Four Seasons 2000 Limited

Mill House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We inspected this service on 5 January 2016. This was an unannounced inspection.

Mill House is a care home providing nursing care for up to 35 people. At the time of our visit there were 33 people living at the service.

At a comprehensive inspection of this service in January 2015 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to Safeguarding service users, the provision of person centred care, acting on and managing complaints, maintaining accurate care records and monitoring the quality of the service people received. The provider sent us an action plan to tell us how they would ensure the service met the legal requirements of the regulations. At this inspection in January 2016 we found the required actions had been taken.

The home had a registered manager. 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. The registered manager was supported by an area manager.

People, their relatives and staff felt the service was well led. The registered manager and management team sought feedback from people and their relatives and was continually striving to improve the quality of the service. There was a detailed plan of further changes and improvements that were going to be made to the service.

Staff were clear about the action they would take to keep people safe from abuse. People and staff were confident they could raise any concerns and these would be dealt with.

People felt supported by competent staff. Staff were motivated to improve the quality of care and benefitted from regular supervision, team meetings and training to help them meet the needs of the people they were caring for.

There was a calm, warm and friendly atmosphere at the service. People told us staff were kind and caring and we observed many interactions to support this. However, some improvements were required to ensure people were always spoken about and treated in a dignified and respectable way.

People were supported to maintain their health and were referred for specialist advice as required. People were provided with person-centred care which encouraged choice and independence. Staff knew people and understood their individual preferences. Risks to people's health were identified and plans were in place to manage the risks.

People were supported to have their nutritional needs met. People were complementary about the food and were given choice and variety. The menu was flexible to ensure people were able to have what they wanted at each mealtime.

Medicines were administered in a safe way. However, people did not always have protocols in place to provide advice and guidance to staff on when to administer the medicine. One medicine was not stored in line with safe storage guidance.

There was enough staff to meet peoples needs. However, call bells were not always answered promptly.

People told us and the service they enjoyed the activities on offer but would like more things to do. The service had acted on this feedback and had increased the activity budget and were in the process of employing more activity staff.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions or who may be deprived of their liberty for their own safety.

We have recommended the provider consult national guidance on Medicine Management and treating people with dignity and respect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Improvements were required to ensure people were safe.

Medicines were not always stored in a safe way. People did not always have protocols in place to inform staff when as required medicines should be given.

There were enough care staff to meet people needs. However, call bells were not always answered in a timely way.

Staff identified and managed the risks of people's care.

Staff understood their responsibilities around safeguarding and knew how to raise concerns.

Is the service effective?

Good

The service was effective.

People's nutritional needs were met.

People were supported to access other health and social care professionals to ensure their needs were met.

Staff felt supported and received a range of training to help them meet the needs of the people they were caring for.

People were supported by staff who understood their responsibilities relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Requires Improvement

The service was not always caring.

People were spoken to in a respectful way. However, staff did not always refer to people in a respectful way.

People were supported by staff who were kind and caring. However, improvements were required to ensure people were always treated in a respectful way.

People were supported in a personalised way. Their choices and preferences were respected.

Is the service responsive?

Good

The service was responsive to people's needs.

People were involved in the planning of their care. Care records contained detailed information about people's health and care needs.

People knew how to make a complaint if required.

Is the service well-led?

Good

The service was well led.

There was a positive and open culture where people, relatives and staff felt able to raise any concerns or suggestions for improvements to the service.

The quality of the service was regularly reviewed. The management team had taken action to improve the service where shortfalls had been found.

The registered manager and the management team continually strived to improve the quality of service offered to people.

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.

This inspection took place on 5 January 2016. This was an unannounced inspection. The inspection team consisted of two inspectors 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 the inspection we reviewed information we held about the home, this included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with 13 people who were living at the service and five relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 9 staff which included nursing, care, activity and housekeeping staff. We also spoke with the registered manager and the area manager. We looked around the home and observed the way staff interacted with people.

We looked at records which included the care records for 8 people, medication administration records for all people living at the service and six staff files. We also looked at records of feedback received by the service and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our inspection in January 2015, we identified staff did not understand their responsibilities in safeguarding people in relation to reporting abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in January 2016, we found action had been taken to ensure staff were aware of their responsibility in this area. For example, staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. Staff had attended training in safeguarding vulnerable people and had good knowledge of the services whistleblowing and safeguarding procedures. One staff member said, "I Would not hesitate to inform the Manager or the Deputy if I saw or suspected any form of abuse". Another staff member said, "I know about whistleblowing. We have a policy and it is discussed at meetings". People, relatives and staff told us they would have no hesitation in raising concerns about peoples care and welfare.

People told us Mill House was a safe place to live because staff knew them well and knew what they were doing. One person told us they were, "Very happy here. Confident that Staff know me well enough. I just feel safe, never complained or feel worried about not being safe". Other comments included: "Feels safe, nothing to make me think that it isn't" and "They are all so kind to me and that makes me feel safe". Relatives told us they were confident their family members were kept safe and secure by staff. One relative said their family member was, "Safe and well cared for. People do their best for her".

Medicines were handled and administered safely. Staff had received training in medicines management and supported people to take their medicine in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken the reason why.

People did not always have individual protocols for medicines prescribed to be taken as required (PRN). This meant there was not sufficient guidance to staff on when to administer the medication. For example, one person had three different pain relieving medicines prescribed; two of them were to be taken as required. We spoke with staff on duty who were responsible for administering the medicines. Although they told us they would use their professional judgement when deciding if the person needed the medicine there was a risk the medicine might not be administered as intended.

Most medicines were stored safely. However, we asked the service to make improvements to the safe storage of medicines. This was because thickening powder that was prescribed to be used as part of the treatment for people with swallowing problems was not stored in line with safe storage guidance. For example, two people's thickening powder was stored on their bedside table in their room. Staff told us the thickener was "always there". This meant people could access the powder which may put them at risk. When we raised this as a safety issue staff took immediate action to ensure the thickening powder was stored out of people's reach.

On the day of the inspection there were enough staff to meet people's needs. However, people were not always assisted in a timely way. For example, during the inspection we noted two call bells that rang for

longer than five minutes. On one of these occasions we observed two nurses remained in the nurse's office. When the call bell was answered we heard the care staff member apologising to the person for "the wait". Although people told us there were enough staff to meet their needs they felt staff were busy and that meant they sometimes had to wait for assistance. Comments included: 'I do have a wait sometimes when people are seeing to others but not too bad really" and "They (staff) are not always coming quick when I am ringing". Staff told us there had been recent occasions where other staff had called in sick and cover could not be found at short notice. They told us this meant they were unable to spend as much time with people as they would have liked and this in turn had affected staff morale.

Risks to people's personal safety had been assessed and people had plans in place to minimise the risks. These included areas such as falls, bed rails, and moving and handling. Risk assessments were reviewed and updated when people's needs changed. Staff were aware of the risks to people and used the assessments to support people and meet their needs. For example, one person had been identified as at risk of falling out of bed. Staff had completed a risk assessment for the use of bedrails. This had identified bedrails were not suitable for this person. A decision was made to keep the persons bed on the lowest to the floor setting with another mattress on the floor next to the bed. We visited this person in their room and saw these instructions were being followed.

Where advice and guidance from other professionals had been sought this was incorporated in people's care plans and risk assessments. For example, one person had been identified as at high risk of developing pressure ulcers and had a care plan in relation to preventing pressure ulcers. The person had been assessed by the care home support nurse and a pressure relieving mattress, cushion and bootees had been recommended as preventative measures. The person had the mattress on their bed and we observed them wearing the bootees. The person did not have a pressure ulcer.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure staff were of good character and suitable for their role.

We recommend that the service consult guidance on Managing Medicines in Care Homes.

Good

Is the service effective?

Our findings

At our inspection in January 2015, we identified the registered manager and staff did not have a clear understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in January 2016, we found action had been taken to ensure staff were aware of their responsibility in these areas.

The registered manager had a clear understanding of their responsibilities under the Mental Capacity Act 2005. 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.

The registered manager understood their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their liberty for their own safety. Applications for DoLS had been made to the supervisory body. Where people who were assessed as lacking capacity had restrictions in place, these were the least restrictive.

Staff were aware of the people who were subject to a DoLS and understood how to support these people in line with the DoLS. Staff had received training in the MCA and DoLS and understood how to support people in line with the principles of the Act.

People told us staff were knowledgeable and they had confidence in staff's ability to provide their care. One person said, "No complaints about the way I am cared for. People (staff) know what they are doing" and "People are doing a great job here, they seem do a lot of training. I've never had a problem".

Staff were encouraged to improve the quality of care they delivered to people through the supervision and appraisal process. Staff told us they felt supported in their role and had a regular one to one supervision meeting with their line manager where they were able to discuss their roles and responsibilities. As well as completing the providers mandatory training, staff were able to identify their own training needs. For example, nursing staff had requested end of life care training. Two staff had attended this training and there were further dates planned for other staff to attend.

Newly appointed care staff completed an induction period. This included training for their role and shadowing an experienced member of staff. This induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently.

People were supported to stay healthy and care records described the support they required to manage their health needs. Staff notified health and social care professionals promptly when people's needs changed. For example, one person had a condition that increased the risk of eye problems. When the person

told staff they were having some issues with their vision, staff immediately contacted the GP who visited and examined the person later the same day. The GP advised that the person was referred to an optician. This was done and the person was seen by the optician and given new glasses.

We received feedback from a visiting professional who was complimentary about the service and told us staff demonstrated a good understanding of people's individual needs. They also told us staff communicated well with them and worked in a collaborative way to meet people's needs. Details of professional visits were seen in each person's care record, with information on outcomes and changes to treatment if needed. Records showed that people had regular access to other healthcare professionals such as, chiropodists, opticians and dentists.

People were encouraged to eat and drink and told us they enjoyed the food. Comments included: "The food is alright. I always eat what is there and enjoy it", "The food must be good because I've put on a stone since I have been here" and "The food is very good indeed, tasty and wholesome".

People were offered a choice of what to eat and drink. Alternatives were available for people who wanted something different from the menu options. For example, one person told us they were having cheese and biscuits because they did not want the menu choice and had "fancied a change". Another person did not like their meal so was offered an alternative meal which they enjoyed. The mealtime in the dining room was a sociable event. People who needed assistance to eat in the dining room were supported in a respectful manner.

Where people had chosen to eat in their rooms or were unable to leave their rooms, their personal table was laid in the same way as the dining room tables. A heated trolley was used to transport the food to their room. Food was served from the trolley which meant that people in their rooms benefitted from the same choice and quality of food as those eating in the dining room.

People with specific dietary requirements had their needs met. For example, people received softened foods or thickened fluids where choking was a risk. The chef was knowledgeable about people's dietary needs and preferences. The chef had identified the system for ensuring the kitchen was promptly informed about people's dietary needs when they were new to the service had not always been effective and was working with care staff to improve communication in this area.

Where people were at risk of losing weight there was a plan in place to ensure they received adequate food and drink. For example, one person had been identified as at risk of losing weight. They required assistance with eating and drinking. Staff had involved the GP and dietician in the person's assessment and incorporated their advice in the person's care plan. Staff followed the plans, kept a record of food and drink intake and weighed the person to monitor their weight. We observed this person being encouraged and supported to eat and drink during the inspection.

Requires Improvement

Is the service caring?

Our findings

People felt cared for and were complimentary about the staff and living at the service. Comments included: "They (staff) are all so kind to me", "Staff are kind and helpful", "The carers are doing a good job here and I've no complaints", "The people who look after us are very good and if you want anything they will get it for you" and "You only have to ask them and it is done. Very good here". A Relative said, "The carers are marvellous, so helpful and caring".

The atmosphere in the home was calm and pleasant. There was chatting and appropriate use of humour throughout the day. One person told us, "I am a cheeky person so I enjoy a bit of banter". Throughout the inspection we observed many examples of people being supported by staff who were kind and caring.

People felt staff treated them with respect and we observed staff speaking with people in a respectful way. However, we found some occasions where staff did not refer to or treat people respectfully. For example, one staff member described a person as "A Feed" and when staff were speaking to each other we heard them refer to people using their room numbers. We also observed two occasions where staff stood over people when they were assisting them to eat in their room. People had their names on their bedroom doors. However, the last three people who had been admitted to the service did not have their name on their door and one person had the name of the previous occupant.

People felt they mattered and staff knew the preferences and needs of the people they cared for. For example one person told us, "'I am very particular about my clothes. Very pleased that my clothes are clean and well pressed, this is important to me". Another person told us, "I like watching the dancing and the carers come in and remind me it's on and put the television on the right channel".

People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. For example, staff knocked on people's doors and waited to be invited in before entering. People were able to express a preference in who delivered their personal care. For example, if they preferred a male or female care worker. One person told us "I can choose who gives me personal care but I don't really mind".

People were supported to be independent and were encouraged to do as much for themselves as possible. Care records noted what people were able to do for themselves and areas where they wished staff to support them. Some people used equipment to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it. For example, walking frames and specialist cups and plates at mealtimes.

People told us their friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. People's rooms were personalised to suit their tastes.

People were involved in decisions about their end of life care. We saw conversations with people had been

recorded which showed people had been involved in planning their care. For example, their preferred place of death and preferences for undertakers. Where 'do not attempt cardio pulmonary resuscitation' (DNACPR) documentation was in place we saw this had been discussed with the person and their representatives.

We recommend that the service seek advice and guidance from a reputable source, about supporting people in a respectful and dignified way.

Good

Is the service responsive?

Our findings

At our inspection in January 2015, we identified people did not always have an accurate or up to date care record. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in January 2016, we found action had been taken to ensure peoples care records reflected the care they were receiving.

Before people came to live at the service, their needs had been assessed to ensure that they could be met. People's care records contained detailed information about their health and social care needs and how to maintain people's independence. Care records reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care record detailed actions that should be taken to ensure the person was positioned correctly in bed using specialist pressure relieving equipment. We observed this person was positioned in line with the instructions. Care plans and risk assessments were reviewed and updated to reflect people's changing needs. People and their relatives told us they had been involved in reviewing care. One relative said "There was a meeting about two weeks ago to talk about the care plan. We are consulted and told if anything changes".

At our inspection in January 2015, we identified people did not always benefit from adequate social interaction. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since that inspection an activities coordinator had been appointed. The activity co-ordinator, supported by staff, delivered a programme of activities and events. These included; quizzes, word games, arts and crafts, chair based exercises, Bingo, nail treatments and pampering sessions. One person told us, "I enjoy my Bingo and the singing. Nice to have things to do".

Some people told us the activity provision had improved but they would still like more things to do. One person said, "I would like to do more exercise. There are things to do but still not enough". People and their relatives had also raised this in recent resident and relatives meeting and in the services annual quality assurance feedback survey. In response to this a vacancy for another activities coordinator was being advertised. The registered manager had also put a case to the provider for an increase in funds for the activity program. This had just been agreed and the registered manager told us it would be used for more outings, visiting entertainers and to personalise and improve activity provision for people who were unable to leave their rooms.

All staff understood it was their responsibility to ensure people were not socially isolated. Staff chatted with people and encouraged them to help with small tasks around the service if they wanted to. For example, assisting in the laundry, laying the dining room tables and clearing tables after lunch. One person told us "I like to help". Staff told us they would like to spend more time with people but they did not always have the time to do so.

At our inspection in January 2015, we identified there were not effective systems in place to identify, receive, record, handle and respond to complaints made by service users and others. At this inspection in January 2016 we found action had been taken.

People knew how to make a complaint and the provider had a complaints policy in place. There had been three complaints since our last inspection. The registered manager had responded to the complaints in line with the provider's policy on handling complaints. Any concerns were investigated and recorded. The registered manager discussed concerns with staff individually and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. The registered manager also kept a log of any verbal issues or concerns received together with the action that had been taken. This showed action had been taken promptly to address the concerns. For example, one person had reported they had lost a blanket. Staff immediately went to the laundry and found the blanket. Another person needed a light bulb replacing and this was done straight away.

The service organised regular meetings for people and their relatives to discuss the running of the service. Relatives told us they had been able to offer their views and suggestions about the running of the service. Minutes of the meetings were kept together with plans that demonstrated action was being taken as a result of any suggestions and feedback.

Good

Is the service well-led?

Our findings

At our inspection in January 2015, we identified the service did not have effective auditing systems in place to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found action had been taken.

There was a range of clinical and health and safety audits carried out. We saw evidence of how the results from the audits were used to make improvements to the service. For example, a medicines audit had identified staff had not always signed medicine administration records (MARs) to show people had received their medicines in line with their prescription. A system had been put into place where nurses double checked the MARs at the beginning and end of each shift and signed to say they had done so. We saw evidence these checks were done and there were no gaps of signatures on peoples MARs. A Health and safety audit had identified instances where staff had not used yellow warning signs to warn people the floor was wet during cleaning. The importance of using the signs to alert people to wet floors had been discussed with staff and during the inspection we saw the signs in use.

The area manager carried out a comprehensive monthly audit. The registered manager and area manager used this to develop an action plan to address any areas where improvements were needed. The area manager followed up the action plan to check any actions were being completed at each visit.

The service was led by a registered manager. They were being supported by a deputy manager, clinical lead and an area manager. The manager had an open door policy and was visible around the service. One person said, "We always see the Boss around. She stops by for a chat". People and their Relatives referred to the Management team as being open, approachable and friendly.

Staff described a culture that was open with good communication systems in place. Staff were confident the management team would support them if they used the whistleblowing policy. Staff felt supported and listened to. Comments included: "I am well supported", "[Registered manager] is a good manager", "Very approachable" and "[Registered manager] is alright, easy to talk to, listens and tries to think of a way to sort it out". There were regular staff meetings and staff felt able to make suggestions to improve people's care or the service.

There was a procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. The registered manager checked and audited the forms to identify any risks or what changes might be required to make improvements for people who used the service. Accidents and incidents were also discussed during team meetings and during staff supervision to ensure lessons were learnt and to prevent similar incidences occurring.

People were actively encouraged to provide feedback through a satisfaction survey and the results of these as well as the quality assurance systems such as audits and accidents and incidents were compared with other locations within the provider organisation. The management team reviewed the results and took steps

to maintain and improve the services performance.

Since our last inspection in January 2015 the service had made many improvements. The provider, registered manager and management team had a clear plan of further changes they were going to make to the service to continue to improve the quality of service people received.

We have made recommendations in the report and the registered manager has taken immediate action to follow up on these actions. This meant the manager had actively taken the necessary steps to improve care delivery .