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

Overall summary

We carried out our inspection on 27 January 2015. This was an unannounced inspection. We previously inspected the home on 7 November 2013. The service was found to be meeting all of the standards inspected at that time.

The service had a registered manager who was responsible for the overall management of the home. A registered manager is a person who has registered with The Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Mill House is a care home providing nursing care for up to 35 people. At the time of our visit there were 32 people living at the home.

Summary of findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had made applications for Deprivation of Liberty Safeguards but these were not always appropriate.

People were not always supported to provide consent to care and treatment in line with legislation and guidance. Not all staff had awareness of the relevant legislation which put people at risk of being deprived of their liberty without authorisation.

People told us they felt safe. However staff were not always clear about their responsibilities to report abuse and where to report concerns outside of the organisation.

People told us they received the care they needed. However people's care plans contained conflicting information and did not always contain up to date guidance from professionals. There were systems in place to review care plans. However systems were not always effective as they had not identified issues found during the inspection.

The atmosphere in the home was calm and relaxed. Interactions were kind and caring and people were treated with dignity and respect. Although staff were busy, people were not rushed.

People told us their physical needs were met but there was not a lot to do. People who remained in their rooms had little social interaction. The provider was in the process of recruiting an activity coordinator. However no interim measures had been put in place to meet people's social needs.

The home had quality assurance systems in place but these were not always used effectively to improve the quality of the overall service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full report.

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?

Requires Improvement

The service was not always safe. Staff did not have a clear understanding of their responsibilities to safeguard people.

Systems were in place to ensure people received their medicines safely.

People were safe from the risks of infection because the service had appropriate measures in place

Is the service effective?

Requires Improvement

The service was not always effective. The registered manager and staff did not have a full understanding of the legislative requirements for supporting people with consent and depriving people of their liberty when it was considered in their best interests".The manager did not fully understand the Deprivation of Liberties Safeguards (DoLS). Staff had not received training in the Mental Capacity Act 2005 (MCA).

People had enough to eat and drink. Where people required support to eat and drink this was available.

People were referred to appropriate health professionals when needed.

Is the service caring?

Good

The service was caring. People told us staff were kind and considerate.

Staff took time to explain to people what they were going to do before supporting them.

Where people declined help, staff respected their choice and returned later to support them.

Is the service responsive?

Inadequate

The service was not always responsive. people's care plans did not always contain accurate up to date information.

People who remained in their rooms had little social contact.

People felt listened to and were confident concerns would be dealt with promptly. However complaints and the outcome of investigations were not recorded with a view to improving the service overall.

Is the service well-led?

Requires Improvement

The service was not always well led. The registered manager did not have systems in place to monitor trends to enable improvements to the overall service.

People told us the manager was approachable and spent time talking with people.

Summary of findings

Staff felt supported and had opportunities to have input into the service.	

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 January 2015 and was unannounced. At the time of our visit there were 32 people living at Mill House. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

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.

Prior to the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we carried out two periods of Short Observational Framework for Inspection (SOFI), one over the lunchtime period and another during the morning. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed care practices throughout the day.

We looked at seven people's care records, five staff files and a range of records showing how the home was managed. We spoke with 11 people who used the service and four relatives. We also spoke with the registered manager, regional manager, two registered nurses, four care staff, three housekeepers and the chef. The regional manager was also present during the inspection

Requires Improvement

Is the service safe?

Our findings

Staff we spoke with told us they had completed safeguarding training. However some were unable to tell us about abuse and were unsure of their responsibilities to report concerns. One care worker told us about a concern they had reported to a senior care worker. We spoke to the registered manager who was not aware of the concern. We asked the registered manager to investigate this concern. Some nurses were aware of their responsibility to report concerns to the registered manager but were unsure where outside of the organisation they would report safeguarding concerns and did not know if this information could be found in the home. We were not assured that staff would protect people from abuse.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service felt safe. One person told us they felt "as safe as anybody ever could be". Another person said, "Yes, I do feel safe and staff are very good". Relatives told us they felt people were safe. One relative told us they regularly took their relative out and they were always happy to return. The relative said, "[My relative] feels very safe here".

Where risks to people's safety were identified, risk assessments were in place. One person was at risk of falls, the risk assessment identified the support the person required to remain independently mobile. One relative told us that their relative liked to walk about but was at risk as they would try and use the stairs. The home had a risk assessment in place which included the support the relative provided. This enabled the person to walk freely about the home.

We received mixed feedback from people, relatives and staff about staffing levels. People we spoke with told us staff were always busy. One relative told us they visited every morning and there were always enough staff. Another relative said, "There seems to be less staff and they do appear to be under more pressure". Staff told us staffing levels varied.

Staff responded to call bells in a timely manner and regular checks were made on people who were unable to use their call bells.

The manager used a dependency tool to assess the number of staff required to meet individual needs. Staffing levels were reviewed when dependency assessments indicated a change in people's needs. Rotas showed that required staffing levels were met. We were assured there were enough staff available to meet people's needs.

The registered manager operated safe recruitment practices. Recruitment records showed that all relevant checks were carried out before staff began work at the home. Checks included Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Registered nurses administered medicines safely. We saw that people received their medicines as prescribed. Nurses completed administration records accurately. People's medicine records included a current photograph and identified any known allergies. Where people were prescribed 'when required' medicines (PRN), there were information sheets identifying when the PRN's should be administered.

Medicines were stored in locked trolleys. When not in use the trolleys were secured to the wall in locked rooms. We checked balances of some medicines against the medicines administration record and were correct.

The home was clean and there were no unpleasant odours. Staff used personal protective equipment to prevent and control the risk of infection in line with the organisation's infection control policy. Colour coded laundry bags were used to minimise the risk of infection.

Requires Improvement

Is the service effective?

Our findings

Staff did not have a clear understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Three staff told us they had not received training in the Mental Capacity Act. Some nursing staff had a basic understanding of the Mental Capacity Act and were aware that best interest decisions had to be made where people were assessed as lacking capacity. They were not aware of how assessments were completed.

The registered manager had made applications under the Deprivation of Liberty Safeguards. However there were applications made for people where care records identified they had full mental capacity. This did not follow the requirements of the Deprivation of Liberty Safeguards. One person's care record contained a mental capacity assessment that assessed the person as 'has capacity', this statement was followed by 'DoL disapproved'. This person's name was listed as waiting for the outcome of a Deprivation of Liberty application. We spoke to the registered manager who was unsure whether the outcome of the application had been received. This put people at risk of unauthorised restrictions on their liberty. Where people needed support in decision making they were at risk of processes that did not meet legal requirements. .

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were complimentary about the staff and the care they received. One person told us care staff knew what their needs were. Care staff understood people's needs and supported them in line with their care plans.

Care staff had completed some training; this included moving and handling, infection control and fire safety. Staff told us they had not received training in how to support people living with Parkinson's Disease and Multiple Sclerosis. Staff were supporting people living with these conditions and felt people would receive improved support if staff understood the impact of living with these conditions. However, we did not find any evidence this was adversely affecting people's care. Staff felt able to approach the manager and request training and told us they would do so in relation to these conditions.

Staff felt well supported by the registered manager. They told us the registered manager was approachable. One care worker told us, "The manager will always help out. They will work anywhere". Care staff told us they received regular supervision. Records showed staff received an annual appraisal. Staff had opportunities for personal development. For example some staff had completed a national qualification at level two and were waiting to apply for their level 3.

Nurses received supervision with the registered manager. Nurses had not received clinical supervision. Clinical supervision enables practitioners to develop knowledge and competence. The registered manager told us a clinical lead had recently been employed and would be providing clinical supervision to nurses.

People were complimentary about the food. One person said, "There is a choice of food and the food is good". Another said "The food's really good here". Where people had individual dietary requirements details were identified in their care plans. The chef had a good understanding of people's dietary requirements and acted on instructions given to them by the registered manager or nursing staff.

People chose their meal the day before. If people changed their mind on the day an alternative was offered. At breakfast staff asked people what they would like to eat. One person had difficulty making a choice. The care worker advised them what was available and reminded them what they had enjoyed on previous occasions.

People were able to chose where they wanted to eat their meals and were supported to the dining room if that was their choice. People who remained in their rooms had drinks left within reach and were served their meal in a timely manner. People who were unable to eat and drink independently were supported by staff.

Nurses assessed people for risk of malnutrition and dehydration. Where there was a high risk staff completed food and fluid charts and regularly monitored people's weight. One care worker told us, "If the residents we are monitoring don't have 1500mls we are expected to report this to the nurse in charge".

Requires Improvement

Is the service effective?

One person's care plan identified they had been assessed at risk of choking. Staff had referred the person to the speech and language therapist (SALT). They had recommended the person received thickened fluids. Care staff prepared fluids for the person in line with the recommendation.

People had been referred to appropriate health professionals when their needs changed. Care records included referrals to opticians, dentists, podiatrists and speech and language therapy. One person had been referred to the bladder and bowel service as they were incontinent. Another person who was living with multiple sclerosis had regular visits from the specialist multiple sclerosis nurse.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the staff. Comments included: "They are all lovely", "You couldn't fault them", "They are all very caring, respectful and very understanding".

People were addressed using their preferred name. However, on several occasions when the registered manager and staff were speaking to each other we heard them refer to people using their room numbers. This was not done in people's presence. We spoke with the manager who stated this did not happen in people's presence and recognised this was not good practice.

Staff understood the importance of treating people with dignity and respect. One member of staff told us it was important they did not enter a person's room when they were being supported with personal care in order to protect their privacy.

We observed many kind and caring interactions. Two members of staff went to a person's room. They knocked on the door before entering. Both members of staff were warm and affectionate towards the person and the person responded with a smile and a willingness to chat.

Ancillary staff were talking and laughing with people in their rooms when they were carrying out their duties.

Care staff explained what was going to happen before providing support. One person had difficulty hearing, the care worker repeated what they were saying, patiently, making sure the person understood. Another person had difficulty with verbal communication. A care worker supporting the person was unclear what the person wanted. To be sure the care worker understood the person's request they asked for assistance from another member of staff who was able to confirm what the person wanted. The person was treated with dignity and respect throughout the interaction.

Support was offered discreetly. One person had food on their hands following their meal. A care worker approached the person with a smile and asked how they were. The care worker pointed discreetly to the person's hands and asked if they would like to wipe them. The person responded with a nod and a smile.

We observed people being supported to take their medicines. People were treated with dignity and respect. A nurse asked one person, "Would you care to take it". Nurses took time to speak with people before offering medicines, asking people how they were feeling.

People's preferences were respected. One person wanted to eat their breakfast in the dining room. A care worker supported and encouraged the person to walk to the lift and supported them into the dining room. When they had finished their meal they were supported to a chair in the corridor, which the person described as their 'favourite chair'. Another person did not want to get up when a care worker approached them. The care worker respected this and left the person, going back later to provide support.

People were involved in decisions about their care. Where people were not able to communicate verbally, staff used visual prompts to support people to make decisions. People were able to decide when they got out of bed and where they wanted to spend their day.

People's personal information was respected. Care records were stored securely in the nursing offices.

Inadequate

Is the service responsive?

Our findings

Care plans contained assessments of people's needs and included risk assessments where risks had been identified. However these were not always fully completed or regularly reviewed. One person had a moving and handling assessment which had not been reviewed and updated since 2012. One person's mobility assessment was not fully completed. Another person had a communication plan that had not been completed. This person's care plan identified that English was not their first language. We spoke to staff who told us the person spoke English and was able to communicate verbally. This put people at risk of inappropriate care.

Some people's care plans contained conflicting information which did not reflect their needs. This put them at risk of receiving inconsistent care that did not support their needs. One person was assessed at risk of pressure damage. The risk assessment advised the person should be repositioned two hourly. The wound assessment form stated the person should be repositioned three to four hourly. Staff told us the person was repositioned two hourly and records confirmed this.

Another person had a pressure ulcer that was being treated by following guidance from the tissue viability nurse. A record of the treatment indicated the person was not receiving the recommended treatment. We spoke to the nurse who explained the tissue viability nurse had changed the instructions, but no record could be found of this. However the records showed the wound was improving.

Some people's care plans contained forms that had not been completed. These included incomplete communication care plans, human behaviour needs care plans and 'my journal' documents. This put people at risk of care that did not meet their needs.

These were breaches of regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a complaints policy and procedure, however there were no written records of complaints made. The registered manager told us complaints were dealt with immediately and were not recorded. This meant there was no system in place to monitor complaints with a view to improving the overall service.

This is a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they did not always have access to activities that interested them. One person said, "I would like to go out more if only to see the birds". Another said, "I do get a bit bored on my own all the time". A relative told us "At the moment there is not much activity". The relative told us this was because there was no activity co-ordinator in the home.

We spoke to the registered manager who advised us the activity coordinator had left suddenly two weeks previously. The registered manager told us they were recruiting to the activity coordinator post. However the registered manager had not put any interim measures in place.

People were able to spend time in their rooms if they chose. However people who stayed in their rooms had little social interaction. Staff responded to people's care and nursing needs but did not spend time talking with people. One member of staff told us "There's no time to go and chat". Another member of staff said "There's no time to take people out". One person rang their bell for assistance. The bell was responded to promptly. The member of staff told the person they did not have time to talk with them as they had "other people to do".

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People sitting in the communal areas of the home had regular interactions with staff and visitors. One visitor told us "[My relative] comes down every day. They have plenty of social contact". The registered manager walked through the home regularly chatting to people in communal areas.

People told us they would raise any concerns they had with the registered manager. One relative said, "Problems are well addressed". People told us they felt listened to. One

Inadequate

Is the service responsive?

person had recently moved to the home. They had spoken to the manager regularly who always asked for feedback on how life was at Mill House. One relative told us how supportive the registered manager had been in enabling their relative to remain in the home as it made it possible for them to visit every day.

Relatives were involved in their relatives care. Relatives told us they were consulted when there were any concerns relating to their relative and were kept informed of any changes.

Requires Improvement

Is the service well-led?

Our findings

The provider carried out an annual satisfaction survey. The results of the 2014 survey showed comparisons between homes owned by the provider and were displayed on the noticeboard. The individual survey results for Mill House were not displayed. The registered manager was unaware whether the survey had resulted in any actions to improve the service based on people's comments.

There were clear procedures for reporting and recording accidents and incidents. All accidents and incidents were recorded along with all actions taken as a result of the accident/ incident. However there was no system in place to enable the registered manager to monitor trends and patterns in relation to accidents and incidents in order to drive improvements across the service.

Care plans were reviewed monthly through a 'resident off the day' programme. There was a system in place to audit care plans. The audit stated that areas of the care plans were monitored through the 'resident of the day' programme. However the system was not effective as it had not identified issues found at the inspection.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the registered manager and staff team were approachable. Relatives felt they would be listened to and treated with respect if they raised any issues with the registered manager. The registered manager was open and friendly with people and their relatives, spending time talking with them.

Relatives told us there were regular newsletters that kept them informed about the home. One relative told us they attended meetings with their relative where they were asked for their views about the home.

Care staff told us the registered manager spent time working with them and was supportive. One care staff member told us the registered manager was "Very supportive and checks I'm coping". There were regular staff meetings to enable issues to be addressed. For example the dining experience had been discussed and staff were advised not to rush people during meal times and if supporting people to eat staff should sit with them. We saw staff followed these instructions.

The registered manager was an experienced manager and managed the home prior to the current provider registering with CQC in 2011. The registered manager understood their responsibility to report incidents to CQC and did so appropriately.

A new area manager was supporting the registered manager. During inspection feedback there were areas of development identified for the registered manager. The area manager told us that a system for managing and analysing complaints would be developed.

There were a range of quality monitoring systems in place to review the care offered at the home. Clinical and health and safety audits were carried out, which included medicine, equipment, food safety and the dining experience. Where issues were identified action had been taken to resolve them. For example nurses audited people's weights. Where weight loss was identified an audit of people's weights identified where people had lost weight and prompt action was taken. People's food and fluid intake was monitored and referrals were made to appropriate health professionals. However systems in palace d not identified the issues found during our inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The registered person had not made suitable arrangements to ensure services users are safeguarded against the risk of abuse by ensuring staff understand abuse and their responsibilities in relation to reporting abuse. Staff did not understand their responsibilities in relation to the Mental Capacity Act 2005. The registered person had not acted in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice 13 (2) (5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: The registered person did not have effective systems in place to identify, receive, record, handle and respond to complaints made by service users and others. Regulation 16 (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not take proper steps to ensure each service user receives care that is appropriate, meets their needs and reflects their preferences. Regulation 9 (1)

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider did not ensure that accurate, complete and contemporaneous records were kept in respect of each service user. The registered provider did not ensure effective auditing systems were in place to assess and monitor the quality of the service. Regulation 17 (2) (a) (c)