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Mill House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

Our inspection took place on 1 and 2 October 2015 and was unannounced. We last inspected the service on 28 September 2013. We did not ask the provider to make any improvements at this inspection.

Mill House provides personal care and accommodation for up to 24 older people, some who may live with dementia. There were 22 people living at the service when we carried out our inspection.

The service had a registered manager at the time of our inspection. 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.

People told us that they felt safe and they were treated well by staff. The registered manager and staff had a good

Summary of findings

understanding of how to keep people safe and escalate any concerns appropriately. People said they had to wait for assistance at night on occasions and staff did not always have time to support them with their pastimes and stimulation. People told us they were given their medicines when needed.

People told us, and we saw care and support was provided in a way that showed staff were kind and considerate. Staff were knowledgeable about people's care and support needs, and were supported with appropriate training. People were supported to make their own decisions and choices by staff who understood and promoted people's rights and worked in their best interests. People's healthcare needs were promoted and regular appointments with healthcare professionals were maintained.

People told us they enjoyed the food and drink they were provided with and this was provided when requested and in sufficient quantities. We saw staff provided appropriate assistance to people that needed help to eat and drink and there were systems in place to ensure people at risk of weight loss were monitored, although we saw the availability of staffing did impact on staff ability to consistently provide people support with their meals when needed.

People told us the staff were kind to them. We saw people had developed positive working relationships with the

staff who supported them. People told us that they were well cared for and staff understood what was important to them. Staff demonstrated a good knowledge of what was important for people and what was recorded in their care records. The confidentiality of people's information was compromised when staff shared information about people.

People's needs were assessed and their support plans provided staff with guidance about how they wanted their individual needs met. People participated in a range of activities and pastimes that reflected their individual interests and preferences, although staff did not always have time to support people with these pastimes.. People knew who to speak with if they had any concerns and were confident these would be addressed.

The provider assessed and monitored the quality of the service. There were systems in place to gain people's views on the service. There were also systems in place to monitor the quality of the service such as a range of management audits. People and staff told us they found the registered manager and other senior staff approachable and we saw the registered manager was visible within the service. Staff felt well supported and were aware of the provider's values and vision in striving to provide good quality care. The provider had not always formalised their plans for improvement of the service in a way that could be easily shared with stakeholders.

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 is safe

People said they had to wait for assistance from staff at times but felt there was sufficient numbers of staff to ensure their safety. People's safety was promoted by systems the service had in place to manage potential risks to their health and welfare. Staff could identify signs of abuse, knew how to escalate any concerns and keep people safe from harm. People received their medicines as prescribed and in a safe way with one exception that was addressed at the inspection.

Good



Is the service effective?

The service is effective

People told us that they had confidence in staff who they felt were skilled and competent. The provider ensured that people's rights were promoted, and their best interests were considered. People had a choice of, and enjoyed the food and drinks that were available to them. People's health care needs were promoted and there were systems in place to ensure any risks to people's health were identified and escalated to health professionals.

Good



Is the service caring?

The service was not always caring

People told us staff were caring but we saw the confidentiality of people's information was not always respected. People's privacy was promoted during personal care. We saw that staff spent time explaining people's care at the point it was provided. People's independence was promoted.

Requires improvement



Is the service responsive?

The service was not always responsive

People were involved in the care and support they received. Staff were knowledgeable about people's needs and preferences. People were not always able to follow their chosen interests and lifestyles as staff did not always have time to support them with these. People felt able to complain and were confident any issues they raised would be addressed to their satisfaction.

Requires improvement



Is the service well-led?

The service was well led

People were able to approach the registered manager, who was knowledgeable about people and the service. Systems were in place to

Good



Summary of findings

capture and review people's experiences and to monitor the quality of the service, People and staff felt able to approach the registered manager and provider and share their views or concerns and were confident these would be listened to and changes made if needed.

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 1 and 2 October 2015 and was unannounced. The inspection team consisted of 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 reviewed the information we held about the service, including notifications of incidents that the provider had sent us since the last inspection. These are events that the provider is required to tell us about in

respect of certain types of incidents that may occur like serious injuries to people who live at the service. We considered this information when we planned our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service and two visitors. We also spoke with the registered manager, two senior carers, three carers, and one cook. We observed how staff interacted with the people who used the service throughout the inspection. We looked at five people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We looked at two staff recruitment records and records relating to the management of the service; that included, minutes of meetings with people and staff, service improvement plans, complaints records, stakeholder survey records and the provider's self-audit records.

Is the service safe?

Our findings

People told us that there were times that staff were not available to provide them with timely support. One person told us, “It is sometimes at night when I press my buzzer I have to sometimes wait but they are busy there is only one member of staff upstairs and one downstairs, but in the daytime there is always someone around”. Other people told us said that if they pressed the staff call button they do not have to wait an unreasonable length of time. We saw times during the inspection where people had to wait for support, for example, during lunch on the top floor. We saw when staff assisted people with their meals they had to interrupt the assistance they were giving a person to respond to other people who needed support to ensure they were safe. As a result this meant one person who was being assisted with their meal fell asleep before staff were able to return to assist them. We did see staff ensured this person ate later in the day however. We spoke with staff who told us they felt there was a need for an increase in staffing at some times during the day, for example at night and during meal times this as people’s dependency levels had increased and there was a need for additional monitoring for some people who they said maybe at greater risk. The registered manager said they had discussed the need to increase staffing with the provider and they were recruiting additional staff to provide extra day and night staffing to better cater for people’s increased dependency and provide better levels of stimulation for people. The registered manager was able to evidence that they were recruiting new staff at the time of the inspection. Staff confirmed this, one telling us, “We could do with a couple more members of staff and I am told that new staff would be starting and that they are awaiting clearance”.

We found one person received pain relief in the form of skin patches. The provider was not able to evidence these were applied on four different areas of the body in rotation, in accordance with the manufacturer’s instructions so that side effects were avoided. Staff told us that they did apply these patches to different areas, but could not confirm if they used four different application sites, but said the person consented to application of the patches. When we raised this with the registered manager they introduced a checking system to ensure the patch was applied safely and then discussed this with the senior staff on duty. Staff told us that there had been no sign of the person having had any side effects from the medicine. People we spoke

with told us people had their medicines at the times they needed them. We observed the administration of medicines on a number of occasions and saw that staff took time to check medicines so they were given to the right person and as prescribed. We found people’s care records contained details of the medicines they were prescribed, and how people should be supported in relation to medicines. When people were prescribed ‘as required’ medicines staff understood how these should be administered, for example we saw them ask people if they wanted their prescribed pain relief and only gave it if the person wanted it, or had not taken any recently. We saw that medicines were stored safely.

People told us they felt safe and staff treated them well. One person told us, “I feel very safe here”. Other people told us they felt safe at the service. A visiting relative told us, “We know that we are leaving [the person] in safe hands”. We saw that people were comfortable in the presence of staff and other people that lived there. The registered manager and staff had a good understanding of what potential abuse looked like so they could recognise how to protect people from harm. Staff were able to tell us how they would report any safeguarding concerns to ensure people were kept safe. Staff also knew how to calm situations when people were anxious and may present challenges to staff and other people. One member of staff told us, “When a resident is displaying challenging behaviour I try to calm them by taking them away from the situation or step back to see if that person would calm down or even ask another member of staff if need be”.

We looked at the systems in place for recruitment of staff and found these were robust and made sure that the right staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. We spoke with two members of staff that had commenced working at the service in the last six months and they confirmed that the provider had carried out all the appropriate checks needed before they started work.

We found the provider had systems for the assessment of individual risks to people, and where risks were identified action had been taken to promote people’s safety. We saw risks to people due to their health or choices had been identified, assessed and recorded in their care records.

Is the service safe?

When we spoke with staff they were well informed as to what these risks were, for example the risks to people from falls and what they needed to do to minimise these. They told us they were able to read people's risk assessments and important information about any risks to people was shared between staff at handovers. We saw incidents and

accidents were recorded and monitored for trends and patterns. These identified for the registered manager how risks should be managed and they took action on these. For example we saw that steps had been taken to minimise the risks to people from falls and weight loss.

Is the service effective?

Our findings

The registered manager and staff had a good working knowledge of the requirements of the Mental Capacity Act 2005. We saw these were put into practice so as to ensure people's human and legal rights were respected. We saw people had the freedom to move around the building as and when they wished and we saw there were no evident restrictions to people's liberty.

The registered manager and staff understood the safeguards that needed to be put in place if a person's liberty was restricted to promote their safety, so that their human rights were fully considered and protected. We saw staff offer people choices and staff we spoke with were aware of the importance of doing so. We saw staff support people who were living with dementia and the staff spoke gently to them when they were anxious, observed their body language and encouraging them to make choices about what they wanted to do. We saw assessments of people's capacity in their care records, and while some of these assessments showed people lacked capacity, staff we spoke with said they would always offer these people choices as we saw happen. Staff told us that where people may have difficulty understanding the spoken choices offered they would show people objects to assist with their decision making, for example showing them a choice of their clothing when getting dressed.

People told us they felt staff were good at their jobs and this enabled them to provide their care to the standard they expected. One person told us, "I think that the staff are very good, they know what they are doing when they look after me". Another person said the staff, "Are very good, I can't praise them enough". Visiting relatives also expressed confidence in the ability of staff. We saw staff provided people with care and support on a number of occasions in a way that they were comfortable with. We spoke to a range of staff and they showed they had a good understanding of people's needs that reflected how we saw they effectively cared for people. The registered manager expressed confidence in the skills of the staff team and told us they received regular training to develop their skills and knowledge. We were told by the cook that they had access to the same training as the care staff, so they were able to understand people's needs. Staff confirmed that they were supported with the training they needed to help them in their work. One member of staff said, "We are always

offered courses and notified when our training need updating" another telling us, "All mandatory and statutory training and if any courses I'm interested in, I can ask if I can do". We spoke with staff that had started work at the service recently and they told us they had been well supported with an induction that supported them to do their job.

People told us they experienced positive outcomes regarding their health. One person told us, "I can see the doctor if needed but I don't need one at present, I also see the chiropodist, dentist and the optician if I need. I have no worries". Another person said, "When I first came, I could not walk good. I am much better now". People told us if they wanted access to a doctor or other health professional they just had to ask staff and if they were unwell they said staff contacted the appropriate healthcare professionals. Staff were also able to tell us what they looked for in terms of people's on going health and were able to describe what they were observant for in respect of changes in people's health that indicated they needed to see health professionals. We looked at people's records and these showed us that any risks to people's health was assessed, monitored and reviewed on a regular basis.

People said that the food they received was good and they always had a choice of the foods or drinks. One person told us, "Get a choice [of food], had a steak the other day, they really look after you", another person saying, "If we don't like what is on the menu they would offer you something else". A visiting relative told us, "The food is very good and [people] are offered choices". We saw the cook came round to talk to people and ask them what choices they wanted for meals and people were also offered a choice of meals at lunchtime, these reflecting the choices advertised on the lounge walls. We saw that people that needed assistance to help them eat were provided with this by staff, who assisted them at the person's pace and took note of what people told them. We saw people were offered drinks throughout the day and relatives told us people were offered drinks and other refreshments throughout the day. Staff we spoke with were aware of the importance of ensuring people were hydrated and we saw that records identified those people who had assessed at greater risk of dehydration, with fluid charts in place for these people so the amount they drank was monitored.

We spoke with the cook who was well informed as how meals should be prepared so as to meet people's individual needs for example, softer or fortified foods where they may

Is the service effective?

have difficulty swallowing or had been identified as losing weight. The cook told us that the contact they had with people when compiling the list of people's meal choices was a useful opportunity to discuss their views of the food provided with them.

Is the service caring?

Our findings

While we saw staff spoke discreetly with people when providing care we did see when staff were handing over information about people between their shifts they discussed any changes in people's needs in communal areas. We saw this was done by the staff walking around the lounge area and discussing people in front of them. This meant that other people could hear what was been said which compromised the confidentiality of the information that was shared between staff. No one raised any concerns about this approach but we discussed this matter with the registered manager who following discussion acknowledged that people's confidentiality was breached in a way that was undignified. They told us they would immediately instruct staff to make sure they only shared information about people in private.

People who used the service and other people who had contact with the service were positive about the caring attitude of the staff. One person told us, "I am treated with respect when they are doing my personal care, it is private and have a shower whenever I want it, if this was not the case, I would tell someone in charge". Another person said, "The staff look after me very well". Relatives told us that staff were caring one telling us, "When we are about to leave and [the person] seems upset, one of the staff would sit with her and keep [the person] calm by talking gently to them. That also puts us at ease". We saw staff were caring in their approach to people for example, when people were assisted with transfers with hoists staff spoke to them all the time by their chosen names and took time to make sure they were relaxed and comfortable.

We saw that people were consistently given choices by staff for example, we saw staff helped people to make decisions by providing them with appropriate information. For example we saw staff would explain what medicines were for when they offered them to people and then ask the person if they wanted them. We saw people being offered choice around meal times and with drinks when staff encouraged people to make decisions for themselves. We saw staff were observant of people's non-verbal body language and would repeat what they said in an appropriate manner if the person seemed not hear or understand them.

We found good relationships between staff and people that received support. We saw that staff promoted people's dignity and showed them respect when they provided people care and support. We found the atmosphere within the home was relaxed and people presented as comfortable with the staff. We saw staff approach people in a way that consistently showed respect for them, for example they positioned themselves at the same level as people, speaking to them in a friendly and open manner. We saw that staff generated a good rapport with people.

We saw occasions where staff promoted people's privacy. Some people we spoke with told us they liked to spend time in their rooms but could choose to sit in the communal areas if wished at any time as we saw happen during our inspection. We saw there was space available for people to sit in privacy when they wished and staff supported people with this privacy when requested. We saw people's bedroom doors were pulled shut unless the person expressed a preference to have the door open. One person told us, "Sometimes I choose to have my meals in my room, sometimes go downstairs to my room".

We saw that staff promoted people's independence, for example where people were able to feed themselves staff encouraged them to do so. We saw people had freedom of movement where wished. Where there were risks to people, for example from falls we saw steps were taken to minimise the risks without unduly restricting people's independence or choice.

People and their relatives told us they were able to visit at most times although there were protected meal times and relatives were asked to visit outside of meal times. Staff told us that this was to ensure people had privacy when eating, although if there was a particular wish for a relative to be present at this time this could be discussed with them. People told us that their relatives were made welcome one telling us, "The thing I like is that they treat my family and friends very well". A visitor told, "The staff are very friendly, there is nothing they wouldn't do to make us comfortable".

We saw that some people's bedrooms were personalised and had items on display that people told us were of personal significance and important to them. People told us they liked their rooms the way they were and they reflected their personal preferences. One person said, "My room is comfortable".

Is the service responsive?

Our findings

One person told us, “I would love to go out, I feel very isolated” and, “I would love to go to church, I would love to go out and meet other people but they don’t take me out, I have not been out since I have been here”. Another person told us, “Staff are busy they don’t have much time to sit and talk to me”. We saw there were times where staff were too busy to sit and talk with people with people reliant on the radio, music or television for stimulation although we did see some people were enjoying the music played, singing along and tapping their feet. One person said, “We eat and drink and watch TV, that’s all we do all day”. When staff had time we saw they did become involved in engaging with people through set activities or on a one to one basis, with people enjoying this interaction. For example, during a ball throwing session people were smiling and talking to each other. On another occasion we saw a staff member sitting and talking with a person about old photos in a book the staff had compiled. The person was clearly stimulated and was heard discussing their past experiences. One person said they loved to read and they were provided with changing reading material which they enjoyed. We spoke with the staff and the registered manager about supporting people with their pastimes and they recognised the importance of stimulating people. Staff also recognised what pastimes people valued and liked to do. The staff told us there was not always time to engage with people due to current staffing levels, for example if a person wanted to go outside they were not always able to respond to this request as they needed to monitor the wellbeing of people in the communal areas who may be at risk. The registered manager told us they had arranged for trips out of the home, but said that a spontaneous request to take a person out was more difficult to respond to. The registered manager did tell us about their plans, with the provider’s support to recruit a member of staff to support people with their chosen pastimes.

One person told us about moving into the service and said while they had not had time to visit before the move they said someone from the home came to visit them a few times before they came. The person understood why they had moved into the service and was agreeable to this. They told us the registered manager had discussed their requirements with them and they told us that the support they received reflected the support they wanted. Another person told us, “Happy with the care” and we saw other

people were provided with the support detailed in their care plans. A relative said, “We have been involved in mum’s care plan as she has not got capacity” and, “Any problems with [the person] they would contact us straight away”.

We looked at a number of people’s assessments and care plans and found that these reflected the care people told us, or we saw they received and what their preference and choices were. We saw people’s care plans were reviewed on an on-going basis and updated to ensure they were accurate in reflecting people’s requirements and wishes. We saw staff providing care and support to people that reflected people’s individual needs as detailed in people’s care plans. We spoke with staff and they were well informed as to what people’s needs were and how people preferred these to be met.

People we spoke with said that they did not recall having meetings with staff. Visitors we spoke with told us they felt involved with their relative’s care however. We did see that staff did ask people their views during the inspection, for example the cook spent time asking people what they thought of the food while asking people for their choices. There were also meal satisfaction questionnaires used to get people’s views of the meals. We also saw that staff involved people when providing them with support. The registered manager told us they held meetings with people and relatives every three months to discuss the service, with minutes of the last meeting shown to us. These showed that there was discussion around menus, activities and how to make complaints. The registered manager also told us who they used survey forms to gain the views of people and their relatives, these last sent to people in June 2015. We looked at these and these did not give rise to any suggestions for improvement or complaint about the service but a number said that they were involved and their opinions were sought. One relative commented, “The [person’s] care plan is thorough and has been explained perfectly”.

There were a number of ways people told us they were able to feedback their views about the care they received. We saw people’s views were sought through a variety of methods including surveys and meetings. There were also annual surveys of people and relatives to gain their views of the service, the results of these presenting a positive view of the service. People we spoke with knew how to complain and we saw there was information about complaints

Is the service responsive?

available within the service, a copy of the provider's procedure seen in people's bedrooms. One person told us, "If I had a concern, I would speak to a senior worker. I have no concerns I know who to report to if I did". A relative told us, "I would tell someone in charge if I had any concerns, if

things got worse and no action we would contact the owners and Care Quality Commission". The registered manager told us they had not received any complaints in the last 12 months but understood the need to respond appropriately to any received.

Is the service well-led?

Our findings

We saw that the registered manager was visible to people using the service throughout the inspection. People and visitors told us they knew who the registered manager was and we saw they had a good relationship with people who lived at the service. People told us they were happy living at the service, one person telling us, "I'm happy here, I'm OK". A relative told us, "I think that this place is well run, I have no complaints". Everyone we spoke with spoke highly of the staff.

We saw there were positive comments about the service in recent annual surveys of people and relatives which included, "Staff are polite, courteous and show great desire to care for [the person]" and "I am wholly satisfied with the care received by [the person]".

The registered manager said they tried to ensure they were always available to people and visitors and said that they had support from the provider who visited on a regular basis. The registered manager and staff told us if they needed to speak with the provider they only had to phone them at any time. The registered manager and staff told us about their and the provider's vision and values for the service, which we saw reflected in their information about the service which was accessible to people in the service's reception area.

We saw a range of internal quality audits were undertaken to monitor the service. There was a system in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw there was a regular monitoring visits carried out by the provider where they spoke with people, observed what was happening in the service and checked records. The registered manager was able to tell us of their and the provider's plans for improvement of the service in detail but was not able to show us how these were captured in a service development plan so that the provider's aims for improvement could be understood by other staff in their absence. For example, the registered manager had listened to staff and discussed the need to increase staffing levels, telling us they had discussed and agreed this with the provider. They evidenced they were recruiting staff, which they said would help ensure the service was safer and more responsive but there was no action plan with identified

target dates for completion. The registered manager did tell us they were working on putting a plan in place that would reflect how they were to develop and use resources so that this could be understood by the provider, and staff.

Staff told us they understood their role, what was expected of them, and were happy in their work. Staff expressed confidence in the way the service is managed and told us the management were available when they wanted to talk to them, one saying, "I enjoy working here, the manager is always there for us and everyday seems different".

All the staff we spoke with told us they received regular one to one meetings with the registered manager where they were able to reflect on their work and discuss any issues of concern which they felt were useful. Staff also told us that the registered manager frequently worked alongside them to observe their practice and gave them feedback which included positive comments and suggestions as to how to improve where appropriate. One member of staff said the registered manager gave them, "Good, positive feedback". Staff told us staff meetings were held to ensure any changes needed at the home were communicated to them, for example the last meeting had raised the need to improve stimulation for people. We discussed with staff how they communicated information that they needed to be aware of and they were able to tell us about systems that they felt were effective, and kept them informed of changes in people's needs and requirements.

Staff told us they felt able to raise concerns and said they would feel able to contact the provider or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization that is either private or public. A member of staff told us whistle-blowing, "Would not be a problem" and felt the registered manager would support them if they did.

Discussion with the registered manager demonstrated that they had a good understanding of the responsibilities in terms of the law. They also told us of training they were undertaking to develop their own skills and knowledge. They told us how this training was keeping them up to date with changes in the care sector which impacted on the service. We had found that the provider had met their legal obligations around submitting notifications to CQC and the local safeguarding authority. The provider was aware that

Is the service well-led?

they were required to notify ourselves and the local authority of certain significant events by law, and had done so based on information they have sent us about any incidents that have happened at the service.