's the best place I've been in… It's like being in your own home."

Staff were knowledgeable about things people found a challenge. Staff gave detailed pen pictures about the mental health conditions of the current group of people who lived at the home. . They suggested that we did not talk to people who were particularly depressed or were new, in order to minimise stress on people who were already suffering from mental ill health. This demonstrated a sensitive caring approach. One healthcare professional who had worked with the service said, "I have always found them approachable and kind. They speak to patients in a clear supportive manner and a very understanding of any anxieties associated with a potential move."

People who used the service were encouraged to be as independent as possible. They participated fully in producing and reviewing their own detailed care plans. The ethos was for staff to be doing things alongside people using the service rather than doing things for them. For example, people were assessed to see whether they could take responsibility for their own medicines, in circumstances where this was not considered a risk. If the person wished to take responsibility and had been assessed as safe to do so, then a medicine contract was signed to clarify where the responsibility rested.

People living at the service expressed confidence and trust in the staff and appreciated the high level of support offered. One person said, "I have been told I can wake them up during the night if I need to talk to them." Another person said, "I like the people, it's relaxed, it's like a real home, I like it here."

People who had stayed at the service for respite care had completed questionnaires when they left the service. Six questionnaires, dated from February 2016 onwards, all included very positive comments. . Common themes were how the staff team were approachable, supportive, friendly and caring. People felt that the home was "A physically and emotionally safe place". One person said they felt "accepted as a

person, not a label". Another commented "New Mill House is a great stepping stone between hospital and home; a really valuable halfway house experience". "The small team are excellent and work closely together to create continuity and such a lovely and caring environment".

Healthcare professionals who had worked with the service commented as follows: " I have had no concerns with the care they provide at all" Another person said
"I've certainly had no complaints… I'm more than happy with the care they provide."

Good

Our findings

People were supported to maintain their independence and access to the community. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. People were also given an assessment visit before being accepted to the home. This was to ensure that any risks had been identified, for example, that they would be able to manage the stairs. Staff undertook an assessment with a potential resident on day one of the inspection. This visit revealed that the stairs would indeed be too much of a challenge for them.. The decision was made not to offer them a place.

Information from the assessments were used to inform the plan of care. Care plans were personalised and detailed the daily routine specific to each person. Part of the process included an occupational therapist assessment of potential for undertaking various activities. People were encouraged to set overall long-term aims for themselves, broken down into manageable short and medium-term objectives. For example, a long-term aim one person had of returning to work was made manageable by setting an objective of one day a week working in a voluntary setting. This was being gradually increased over time. The effect of this was to support people to gain confidence in their abilities whilst still in a supported environment before returning to live independently.
One healthcare professional praised the responsiveness of staff saying, "they quickly reply to e-mails, come out and do assessment as early as possible and take a client centred approach in the assessment process." Another one said, " If we send referrals, they come over in a timely way to assess a person we're trying to refer to their service…if they've got vacancies…they look to see how they can support us with moving people along their discharge pathway to care that's more appropriate for them."People had commented that the service had prevented them being readmitted to hospital "I haven't had to have a hospital admission down to the fact I have been able to access New Mill House".
A handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.
staff were able to explain how they reviewed care plan aims and objectives in one to one sessions with people using the service. These were arranged at a minimum of monthly intervals but sooner in response to changes or people's requests. Full reviews of all aspects of care plans were undertaken every three months.

Care plans also covered activities, interests and social contacts. People get themselves busy in the day with a mixture of going out to voluntary work placements, going to therapy, visiting family and friends, doing shopping and arrange a domestic activities, such as cooking and cleaning.People who used the service praised the responsiveness of staff. One person said, "I do have a care plan. I meet my key worker once every

while. We go through the care plan to see what's working for me and what is not…we have a discussion about what we both think…..the good thing is having that discussion."

There was a complaint log book detailing concerns and complaints. The last complaint had been in February 2016 which had been made about one person living at the service by another person living at the service. This had been dealt with informally, as was appropriate in this case. One questionnaire response about complaints between people using the service said, "Any differences are quickly dealt properly so there could be no repercussions".

Good

Our findings

New Mill House is one of four homes which are run by a charitable trust. Policies and practices are common to all four homes. These were regularly reviewed and were last updated on May 2015.

Staff spoke positively about the culture of home, describing it as a very relaxed place where there was an open door policy, accessible management and a strong team ethos. The aim is for the home to feel like a family home. "We treat people as family… There is no separation between staff and clients." Staff praised the level of support offered by the registered manager. For example, following a serious incident , the registered manager had organised for both group and individual counselling and a professional debrief process to take place so that lessons were learned from the incident and staff were supported.

Team meetings took place on a monthly basis and people who lived at the home were invited to attend, with the proviso that they would have to leave if any confidential issues were being discussed. There were also regular residents' meetings held and minutes taken.

The organisation's vision and values were laid out in their 23 page Statement of Purpose which was subdivided into eight aims and objectives. The philosophy centres on treating every person as an individual, respecting difference, keeping people safe and encouraging people to regain their independence after a period of ill-health, with the ultimate aim of reintegrating back into the community.

There was a system of regular audits which included unannounced visits once a month by a committee member of the organisation running all 4 homes. A senior member or the registered manager from each of the four homes also carried out unannounced visits to each of the other homes to do 'spot checks' and highlight any issues.

Other quality assurance measures included gaining feedback from people using the service by means of regular residents' meetings and a questionnaire. Premises and equipment were checked on a six monthly basis in-house. When people left the service they completed a detailed questionnaire. Checks to residents' rooms were made on a monthly basis.
The accommodation, owned by a housing society, received regular checks using external contractors for areas such as fire safety and environmental health.

Partnership working was seen to be a strength with very positive feedback being received from other healthcare professionals about the quality of the service. Record-keeping was done well.

One healthcare professional said, "the step-down service has always felt well led and organised by senior management and they work creatively in closely with us to support the patient as best as possible."