

# TLC Care Homes Limited

# Little Millfields

## Inspection report

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Essex  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Little Millfield's is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Little Millfield's can accommodate up to five people who may have a learning disability, in one adapted building. At the time of the inspection, there were four people using the service.

People's experience of using this service:

- People's relatives were happy with the service their family member received. Comments made were, "The staff are very good at supporting [Name]. They are very safe." Another said, "The staff are welcoming. They do interact with [Name] and know them well."
- The service would benefit from improvements to the environment. The environment was run down and needed to be modernised and redecorated. The registered provider had plans in place to undertake this work and told us this should commence within the next six months.
- We found the bathrooms, and some people's bedrooms needed to have a deep clean.
- The service had systems in place to keep people safe and staff followed these guidelines when they supported people.
- Enough staff were available to meet people's care needs. People received their medication as prescribed and on time.
- Staff had been recruited safely with the skills and knowledge to give care and support to people.
- People's health and emotional needs were assessed and monitored.
- The service worked with relevant health care professionals and people received the support they needed to have a nutritional diet that met their individual choices.
- There were systems in place to drive improvement and audits were carried out on a regular basis, which looked at the quality of the service people received.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.
- Staff treated people with dignity and respect and were sensitive to their needs. Staff were able to anticipate people's needs in an individualised way.
- A range of activities was provided, which included accessing the local community.
- The registered manager was aware of the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence.

Rating at last inspection: This service was last rated Good. (4 October 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive. Please see the action

we have told the provider to take section towards the end of the report.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Little Millfields

## Detailed findings

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: Little Millfield's provides accommodation and personal care to up to five people.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: The inspection site visit took place on 15 April 2019, to see the registered manager and office staff; and to review care records and policies and procedures.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information to help plan our inspection.

We were able to meet with people, but due to the complex nature of their learning disability, they were unable to verbally tell us about their experiences of life at the service. So, we observed the care being delivered, including the midday meal, and within the communal living room.

On the day of inspection, we spoke with two people's relatives, three members of staff and the registered manager.

We looked at the written records in relation to people's care and looked at records relating to the management of medicines, staff training, recruitment records and systems for monitoring the safety and quality of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- The prevention and control of infection was not always controlled effectively, and there were some areas of the service that needed to be improved. Whilst systems were in place to monitor and prevent the spread of infection, on this occasion, these systems had not effectively identified or addressed the issues that we found.
- One person had a heavily soiled mattress. One toilet had been left heavily soiled and the showers and bath had a build-up of lime scale. We found a pot of used tissues left on top of a radiator cover, and there were various strong odours at certain parts of the building.
- At the inspection, infection control audits were not available, however, these were supplied following the inspection.
- Robust systems needed to be put in place to ensure that infection was prevented and controlled.
- The failure to assess, detect, or prevent issues that may spread infection, was a breach of Regulation 12 (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of harm.
- Training had been given about how to safeguard people from abuse. One staff member said, "If I have had any concerns, I take it to my team leader. I would bring it up in supervision or report it to my manager. They do deal with things; the registered manager is good."

### Assessing risk, safety monitoring and management

- Risk assessments were personalised and tailored to meet their individual needs. These gave staff clear instructions about how to keep people safe.
- The risk assessment recorded what measures were in place to reduce risks. These had been reviewed regularly to assess whether any further actions were required.
- Detailed strategies were in place for people with identified behaviours and associated risks.

### Staffing and recruitment

- At the time of the inspection, there were two staff vacancies. The registered manager told us they used agency staff to cover any gaps.
- There were enough staff on duty to meet people's needs and this corresponded with the rota.
- The registered manager ran a safe recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check

candidates are suitable for employment.

#### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines on time and in the right way.
- The registered provider was following safe protocols for the receipt, storage, administration, and disposal of medicines. One relative said, "I always check to make sure the medication they are sent home with are correct. They are."
- Staff with the responsibility for the administration of people's medicines, had received training and their competencies had been tested annually.

#### Learning lessons when things go wrong

- The registered manager considered how the team could learn when things had gone wrong and used this information to look at ways in which the service could be improved. One staff member said, "We have team meetings on a Friday. We cover anything in these if there has been a change to people or any changes to the service that we need to work on or learn from."

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Adapting service, design, and decoration to meet people's needs

- Little Millfield's is an adapted house, which had been modified to meet people's individual needs. We found the service would benefit from significant improvements to the environment.
- The environment was run down and needed to be decorated and modernised. For example, the office door and a radiator cover had been broken and some of the bathrooms were in a state of disrepair. Flooring in some parts of the service needed replacing, and some areas of the service needed to be modernised and redecorated.
- The registered provider told us they were planning to improve this area. They said, "We would expect the work to be completed within a six-month period. We are in the process of discussing the proposals in detail with Essex County Council to ensure that we have a sound management plan in place, to manage the impact of the work schedule with service users."
- Relatives told us the environment of the service needed to improve. One relative said, "It is difficult to keep on top of the décor with the needs of the people, but it does need some improvement. A few weeks ago, they spoke with me about major improvements to give people ensuite bathrooms, but I have not heard any more than that. The main living area and bedroom has been painted. They do try."
- An accessible garden space was available for people to use in good weather, and people had space for privacy when they wanted it. One relative said, "[Name] likes it outdoors. They have a tire swing and they like the garden."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed assessments considered people's physical, mental, emotional, and social needs.
- Care plans had been reviewed regularly or when people's needs changed. One relative said, "I am aware of [Names] care plan. If they go out or do anything they keep us up to date."

Staff support: induction, training, skills, and experience

- New staff completed an induction which included shadowing a more experienced member of staff. They then continued to complete the care certificate. The Care Certificate is an agreed set of standards for the health and social care workforce.
- Agency staff members had received an induction. They said, "I did have an induction, I looked at the policies and procedures. The whole of my first shift was reading the care plans. The care is good, but because of people's complex needs it is taking me time to get to know behaviours and triggers."
- Staff had been trained in mandatory topics and additional subjects specific to the needs of people using the service.
- Regular supervision and appraisals were offered to staff to support them to carry out their roles effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff understood the risks posed to people who needed additional support to eat and drink in a safe way, and this had been clearly detailed within their care plan.
- People chose what they wanted to eat and were involved with choosing their menus. Portion sizes were of a good quality and met people's nutritional needs. One relative said, "They get enough food."
- We saw people had access to a variety of drinks throughout the day and staff being very patient, encouraging and kind to people, if they needed additional support.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Relevant health and social care professionals were involved when required and professionals told us their advice was listened to and acted on by staff.

- People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals. Any changes to people's care was discussed at handover meetings.

Ensuring consent to care and treatment in line with law and guidance.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The principles of the Mental Capacity Act 2005 (MCA) had been properly followed regarding obtaining consent to care.
- Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been requested.
- Staff had been trained in MCA and DoLS and understood how this related to their role.
- Appropriate MCA assessments were in place, which were individualised and decision-specific.
- When best interest decisions had been made, the registered manager had considered people's wishes, consulted with people's relatives and any relevant health professionals, and thought about the least restrictive option to ensure people's rights were protected and upheld.
- When authorisations to deprive someone of their liberty had been granted the registered manager had notified the commission of this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity, and independence

- Independence was promoted, and staff provided active and individualised support that enabled people to participate, where they were able, in day to day living activities such as shopping, cooking and cleaning.
- We saw staff supporting people in a dignified and respectful way.
- People had choice about how they spent their day, where they wanted to go out to and what they wanted to eat.
- People had individual holidays so that they could receive the specific support they needed to enjoy time away from the service. For example, one person went to a caravan park.

Supporting people to express their views and be involved in making decisions about their care

- Staff were responsive to any changes in people's behaviour they provided reassurance and when necessary diverted people's attention effectively.
- People and their relatives were involved in the care and support planning process. One relative said, "I am aware of [Names] care plan and if they go out or do anything they keep us up to date."
- Staff had a good knowledge of people's backgrounds, their current needs, and strengths and anxieties.

Ensuring people are well treated and supported; equality and diversity

- People were well treated. We saw natural interactions between staff and people. They treated them with warmth, and kindness.
- Staff were responsive to any changes in people's behaviour they provided appropriate reassurance and when necessary diverted people's attention. This helped to reduce people's anxiety.
- The service was flexible and responded to people's needs and people were supported and encouraged to follow their interests. People took part in activities inside and outside of the service. Such as, visiting local country parks and having meals out at local pubs and cafes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Individual plans were in place, which considered how people responded to a particular activity or stimulus. Trips out, pastimes and interests were all carried out individually and were flexible depending on whether the person wanted to do something on that particular day.
- Staff understood how people expressed themselves. They could interpret certain gestures that people made which helped them communicate together.
- People's care plans included information for staff about how to support them to maintain their oral health.
- Care plans continued to be informative and person centred. They included information about the person's preferences, interests, and details of individual daily needs such as mobility, personal hygiene, nutrition, and health requirements
- The service identified people's information and communication needs by assessing them.
- People's communication needs were identified, recorded, and highlighted in care plans. These needs were shared appropriately with others.
- The management team looked at each person's individual methods of communication and used pictures which enabled them to understand the information they were being presented with.

Improving care quality in response to complaints or concerns

- There was a formal complaints procedure which included a pictorial format for people to understand how to raise a complaint if they wanted to. This was displayed on the notice board.
- People's relatives were aware of how to make a complaint and a complaints policy and procedure was in place. Since the last inspection, two complaints had been raised.

End of life care and support

- At the time of the inspection, the registered provider was not delivering end of life care to people.
- Eight members of Staff had been trained in end of life care and policies were in place.
- Some people had end of life care plans, which had been completed in partnership with their relatives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, and fair culture.

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- At the time of the inspection, we requested to see audits relating to the prevention and control of infection. These were supplied following the inspection.
- Despite systems being in place, they had failed to detect or prevent issues that may spread infection, resulting in a breach of the regulations.
- We recommend the registered provider review their quality assurance processes, to ensure that systems are robust and operated by staff effectively, so that these occurrences are prevented in the future.
- The provider had a plan, but this had not been implemented yet and the environment was in urgent need of redecoration and updating to provide people with comfortable and suitable living spaces. The registered manager had raised their concerns about the environment with the senior leadership team. They said, "I am really keen to address the environment and get the work done. This will help us tailor the environment to the people we support. We want to look at how we can get people to progress and build the right skills. So, we will have two flats, which will act as a half way point so people can develop their daily living skills, and ultimately be supported to live independently."
- The registered manager was aware of the CQC guidance of 'registering the right support.' This is a CQC policy on registering and variations to registration for providers supporting people with learning disabilities.
- People's relatives spoke positively about the management and leadership of the service and were confident in the way it was managed. One relative said, "They are all very approachable. If you have any concerns you ring up and get the manager straight away. They keep us up to date."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, relatives and staff told us they were regularly consulted about the quality of the service they received. At the time of the inspection, these were not available for us to inspect. The registered manager explained, the results were being analysed at head office, and were supplied following the inspection.
- Relatives told us they had been asked their views about the service. One person said, "We do get a survey from time to time how you feel and all that." Another said, "We do have a survey from head office and this is regular. I have never been upset. On the whole, we are happy with [Names] care."
- Staff at all levels of the organisation were encouraged to uphold the service values, and staff told us these were 'promoting person centred support.'

Continuous learning and improving care; working in partnership with others

- Team meetings were held every six weeks. Staff said these were conducted in an honest way and looked at how the care could be improved when things were working well and when things had gone wrong.
- Action plans were put in place when areas for improvement needed to be made. When recommendations had been made we could see that the registered area manager was working to make improvements.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Despite infection control audits not being carried out, a range of other audits were in place to monitor the quality of the service. Audits were carried out by the management team and related to the day to day running of the service.
- An area manager from another area carried out monthly audits of the service. This information was fed into regular reports about the service.
- Objective feedback was given with recommendations being made when improvements had been identified.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Because the registered manager did not assess the risk of, or detect, prevent issues that may spread infection, this was a breach of Regulation 12 (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>