Mentor Care Limited

MillerHouse Residential Care Home

Inspection report

615 Burnley Road
Crawshawbooth
Rossendale
Lancashire
BB4 8AN

Tel: 01706220988

Date of inspection visit:
19 December 2018
20 December 2018

Date of publication:
15 February 2019

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of MillerHouse Residential Care Home on 19 and 20 December 2018.

MillerHouse Residential Care Home (referred to in this report as MillerHouse) is registered to provide accommodation and personal care for up to six adults with mental health conditions. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. Nursing care is not provided.

The service is located in the centre of Crawshawbooth village. Shops and services are a short distance away and transport links available nearby. MillerHouse is a mid-terraced house, there are two shared and two single bedrooms and communal lounge and dining area. At the time of our inspection, five people were using the service.

At the last inspection, the service was rated overall Good.

At this inspection, we found there was evidence support the continued overall rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

However, we found some shortfalls with person centred care planning therefore we have made a recommendation to make improvements. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found there were good management and leadership arrangements in place to support the effective day to day running of the service.

Arrangements were in place to ensure staff were properly checked before working at the service.

There were sufficient numbers of staff at the service, to provide support in response to people's needs and choices.

Safe processes were in place to support people with their medicines.

Risks to people's well-being and safety were being assessed and managed. We found some progress could be made risks assessments and action was taken to make improvements.

Staff were aware of abuse and adults at risk, they knew what to do if they had any concerns. Managers and staff had received training on safeguarding and protection matters.

Staff received ongoing learning, development and supervision.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, and choices before they used the service.

People made some positive comments about the staff team and the support they received. We saw positive and respectful interactions between people using the service and staff.

Each person had care records, describing their needs and preference. These needed to provide clearer information on people's needs and goals, and how staff should provide support.

People's independence, privacy, dignity, individuality and choices was promoted. People were supported to engage in meaningful activities the community.

Processes were in place to support people with any concerns or complaints.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and processes at the service supported this practice.

People were supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

Arrangements were in place as appropriate, to support people with a healthy, balanced diet.

There were systems in place to consult with people who used the service, to assess and monitor their experiences.

Checks on quality and safety were carried out. We were told these would be developed to make sure the service keeps improving.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service has deteriorated to Requires Improvement.

Person centred care planning did not properly respond to people's needs, choices and goals.

There were satisfactory processes in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

People had opportunity to maintain and develop their skills. They had access community resources, to pursue their chosen interests and lifestyle choices.

Is the service well-led?

Good

The service remains Good.

MillerHouse Residential Care Home

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.

We visited MillerHouse on 19 and 20 December 2018 to carry out an unannounced comprehensive inspection. The inspection team consisted of one adult social care inspector and on the first day, a dental inspector.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This included support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team and the local authority safeguarding team. 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 this information to decide which areas to focus on during the inspection

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection, we talked with five people who used the service and a relative. We talked with three support workers, the registered manager, deputy manager and administrator. We looked around the service and reviewed a sample of records, including three care plans and other related care documentation,

two staff recruitment records, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Good

Is the service safe?

Our findings

The service protected people from abuse, neglect and discrimination. All the people we spoke with indicated they felt safe at the service. Their comments included, "I have no complaints" and "There's no shouting or abusive practice." A relative told us, "I think [name of person] is safe here." We did receive some comments about how the behaviours and actions of others had impacted upon people's experiences at the service. We found these matters had been dealt with or were being pursued. There were 'crisis plans' to help support people safely with their emotional wellbeing. We observed examples where staff positively and sensitively responded to people's needs, preferences and behaviours.

Staff spoken with expressed an understanding of safeguarding and protection. They described what action they would take if they witnessed or suspected any abusive practice. Staff had received training and guidance on adults at risk. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. We noted the service did not have the current local authority guidance for assessing potential safeguarding concerns. However, the deputy manager took action to obtain this during the inspection. There was a whistleblowing (reporting poor practice) policy in place, which encouraged staff to raise any concerns.

Risks to people's individual safety and well-being were assessed and managed. There were individual risk assessments and risk management strategies to guide staff on minimising risks to people's wellbeing and safety. The risks assessed were personalised to the individual and included, behaviours, social contact, kitchen equipment, aggressive behaviours and community activities. Processes were in place to review and update individual risk assessments. Staff were aware of people's individual risk assessments and had ongoing access to them. We noted some risks assessments were not in line with recognised guidance and some relating to age and vulnerability had not been assessed or planned for. We discussed this good practice matter with the registered manager and during the inspection action was taken to make improvements.

We looked at the way people were supported with the proper and safe use of medicines. People said they were satisfied with the arrangements in place. One person commented, "I'm aware of all my medication. I have had a review of my medicines with the GP." People's ability and preferences to manage their medicines and been assessed with them. There were plans in place to support and promote people's independence with managing their medicines. We observed people being supported to take their medicines in a safe and respectful way. People's medicines were stored safely.

Processes were in place to complete regular audits of medicine management practices. Staff providing support with medicines had completed training. Arrangements were in place to assess, monitor and review staff competence in providing safe, effective support with medicines. Medicine management policies and procedures were accessible to staff.

We checked if the staff recruitment procedures protected people who used the service. Satisfactory checks had been carried out of their suitability to support adults at risk. A second reference for one applicant had

not been received. This matter had been pursued and the employee was working under supervision. The application form requested the person's health information, which may not comply with employment law. The registered manager confirmed they would seek advice on this matter. New employees completed a probationary period to monitor their work conduct and competence. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.

There were sufficient numbers of staff to support people to stay safe and meet their needs. People spoken had no concerns about the availability of staff at the service. One person commented, "I think there are enough staff on duty." Staffing levels were flexible in response to people's needs, lifestyles and specific activities. Staff spoken with considered there were appropriate staff available to provide safe support. One told us, "Oh yes, there are enough staff. Everyone here gets some one to one support." Arrangements were in place to provide ongoing management support, including on call systems for evenings and weekends. There was a lone working policy to support staff and a pendant alarm system had been introduced. This meant that if staff needed urgent support, they could press the alarm and the person on call would be alerted.

Processes were in place to maintain a safe environment for people who used the service, visitors and staff. Personal information and staff files were stored securely, they were only accessible to authorised staff. Health and safety checks had been completed. Arrangements were in place to check, maintain and service fittings and equipment, including gas safety, electrical wiring and fire extinguishers. Fire drills and fire equipment tests had been carried out. People had individual evacuation plans for emergency situations. Accidents and incidents were monitored, the service was developing a 'lessons learned' approach to help prevent further occurrences. There were directions and contact details for staff refer to in emergency situations. We advised this information should be presented in a contingency plan, this would ensure directions are clear in the event of failures of service.

We reviewed how people were protected by the prevention and control of infection. There were cleaning schedules, recording and checking systems to maintain hygiene standards. Staff were provided with personal protective equipment, such as disposable gloves and hand sanitizer. Infection control and food hygiene training was provided. An infection prevention and control audit had been completed, to monitor hygiene standards and make any necessary improvements.

Good

Is the service effective?

Our findings

We reviewed how people's needs and choices were assessed and their care and support delivered to achieve effective outcomes. The registered manager described the process of assessing people's needs and abilities before they used the service. This involved meeting with the person and gathering information from them and relevant others. One person told us, "[Name of deputy manager] came to see me and asked me questions. We went through my care notes, they asked me about food and things."

The assessment process resulted in a 'package of care' document which provided an overview of the person's needs and preferences. The admission process took into consideration the person's compatibility with people already accommodated. The actual records of one assessment were not available. This meant we could not properly check that a full needs assessment had been completed. The registered manager assured us the assessment had been completed with the involvement of all concerned.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations were being met. Action had been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice. The progress of pending applications was monitored. People's capacity to make their own decisions and choices was reflected within the care planning process. There was a capacity assessment tool use if needed. We discussed with the registered manager, ways of proactively highlighting people's capacity to make their own decisions.

Staff spoken with said they had received training on the MCA, they indicated an awareness of the DoLS applications. Policies and procedures were available to provide guidance and direction on meeting the requirements of the MCA.

We looked at how consent to care was sought in line with legislation and guidance. During the inspection we observed staff consulting with people. They involved them in routine decisions and got their agreement when providing support. One staff member said, "We get their permission for everything. We always ask and never tell them what to do." People spoken with were aware of their care records and had signed in agreement with them. They also had signed consent to care agreements and contracts of residence. As there were two shared bedrooms, we advised consent to this arrangement be agreed and recorded.

We looked at how people were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. People were supported with their physical exercise and general wellbeing. They were registered with healthcare practitioners such as dentist and opticians. People said, "I have been to see my GP for a check-up" and "I get support from staff with hospital appointments." Medical histories and health conditions, including any allergies, mental diagnosis and physical needs, were recorded in the person's 'medical files.' There were examples where specific health conditions had been researched and treatment information obtained. There were 'hospital admission forms' for sharing information when people accessed other services. People's health and wellbeing was monitored and kept under review. One staff member described the processes in place to support people with their healthcare needs and appointments.

We checked how people were supported to eat and drink enough to maintain a balanced diet. People said, "The foods alright" and "I do my own cooking." There was a nutritional needs questionnaire to complete with people, consideration was given to risks of malnutrition. However, we advised a nationally recognised nutritional screening tool be used and the deputy manager took action on this. Processes were in place to check people's weight at regular intervals. GP's and dieticians were liaised with as necessary.

There was an informative pack on healthy eating and nutrition for people and staff to refer to. Menus were on display; they had been discussed and agreed with people each week. Some people did their own grocery shopping and made their own meals. We observed people making drinks and snacks for themselves. Staff spoken with had an awareness of nutrition and healthy eating.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. One person commented, "I think staff know what they are doing." There was an induction training programme for new staff. Staff spoken with said they had completed this training, which had included 'shadowing' experienced staff. One commented, "It was a long process, but it did a good job."

Staff told us they had completed training to help ensure they understood people's needs and were able to provide effective support. There was a record of the training completed by staff and when refresher training was due. There were certificates confirming the training had been completed. Staff had, or were supported to achieve nationally recognised qualifications in health and social care.

Staff said they received one to one and group supervisions with a member of the management team. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Processes were in place for staff to receive an annual appraisal of their work performance.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. Most of the people spoken with said they were happy with accommodation provided at MillerHouse. One said, "I think the environment here is okay." People had been supported to personalise their bedrooms and keep them as they preferred. They had been involved with choosing new colour schemes, bedding and floorcoverings. Improvements had been made in communal areas, including a new kitchen, furnishings, decoration and lighting. The registered manager said the continued use of shared bedrooms was given ongoing consideration.

Good

Is the service caring?

Our findings

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. People spoken with made some positive comments about the staff team and the care and support they received. They said, "I like most of the staff" and "The staff are okay." A relative told us, "[Persons name] has never complained about the staff. They have been fine with him." We observed some tactful and respectful interactions between people using the service and staff. Staff showed understanding and consideration when responding to people's support needs and requests.

We checked how the service supported people to express their views and be actively involved in making decisions about their care and support. We observed people were consulted and involved with day to day matters. People had care plans which included their needs and preferences and how they wished to be supported. Care records specified people's chosen names. There were summaries of background history, religious needs, interests and hobbies, their mental health, relationships and likes and dislikes. People indicated they had been involved with their care plans and ongoing reviews.

Staff had received equality and diversity training. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity related to accepting, respecting and valuing people's individual differences. One staff member commented, "Everyone is equal, but they all have different needs. It's their choice, their way. But they are all equal."

Positive relationships were encouraged. People were supported to keep in contact with their family and friends. A relative said, "I like the staff they welcome me here, I can visit anytime." The service had a 'keyworker system.' This linked people with a named staff member who worked more closely with them. People knew who their 'keyworker' was, some described the support they received from them. One person commented, "I have the best keyworker in town." Staff spoken with said they had enough time to listen to people. One person who used the service told us, "I can tell them my problems."

We looked at how people's privacy and dignity was respected and promoted. People could spend time in their rooms whenever they chose. Bedroom doors were fitted with suitable locks to promote privacy of private space, some people had keys to their rooms. Consideration had been given to screening in shared rooms. We observed examples where staff respected people's private space and ensured confidentiality of verbal discussions. People were supported with their medicines in private and could eat their meals separately. Staff described practical examples of how they upheld people's privacy. One staff member said, "Everything is done in private. We always knock on people's doors and we are carful with confidentiality."

We reviewed how the service enabled people to be independent. People were supported to develop independence skills, by accessing the community resources and doing things for themselves and others. People told us, "I go shopping for food every Monday" and "I tidy my own room and do my own washing and ironing." We observed people doing things for themselves during our visit. Staff explained how they supported and promoted people's individual life skills, independence and choices. The registered manager

told us how people were involved with the selection of new staff at the service.

There was notice board which provided information for people. Included were, previous inspection reports, fire procedures, forthcoming events, the staff rota, health and wellbeing advice and details of local advocacy services. Advocates are independent from the service and can provide people with support to make decisions.

Requires Improvement

Is the service responsive?

Our findings

We looked at how people received personalised care that was responsive to their needs. We discussed with people, managers and staff, examples of the progress people had made, resulting from the service being responsive and developing ways of working with them. We discussed with people, the managers and staff, examples of the progress people had made, resulting from the service being responsive. One person said, "They do things with me. They encourage me." A relative told us, "I think it has done [name of person] good being here."

People had individual care and support plans. People spoken with had an awareness of their support plans and said they were involved with reviews. The plans included individual strengths and needs, along with identified goals to support people's progress. One person had a 'progress chart' to monitor with them their achievements in developing skills. There was a 'discussion record' process, which was used to support people in expressing their views and feelings and planning for agreed outcomes.

There were 'hand over' discussion meetings between staff to communicate and share relevant information. Processes were in place to review people's care and support. This was to enable staff to monitor and respond to any changes in a person's needs and well-being.

We found some of the information in support plans was lacking in person centred detail. There was lack of emphasis on people 'owning' or 'sharing' responsibility for their progression and support. People and staff also described aspects of individual support, progress and aspirations, which were not recorded and communicated in their plans. In daily records, there were examples of support being delivered, which were not reflected in the care plans. We noted some reviews had not always been completed in accordance with the identified timescales. This meant the care planning process did not effectively respond to people's needs and preferences, or properly direct their care, support and progress.

We recommend that the service continues to develop a person-centred approach when assessing, planning, delivering, monitoring and reviewing people's care.

People indicated they were satisfied with the individual and group activities at MillerHouse. They told us how they engaged in activities within the local community, including personal shopping, support groups and clubs, voluntary work, walks and visiting places of interest. One person said, "I go out about three time a day." There were also some 'in house activities' such as games, dancing and crafts. People were also actively involved in household chores, including cooking and cleaning.

Residents meetings were held. They provided the opportunity for people to be consulted and make shared decisions. Records of meetings showed various matters had been raised and discussed. Including, holidays, outings and home improvements, such as the new kitchen, decorating and colour schemes. There was a lack of information to show how suggestions and agreed outcomes had been followed up, the registered manager agreed to progress this matter.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. People spoken with openly expressed their views and opinions of the service. They were aware of the complaints procedure which was summarised on the notice board. The procedure emphasised people's rights to complain. There had not been any formal complaints at the service. Processes were in place to manage, investigate, record and respond to complaints. Some people's concerns had been addressed using the 'discussion record process.' We discussed the value of using the formal complaints process, to demonstrate any concerns had been taken seriously and used to make improvements. Staff spoken with were aware of their role in supporting people with complaints. One commented, "I have not received any complaints. I would report them to the manager. Things need to be dealt with. I would reassure the person and look for an agreeable outcome for them."

We considered how the service used technology to enhance the delivery of responsive care and support. The service had Wi-Fi throughout, which people had been supported to use to keep in contact with relatives. The managers used the internet to promote good communication and access relevant information. Alarms had been fitted to external doors to respond to people's safety and security.

We looked at whether the provider was following the Accessible Information Standard. People's communication and sensory needs were assessed in the care planning process. Any specific support with communication needs and sharing information was provided if required. We saw some of the service's written information had been produced in a 'user friendly' style.

Good

Is the service well-led?

Our findings

The service's management and leadership arrangements aimed to achieved good outcomes for people. Most people spoken with expressed an appreciation of how the service was run and they were aware of the management arrangements. Their comments included, "The manager works her socks off for the people here. She's a top boss," "I wouldn't swap the deputy [manager] for anyone" and "I have seen [name of registered manager] she comes to make sure everything is okay."

The registered manager was also the provider and was qualified and experienced to manage the service. She had updated her skills and knowledge by completing refresher training and was a member of a care management association, for sharing good practice. The registered manager was supported by a deputy manager and administrator. Staff spoken with considered the management team were supportive and approachable. One told us, "We can go to the managers, they are very helpful, friendly and supportive." The on-call arrangements, meant a manager was always available for support, direction and advice.

The service's vision and philosophy of care was reflected within written material including, staff job descriptions, employee handbook and policies and procedures. New staff were made aware of their responsibilities and the aims and ethos of the service during their induction. Staff spoken with were positive and enthusiastic about their work, their comments included, "This is the best home I have ever worked in" and "Teamwork is good and we are aware of the lines of accountability." Records of the most recent staff meetings showed various work practice topics had been raised and discussed. Staff told us they were encouraged to make suggestions and voice their opinions.

We checked if the monitoring systems ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. There were systems in place to monitor the quality of the service. People's views on their experience of the service were sought. They could express their opinions during their reviews, one to ones and in resident's meetings. They had also been invited to complete an annual quality assurance survey. We found most people had expressed satisfaction on their experiences at the service. We told any concerns raised were pursed and dealt with. Relatives and professionals had also been consulted with and we saw examples of the positive comments they had made.

There were daily, weekly and monthly checks to monitor areas such as, medicine management, finances, staff training, maintenance, accidents and incidents, health and safety and the control and prevention of infection. The registered manager and administrator, made regular unexpected visits to MillerHouse, to check, oversee and monitor the service. Records showed any required actions were followed up. There was a business plan, which provided aims and direction for the service in the year ahead. This inspection highlighted some matters for development. We therefore discussed with the registered manager, ways of ensuring consultation, research and auditing processes, were embedded into the quality monitoring systems. This would help identify shortfalls and plan for future improvements in a timely way. We were assured revised monitoring and development systems would be introduced.

The service worked well in partnership with other agencies including: nearby services, local authorities, the health authorities and commissioners of service. There were procedures in place for reporting events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the service's CQC rating and the previous inspection report were on display at the service. This was to inform people of the outcome of the last inspection.