

Anne Elizabeth Gray

Mill House

Inspection report

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Ross On Wye
Herefordshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Mill House is located in Ross-on-Wye, Herefordshire. The service provides accommodation and care for up to four people with learning disabilities and autistic spectrum disorders. On the day of our inspection, there were four people living at the home.

The inspection took place on 5 August 2016 and was unannounced.

There was a registered provider in post, who was also the manager; there was not a legal requirement of this service to have a registered manager in post. Registered providers and registered managers 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 were involved in decisions made about keeping them safe. People's freedom was encouraged and maintained, whilst ensuring their safety. Where possible, people administered their own medicines. People received their medicines safely and as prescribed by their GP.

People's health was maintained and they received input from a range of specialist health professionals. People were supported by staff who understood the importance of obtaining people's consent in the care they received and in offering choices. People enjoyed a healthy and varied diet, which included produce they had grown themselves.

People were supported by staff who had ongoing training, which was tailored to meet the needs of people living at the home.

People's beliefs, faiths and personal preferences were respected by staff. People's individual communication styles were known by staff, and they were involved in decisions about their care.

People's needs were assessed and reviewed. People were able to pursue a range of individual hobbies and interests and were encouraged to do so. People knew how to complain and to make suggestions about the service they received.

People were actively involved in their local community and in developing new community-based initiatives for the benefit of the wider community. People benefited from a positive, open and inclusive atmosphere where they were encouraged to lead the lives they chose.

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 is safe.

People's individual support needs were known by staff. Staffing levels were determined according to the individual needs of people. People were involved in decisions about keeping them safe and supported each other with their safety needs. People received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service is effective.

People were supported by staff who were trained to meet their specific needs. People had access to a range of health professionals and were supported to maintain their health. People were encouraged to express preferences regarding choices given in their care.

Is the service caring?

Good ●

The service is caring.

People were treated with dignity and respect. People's privacy was upheld. People's independence was encouraged and maintained.

Is the service responsive?

Good ●

The service is responsive.

People were encouraged and supported to be part of their local and the wider community, as well as to develop new community-based initiatives.

People's changing needs were responded to. People were encouraged to express their views on the service they received, and knew how to make a complaint if necessary.

Is the service well-led?

Good ●

The service is well-led.

The registered manager created a positive culture in the home where people, staff, relatives and health professionals could openly make suggestions and give feedback. Staff and the registered manager worked together to ensure people lead the lives they choose.

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.

We made an unannounced inspection on 5 August 2016. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care provided to people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We observed how staff supported people throughout the day. We spoke with three people who lived at the home, the manager, two members of staff and two relatives. We looked at one care record, which included risk assessments, guidance from health professionals and capacity assessments. We also looked at the quality assurance audits that were completed by the manager.

Is the service safe?

Our findings

We asked people what feeling safe meant to them, and whether they felt safe living at Mill House. One person told us how important their routines were to them, and much they valued the fact that was to them that staff understood this. Staff told us the person's routines helped them to feel safe and that changing this would cause anxiety. One member of staff told us, "If we changed that person's routine, it would ruin their day and make them distressed". One relative told us, "[person's name] lives in a safe environment where they matter and are happy".

Staff explained how they kept protected people from avoidable harm and abuse. Staff told us they had received training about keeping people safe from harm and abuse and that they felt confident in recognising different types of abuse and reporting these internally, as well as to the local authority and the Care Quality Commission. One member of staff told us, "I would contact the safeguarding team immediately if I needed to. All the contact information we need is displayed for us".

We looked at how individual risks were managed. We saw that people were involved in decisions about keeping them safe and they could ask for procedures to be put in place to keep them safe. For example, one person had asked for a monitor to be used in their bedroom so that night staff could hear if the person had a seizure and needed assistance. We spoke with this person about the monitor, and they told us how important it was to them. The individual risks associated with people's care needs had been assessed and people had agreed measures to keep them safe, whilst maintaining their freedom. For example, one person enjoyed attending a local club, but had difficulties with road safety and awareness and was not safe walking to the club by themselves. It was agreed with this person that another person who lived at Mill House, and was the person's friend, would walk to the club with them and then meet them when it had finished and walk home together. One person told us, "I wait for [person's name] and we cross the road together". Staff told us it was important to encourage people to take risks in a safe way, without necessarily referring to it in these terms. One member of staff told us, "We manage risks in a non-intrusive way, is how I would explain it. We look at safe ways of them doing what they want to do and discuss it with them and look at solutions".

We spoke with the manager about how they ensured there were sufficient staff to keep people safe, both when at home and when out in the community. The manager told us that staffing levels were, "built around the people who live here". We saw that there were six members of staff employed, but staffing levels depended on the individual support needs of people per day. For example, one person required support from two members of staff when using transport. We saw that when this person required this support, this was in place. One person needed one to one support with personal care, and this was also in place. Staff and the registered manager told us that no agency staff were used, and that all shifts were covered by them. The manager told us, "People who live here would feel very worried if we used agency staff and unfamiliar people were in their home". Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

We looked at how people received their medicines. We saw that consideration had been given to people being able to administer their own medicines, with individual assessments carried out. At the time of our inspection, one person administered their own medicines. They told us that staff gave them their medicines for the week and these were then kept securely in their bedroom. The person told us they let staff know when they had taken their tablets so that staff knew these had been taken as prescribed. Where people needed staff to administer their medicines, we saw that they received these safely, and as prescribed by their GP. Staff had been trained in the administering of people's medicines, and internal and external audits were carried out to ensure that people received their medicines safely. We saw that people received their 'as required' medicines when necessary, such as pain relief medicines.

Is the service effective?

Our findings

People told us staff knew how to support them. One person told us, "They are experts in what they do".

We spoke with staff about their induction and ongoing training and development. One member of staff told us, "(the induction) provided me with a good, stable base to do the role. I had never used a hoist before, so the manager arranged hoist training for me, and refresher training for the rest of the staff". We saw that before one person had recently moved to Mill House, the manager ensured that all staff had attended bespoke epilepsy and first aid training. This was so that staff could support that person effectively and safely.

Staff told us they worked well together as a team and that they supported each other. One member of staff told us, "We bounce ideas off each other. We all have our own individual strengths and it is about bringing those all together". Staff told us that they communicated with each other through meetings at the end of one shift and the start of the next, a communication book and staff meetings. This was to ensure that information about people's health and wellbeing was shared.

We looked at how people were supported with eating and drinking and how a balanced diet was maintained. The people we spoke with were able to prepare a lot of their own meals and did not need assistance in this area, or with eating and drinking. Where there were concerns about people's weight, we saw that medical attention had been sought and food monitoring introduced so that staff could ensure that people maintained a healthy weight and overall health. We saw that in a recent residents' meeting, staff had discussed with people about the importance of staying hydrated and drinking plenty of water, particularly in the warm weather. We saw people had regular drinks throughout the course of our inspection. People told us they enjoyed the food at Mill House and that they ate a healthy and varied diet, which included a range of fresh vegetables. One person told us, "I like fish best with lots of vegetables". We saw that people were offered choices with the food and drinks provided and that people's individual likes and dislikes were catered for. People told us they had access to healthcare professionals and were supported to maintain good health. We saw that people were supported to access a range of health professionals, including specialist nurses, podiatrists and opticians. People had individual health action plans, which contained information on how to support individuals with their health appointments.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. The manager and staff were able to explain to us the key principles of the Act and how this was integral to their practice. One member of staff told us, "It is not our life, it is theirs". Another member of staff told us, "Sometimes, you have to empower people to be able to say "no" to things they don't want to do, or don't want us to do. There are people who live here who used to find that difficult, but they are more confident now as it is something we have always encouraged". We saw that where people lacked capacity to make certain decisions, meetings were held with the person, as well as relatives and health professionals where applicable, to ensure staff acted in that person's best interests. We saw that recently, a best interest decision meeting had taken place and that a Relevant Person's Representative had been arranged for the person. A Relevant Person's Representative is a person who upholds a person's best interests if they are deprived of their liberty.

At the time of our inspection, every person living at Mill House had been assessed in respect of their individual care and support needs, and the manager had ensured DoL applications had been submitted accordingly. Staff we spoke with knew why DoLS applications had been made for people and were able to explain to us the individual reasons for the applications.

Is the service caring?

Our findings

People told us, and we saw that, they enjoyed positive relationships with staff. One person told us, "I couldn't be happier here". One relative told us, "It (Mill House) is a warm, friendly and welcoming home with efficient and caring staff". We saw that staff knew people well, including their individual likes, dislikes and preferences. For example, staff knew how important it was for one person to have a particular food item with their lunchtime meal. When the person could not find this, staff reassured the person and helped them to find it. One member of staff told us, "This is a relaxed and gentle home".

We saw that people were involved in decisions about their care, including their risk assessments and how they wanted to be supported. People told us they knew what their care plans said, and we saw that people had been involved in the writing of their care plans and had chosen photographs they wanted to be included. People had also been involved in implementing their own communication dictionaries. These included information about how they may indicate that they are unwell, unhappy or want time alone.

We saw that people's independence was encouraged and promoted. Where appropriate, we saw that people prepared their own lunch time meals and that the cleaning tasks afterwards were shared. One person told us, "I like preparing all the vegetables for dinner". After the lunch time meal, people discussed who would wash up and who would put the plates and cutlery away and these chores were shared equally in agreement with each other.

We found that people were treated with dignity and respect, and that staff were respectful of people's beliefs. One person told us how important their religious faith was to them and that staff understood this and supported them with attending the local church. One member of staff told us, "We all respect their beliefs. [Person's name] will say to us, "Please don't disturb me as I am going to pray now". We make sure they have that privacy". There was an appointed dignity champion for the home. Their role included educating and informing staff about dignity and respect, and acting as a point of contact for people or staff if they had any concerns about people not being treated with dignity and respect. We saw there was a "Residents' Charter" in place which outlined the rights people living at Mill House had, and these include a right to a lock on their bedroom doors and to privacy, a right to open their own post, and a right not to be treated differently because of disabilities or gender.

Is the service responsive?

Our findings

People, the manager and staff told us about community-based initiatives they had established for the benefit of people living at Mill House and the wider community. For example, staff and the manager had contacted the local library to suggest an art exhibition to display the art work of a person who lives at Mill House. We saw that this had been arranged and had featured in the local press. As part of the art exhibition, the person had raised awareness of autistic spectrum disorders and epilepsy and had been interviewed about living with these conditions. We spoke with the person about the art exhibition. They told us, "I felt really proud. I am not a boastful person, but I enjoyed showing my art work and educating people about what it is like to have conditions like epilepsy".

The manager and staff had also set up a community-based "Knit and Natter" group as a result of people living at the home expressing an interest in this type of social group, but one not being currently available in the community. This had involved the manager and people applying for a grant from a local housing association and hiring the community hall to set up the social group for people who live at Mill House, and the wider community. People told us the group consisted of approximately twenty people who lived in the town, and they knit garments for people in need, such as refugees. People also told us they had knitted poppies to be sold in shops for the annual poppy appeal and how much they enjoyed this. One person told us, "I knit hats and scarves, mostly. I enjoy knitting, but I also love meeting new people. I have made new friends and when I am in town, my friends from the group see me and we say hello". The manager told us, "It is so important that people are part of their community". A member of staff told us, "When they (people living at Mill House) are at the knitting group, they are people the same as everyone else and are not labelled as 'people with disabilities'".

As well as creating new community-based initiatives, the manager had established links with existing community projects for the benefit of people living at Mill House. People told us they enjoyed being involved in a local community gardens project, which included growing their own produce. Members of the project had been invited to attend the Houses of Parliament as special guests of their local MP, and had enjoyed having lunch in the Members' Room there. One person told us, "How many people can say they have done that?". People showed us photographs they had taken of themselves at the Houses of Parliament and spoke about it in an enthused manner. One person told us, "It was fantastic!" People told us that Mill House had entered a local flower show, which they had won. People showed us the trophy and told us how much they had enjoyed the experience.

Staff and the manager told us the importance of responding to people's individual health and wellbeing needs. One member of staff told us, "Their lives are all very different and so we work differently with all of them. We are flexible so that we can accommodate their differences". We saw that before moving to Mill House, people had met the other people living there and met with the manager to discuss their needs and to ensure Mill House would be able to meet those needs. The manager told us, "It is a gradual process. We encourage them to visit a few times to make sure they will feel welcome and settled here".

We saw that staff responded to people's changing health and wellbeing needs. Staff told us that as small

staff team who had worked alongside people for over a period of years, they could detect any changes in people's health and wellbeing needs. One member of staff told us, "We can tell if someone's health is deteriorating or if they are unhappy but also, people feel comfortable telling us if there is a problem". We saw that people's care plans and support needs were reviewed and updated routinely every year, but also in response to people's changing needs.

We saw that people were supported to pursue their interests, as well as developing new hobbies and interests. On the morning of our inspection, we saw that people enjoyed individual leisure and social pursuits. People told us what they enjoyed doing. One person told us, "I love going to the gym. I go twice a week". Another person told us they attended the local bowls club and that this was one of their interests. People also discussed their forthcoming holidays with us, as well as previous holidays they had enjoyed with staff. Relatives told us that staff encouraged people to pursue their interests and hobbies. One relative told us, "[person's name] is very happy and contented and Mill House, and enjoys a full and interesting life". Another relative told us, "[person's name] is encouraged to take part in a variety of things".

We looked at how the manager dealt with complaints about the service and whether people knew how to complain. We saw that there was a visible complaints procedure for people, in addition to a "Residents' Charter". The Residents' Charter informed people of their rights as people living at Mill House, including the right to complain. We saw that people had weekly "Sunday Meetings" in which they were asked for their suggestions and views on the running of the home. During these meetings, we saw that people were asked whether they had any complaints or concerns. Although no complaints had been received from people, relatives or health professionals in the last 12 months, there was system in place to capture and respond appropriately to any complaints raised.

Is the service well-led?

Our findings

Staff told us they felt supported and appreciated by the manager. One member of staff told us, "If you have a good manager, then you have a good staff team. [manager] has our respect. They recognise when we have done a good job". Another member of staff told us, "You can phone her at any time with any concerns you have about (people living at Mill House)". The manager told us that they worked care shifts themselves, which helped them to support the staff and also maintain oversight of the running of the home. During the course of our inspection, we saw that the manager supported people with personal care needs and spent time with them discussing their day.

Staff told us they received regular one to one meetings with the manager as well as staff meetings. Staff told us the benefits of these meetings, such as identifying additional training and discussing any concerns about people living at Mill House. We saw that staff had discussed with the manager about the possibility of further autism training, and this was being arranged. One member of staff told us, "We have a strong and consistent manager, who we can be fully open with". Another member of staff told us, "Staff and the manager are always discussing new ideas and possibilities for people. It's about people living here having the best possible lives and the lives they want to lead".

We looked at how the manager monitored the quality of care provided to people, and how they ensured that people's safety, wellbeing and health were maintained. We saw that, due to the fact the manager worked at the home on a regular basis and the nature of its size, some checks were carried out as part of that daily role. For example, medication checks and reviewing any accidents or incidents which had taken place that day. We saw that feedback was sought annually from people, relatives and health professionals. The questionnaires for people were in a format which was inclusive and accessible for them, and contained questions around whether they felt respected by staff, and whether they were offered choices in their care and support. Whilst the feedback we saw from people, relatives and health professionals was all positive, the manager explained to us that immediate action would be taken in the event that any concerns or suggestions were raised.

The provider had, when appropriate, submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.

Staff were aware of the provider's whistleblowing policy and the procedure to follow if they had any concerns, including any concerns about the provider. Staff told us they would feel comfortable raising any concerns and felt they would be acted upon.