

Prime Life Limited

# Mill House & Cottages

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Mill House and Cottages is a residential care home providing accommodation and personal or nursing care to 31 people at the time of the inspection. Some people who use the service are living with dementia. The service can support up to 44 people. The service accommodates people in two areas within the main building and has six bungalows adjoining this for people who wish to have an environment that better promotes their independence.

### People's experience of using this service and what we found

People were not always supported to take their medicines in a safe way. Not all staff followed the providers systems for ensuring the administration of medicines. Infection prevention and control practices were not sufficient, and the home was unclean in places.

There were enough staff to keep people safe, however staff had become task focussed and did not have the time to spend with people to engage in conversation. The provider was in the process of recruiting additional staff but had very limited success and needed to review how it was going to address this. Staff had a good understanding of safeguarding practices and how to raise a concern. Risks to people had been clearly identified in care plans however staff did not record in detail the actions they had taken to meet peoples care needs or any interventions provided.

The service had received extensive support from the provider in order to address the concerns raised at our last inspection. Improvements had been made and we saw progress measured accurately against the providers action plan. However, the service still had shortfalls in the provision of good quality care. This was compounded by the providers ability to recruit high quality experienced staff. We found that there was a strong commitment from the providers representatives supporting the service to make improvements at the service. There was ongoing significant investment in improving the homes environment. The providers director services management team had acted with transparency and acted upon their duty of candour through out the inspection. The acting manager has started the process of registering with the Care Quality Commission.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 15 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

### Why we inspected

We received concerns in relation to the management of medicines, staffing levels and good governance of the service. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led

only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mill House and Cottages on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Mill House & Cottages

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this focussed inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by three inspectors, one of whom was a member of the CQC medicines team.

#### Service and service type

Mill House and Cottages is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of applying to become a manager registered with the Care Quality Commission. This means that 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, therefore could not be used in planning.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with 10 members of staff including the provider's regional director, the regional manager, the manager, senior care workers and care workers.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and the providers action plan for the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12

- On the first day of our inspection, we saw that part of the medicines round scheduled to start at 8.00 am did not start until 9.30 am. Staff told us that this was due to staff shortages. This could lead to delays in medicines for people and inappropriately shortened intervals for medicines with the next scheduled dose.
- Staff asked people if they would like their 'when required' (PRN) medicines. However, staff were not always recording the time, reason or outcome for the person after receiving the medicine. This meant that people were at risk of having these medicines too close together. This also meant accurate reviews by healthcare professionals of the impact of the use of medicines to control mood or agitation would be affected.
- People who received their medicines covertly (hidden in food or drink) had appropriate records. However, there was inappropriate guidance on how the medicine could be administered safely and was not person or medicine specific. The provider told us this was currently being reviewed.
- Staff did not follow the service's own medicines administration policy. Staff handwrote on medicines administration records (MARs) without records of a second check in line with their policy.
- People who required medicine patches had incomplete or no records of where their patch was placed on their body. We found the provider had not ensured all staff had up to date medicines training, and assessments did not accurately reflect staff competency.
- Staff did not record sufficient information in people's daily records in relation to managing areas of risk. For example, we saw that records showing how often and where people needed to be repositioned were often incomplete. Daily records of when people received personal care or assistance with continence management were also often incomplete. Staff did not record when people declined offers of assistance. This meant the provider could not account for whether people had received their care as had been assessed.
- Equipment assessed as needed to help keep people safe was not always used. For example, one person who needed the use of an alarm to alert staff if they had got up from their chair had not been attached. Therefore, known risks were not mitigated as intended.
- We saw that improvements had been made to people's care plans since our last inspection. We saw that detailed information had been recorded to describe how people should be supported. This included

direction for staff and guidance on how to mitigate risk.

- Medicines were stored securely, and medicines trolleys were locked when left unattended in communal areas. Observations of staff showed that they took time with people and were respectful on how they supported people to take their medicines.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation. Arrangements had been made to access a local facility should the home need to be evacuated.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure that the premises had been kept clean and good infection control practice was followed. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 15.

- We found that surfaces, floors and items such as wheelchairs were very dirty and had not been cleaned sufficiently or regularly enough. We brought this to the attention of the providers regional manager who told us that this was an issue that had been identified in a recent audit that they carried out. The service used an external cleaning company, and the providers regional director gave us assurances that they will be addressing this with them.
- Staff did not always follow best practice for infection and prevention control. For example, we saw that a clinical waste bin had been left in a corridor rather than a bathroom, which is a more suitable and safe location. We also observed that a wheelchair was being used to transfer bags of clinical waste from inside the building to the external clinical waste bin outside.
- There was a high number of flies inside the building. We saw these would land on surfaces and sometimes on uncovered food. There was no method of controlling these flies or reducing their number. We brought this to the attention of the providers regional director, who took action to arrange for the immediate installation of electronic insect control units.

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

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities.

### Staffing and recruitment

- Staff told us that there was enough staff on duty to keep people safe, however, there was not enough staff on duty to meet peoples needs in an unrushed way. Staff told us that they did not have enough time to sit and talk to people or respond to them in a timely way. Staff told us that people had to often wait for their care, to get a drink or to be transferred from a wheelchair to an armchair.
- We saw that staff were task focussed due to their busy work loads. We observed that people did not always get their care at the time they wished because of the availability of staff. For example, we observed people asking for their breakfast from 8.00, but staff told us that breakfast started at 9.30 am because this was at the time they were able to do this.
- The providers regional director told us that they had recognised that additional staff were required in order to meet peoples needs in a timely way. The size and layout of the building contributed to more staff being needed. They were in the process of recruiting more staff to meet this need.
- In the records we checked, all staff had been recruited safely by the provider. A recent quality visit by the



local authority had identified that some records for staff recruitment could not be located. The provider had taken action following this to locate them and make changes to the recruitment administration process. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

#### Learning lessons when things go wrong

- The provider had an action plan in place to address the shortfalls identified at our last inspection. This was regularly reviewed and shared with the CQC on a weekly basis. The service was being supported to improve by two regional directors and a regional provider in response to the concerns we raised at the last inspection.
- Staff told us there were lessons learned when things went wrong. The manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure the systems for monitoring and improving the quality and safety of the service and having regard to the accuracy of records were operating effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 17

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a comprehensive action plan in place, and the provider was in the process of investing in improvements to the environment. However, progress since our last inspection had been limited, and we identified significant areas for further development. The quality of care delivered was impacted by the cleanliness of the environment, staffing levels and the providers ability to recruit good quality staff. Improvements to the management of medicines still needed to be made.
- The provider had a range of audits to monitor the quality and safety of the service provided. Regular audits included, care planning, infection control, medicines and health and safety. However, these had not been effective in picking up the areas of concern we found in these areas. Some areas had been identified as needing improvement in some audits, however, these had not always been followed through and completed.
- The inconsistencies and poor quality of recording in peoples records of care was still widespread. The provider had not yet made enough progress in this area since our last inspection.
- The manager of the service received extensive support from the providers regional manager and regional director and was working hard to improve the quality of the service. Staff told us that morale was improving as was team work and they liked working for the manager. However, as they were still relatively inexperienced in their role, and often had to work covering shifts, this impacted on their ability to make improvements to the quality of the service.

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

- The service involved people and their relatives in day to day discussions about their care in a meaningful

way.

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The providers representatives had worked alongside professionals from the local authority and community healthcare professionals since we identified concerns at our last inspection. These professionals had scrutinised all aspects of the provision of the quality of the service. We received feedback from professionals that the providers representatives supporting the service had been open and transparent during this period. The care quality commission had received weekly updates in relation to the progress at the home.
- The providers representatives were present throughout our inspection, and were open, honest and facilitative in their approach to our focussed inspection. They were candid about progress made in improving the service so far, and what was required in order to achieve the targets they had committed to.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. There were risks to people's safety associated with the way their support needs were managed. Risks to people, and the planned actions to help mitigated them were not adequately planned, adhered to or monitored. Medicines were not always safely managed. 1, 2 (a) (b) (d) (e) (g) and (l).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment were not always kept clean, staff did always follow infection prevention and control best practice. 1 (a), (b), (c), (e) (f) 2

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance. Systems for monitoring and improving the quality and safety of the service and having regard to the accuracy of records were not operating effectively. 1, 2 (a), (b), (c)