Mr & Mrs A W Carroll

The Mill House Care Home

Inspection report

Kington
Flyford Flavell
Worcester
Worcestershire
WR7 4DG
Tel: 01386 793110
Website: www.themillhousecarehome.co.uk

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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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced, which meant that nobody knew we were visiting. We last inspected The Mill House, 25 November 2013 and found the service to not be in breach of any regulations.

The Mill House provides accommodation and personal care for a maximum of 31 people some of whom may have dementia related illnesses. At the time of our inspection there was a registered manager. A registered

Summary of findings

manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us that all the staff were caring and that staff were respectful and talked to them calmly. We observed many situations were care staff spoke kindly to people and maintained their dignity when providing assistance. People told us they were supported to remain independent and received assistance when they needed it.

People told us they found the provider and registered manager approachable and told us they would raise any complaints or concerns should they need to. All the people we spoke with told us that they had never needed to complain or had anything to complain about. Through regular meetings and using an 'open door' policy we found that the provider and registered manager promoted a positive culture, in which they invited people to talk with them about any concerns they may have. We found that when staff had raised concerns to the provider, the provider had acted promptly and appropriately.

Our findings from our inspection confirmed that the provider was not in breach of any regulations. We found that people were kept safe by trained staff who knew how to protect people. We found that people were cared for in a supportive way that did not restrict their freedom. The provider of Mill House had carefully planned and designed the home and garden to ensure it was safe for people who had poor mobility or for those that lived with dementia. Adaptations to the garden ensured it was safe for people to use in a safe way. There were sufficient staff to meet people's needs.

There was a long standing experienced team of staff that knew people well. Staff knew people's likes and dislikes and respected their wishes. People we spoke with were complimentary about the food and their dining experience. Relatives spoke about the good support people were offered with maintaining their nutrition where there were concerns. We observed people receiving regular fluids and staff supported those who needed assistance.

We found that the service was responsive towards peoples health needs. People told us they took part in activities that they enjoyed and that they were personalised to their choice.

We found the registered manager had systems in place to ensure that the quality of the care was monitored. Checks were carried out and completed monthly. Where there were any actions following these audits they were followed up and improvements had been made.

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?

Good

The service was safe.

People we spoke with told us they felt safe and that staff were kind to them. Relatives told us that they had no concerns about the care people received or the way in which they were treated. Staff we spoke with recognised signs of abuse or potential abuse and how to respond to any concerns correctly.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberties Safeguards which applies to care homes. The provider had policies and procedures in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Some staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safe which supports people's rights other staff had training booked.

People we spoke with told us they felt there were enough staff on duty to keep them safe and meet their needs. Relatives told us that they had no concerns over staffing numbers. Staff told us they felt there were plenty of staff on duty to meet peoples needs.

Is the service effective?

Good

The service was effective.

People we spoke with told us staff knew them well and knew what their likes and dislikes were. Staff we spoke with had the knowledge and skills to meet people's diverse needs.

People told us that there was always plenty to eat and drink, and that the food was tasty and they were given food they enjoyed to eat. People were supported to eat and drink if they were not able to do this themselves.

People we spoke with told us that they saw their doctor when they required it. They told us that they were supported to hospital appointments.

Is the service caring?

Good

The service was caring.

People told us that staff were kind, caring and respectful towards them. We observed staff talk with people in a kind and friendly way. Staff did not rush people and were unhurried.

People told us that staff encouraged them to do things for themselves and make their own decisions about their care. A relative told us that they were involved in the care planning and that their views were considered.

People told us that their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People received personalised care that was responsive to their individual needs.

All of the people we spoke with told us they felt confident to raise a complaint should they need to. Support was offered to people who needed help to raise concerns.

Is the service well-led?

Good 

The service was well-led.

The service promoted a positive culture which encouraged people, their relatives and staff to help develop the service. People who used the service were given opportunities to be inclusive in the way the service was developed.

The service had good leadership with a strong management team. People and staff told us the registered manager was experienced, approachable, and supportive.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

The Mill House Care Home

Detailed findings

Background to this inspection

This inspection was completed by an inspector, a specialist advisor in older adults and people living with dementia and an expert by experience of people living with Alzheimer's. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This inspection was part of the Care Quality Commission's new approach to inspecting as a Wave 2 inspection.

Before our inspection we looked at and reviewed the provider's information return. This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We also looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury.

On the day of our inspection we spoke with seven people who lived at the home and three relatives. We also spoke with six staff, the registered manager and the provider. Not everyone who lived at Mill House was able to communicate verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We pathway tracked seven people who lived at Mill House. Pathway tracking looks at the experiences of a sample of people who used the service. This is done by following a person's route through the service to see if their needs were being met. We also looked at the providers audits, these included audits of medication, complaints, infection control, incidents and accidents and staff training.

Good

Is the service safe?

Our findings

People told us they felt safe. One person we spoke with said, “Oh yes, every day”. Another person said, “I do now. It’s A1”. Another said, “Absolutely”.

We spoke with the provider and the registered manager about how they kept people safe. They told us that there were robust recruitment processes in place. This ensured that new staff were appropriately vetted before they were thought to be safe to work at the home. The provider and registered manager told us that all staff received training in how to keep people safe. This covered areas such as, fire training, first aid and safeguarding. All the staff we spoke with told us that they had received training in how to keep people safe. Staff told us that if they saw any form of abuse they would report it to a senior member of staff immediately. Staff felt confident that any reported incidents would be responded to promptly. Staff and the registered manager showed a good understanding of how to safeguard the people who lived at the home. We found that when staff reported a safeguarding incident the provider had followed their own policies and procedures and appropriate action had been taken. This meant that people were better protected from abuse and staff knew how to keep people safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberties Safeguards which applies to care homes. The provider had policies and procedures in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no applications had been submitted in line with the provider's policies and procedures. The registered manager told us there was no one living at the home who was currently subject to a DoLS and they were aware of the recent Supreme Court ruling. The registered manager told us that most of the staff had been trained in MCA and DoLS and that staff who had not received the training were booked to attend a session. Staff we spoke with understood the principles of the MCA and DoLS. This meant that staff who had received training recognised when people’s freedom may be restricted and there were systems in placed to ensure this was managed in a safe and legal manner.

We found that people were protected from harm in a supportive way that did not restrict their freedom. Careful planning and design had been considered throughout the home and gardens. The provider had managed risks of injury to people by suitable adaptations to the garden. This ensured it was safe for people to use in a safe way. This meant that people were better protected and their freedom was supported and respected.

Six people we spoke with told us they felt there were enough staff on duty to keep them safe and meet their needs. Relatives told us that they had no concerns over staffing numbers and that staff took their time with people. One relative told us that when the person first came to live at Mill House an extra staff member was brought on duty to support them as they settled into their new home. The registered manager ensured that when they used the assessment tool to plan the staff rotas there was an appropriate skill mix of staff on duty at all times. Staff we spoke with told us they felt there was enough experienced staff on duty. One staff member told us “There are plenty of staff on duty”.

Good

Is the service effective?

Our findings

People and relatives that we spoke with told us that staff knew them well. We spent time talking with staff about how they were able to deliver effective care to the people who lived at Mill house. Staff told us that they received regular training in areas that were appropriate to the people who lived there. For example, staff had dementia training so they knew how to support people who lived with dementia. Staff told us the training was of a good standard and that training was continuous, one staff member said "I'm always booked on for training to keep up-to date". Staff had handover meetings before each shift. This gave staff the most up to date information of peoples current care needs.

We observed lunch time at Mill House, it was a positive experience for people, we saw people chatting and laughing with each other and staff. People told us that there was always plenty of choice of food and drink and that the food was tasty. We spoke with one person who told us that if they lost their appetite staff noticed and would ensure they provided them with food that they would like. A relative told us that when the person first moved into the home they did not eat. They explained how the cook took the time to learn what the person liked, until they found something that the person liked. This meant that people were provided with a choice of food that they enjoyed.

We observed that people were offered drinks regularly throughout the day. One person told us "They come round pretty regular". We observed staff support people to drink who were not able to do this themselves. Staff did not rush people and took their time to assist people to enjoy their drink. Staff we spoke with knew which people were at risk of dehydration and knew whose fluid intake needed to be monitored closely. This meant that people were supported to eat and drink enough to keep them healthy.

People we spoke with told us that they saw their doctor when they needed to. Weekly doctor surgeries were held, where a doctor was available for people to visit should they require to see one. People told us that they were supported to hospital appointments. The registered manager also had support by the providers in-house trainer who was a registered nurse. This support ranged from advice of persons care and treatment to relevant training. Were people had other healthcare needs the provider had ensured that the appropriate healthcare professionals were in place. Record's we looked showed that people attended routine appointments such as the dentist, optician, district nurses, physiotherapists, speech and language therapists, dieticians, and podiatrist. This meant that people were supported to maintain good health.

Good

Is the service caring?

Our findings

People told us that staff were caring towards them and that staff were kind and respectful. One person told us that "staff speak to me with respect and peacefully". People told us that staff 'fitted in around them'. One person said that the staff helped them to get ready but they still shaved themselves. Another person said, "I wake up in my own time. I get myself washed and come down to breakfast". Throughout our inspection we observed staff talking with people in a kind and friendly way. Staff did not rush people and were unhurried. We saw that the provider had been accredited with dementia standard awards and were working towards becoming re-accredited with the Gold Standard Framework. These awards are provided through completing the GSF Dementia Programme, which involved improving the quality, coordination and organisation of care, which leads to better outcomes for people in line with their needs and preferences.

We asked people if staff encouraged them to do things for themselves and make their own decisions about their care. One person said, "Yes they do. I do it if I can, and I like doing it because I can choose my own clothes for my own mood".

Another person said, "They come to help me and I wash and dry myself". One relative told us, "I haven't seen this quality of care anywhere else. I am consistently impressed. It's very rare you see staff just standing around". A relative told us that they were involved in the care planning and that their views were considered and acted upon. Another relative told us about the 'Significant Others' support group that the provider held. The significant others group was held monthly for all relatives and friends of people who lived in the home. They told us that the support group offered valuable insight into the person's illness.

People told us that their privacy and dignity was respected. We observed that all staff knocked on peoples bedrooms door and waited for a reply before entering. We saw that people were appropriately dressed in suitable clothing that maintained their dignity. The provider told us they were members of Dignity Champions. This gave staff awareness of dignity and how to promote a persons dignity. What we saw on the day of our inspection showed that people were treated with dignity. This meant the provider was committed to take action to create a culture that had compassion and respect for those who live in their home.

Good

Is the service responsive?

Our findings

People who lived at Mill House and their relatives told us that the provider ensured that people's preferences and choices were discussed in detail and this knowledge reflected in peoples care provided. People we spoke with told us staff knew them well and knew what their likes and dislikes were. We had read in the persons care file that the person did not like hot drinks. During a tea round we observed a staff member only offer a person a selection of cold drinks. This showed that staff knew peoples preferences well. This meant that people received effective care from knowledgeable staff.

People told us that they received personalised care that was responsive to their needs. One relative told us that (the person) was a painter and that, "staff had made several attempts to encourage her to draw". One person told us they only enjoyed, "Being in the open air" and that they "liked it when they were taken into the garden". Another person said they "enjoyed the concerts and the lady who sings". The person went onto say that they "had been for a run out in the van, which was good because it had a ramp to make it easy to get on and off". Another person said, "They have things going on but I don't get involved too much". We observed the person reading the day's newspaper and they told us this was something they enjoyed doing. People who lived there and relatives we spoke with told us that activities always took place regularly and that they enjoyed them. This meant that people were supported to participate in activities that they enjoyed and were personalised to them.

Every person we spoke with said that they felt confident enough to speak to staff or people in management if they had any concerns or complaints. One person said they would approach "the head one" and was confident "they would do something about it". We saw the providers complaints policy and procedure on display, the information was clear and easy to understand and accessible to people. One person told us that a senior member of staff told them, that if they wanted to know anything or felt troubled to go and see them, the person told us that they have never had to. The provider and registered manager told us that while they had not received any complaints, concerns and complaints were welcomed and would be addressed to ensure improvements where necessary. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Good

Is the service well-led?

Our findings

People told us they felt happy to approach the registered manager and the provider if they had any concerns. We saw people were comfortable approaching them during our visit. People told us they knew what was happening for themselves as individuals and what plans were in place for the overall service. For example, the relocation of the dining room to another area of the home and the redecoration for the communal rooms. This meant that people felt involved and there was an open communication system for all people who used the service.

Staff had opportunities to contribute to the running of the service through regular staff meetings and one to one conversations with the registered manager, staff told us they felt listened to at the meetings. The provider talked to us about a 'Chat with Jo' (the provider) poster. This had been displayed in the staff room to invite staff to talk with the provider if they wanted to as the provider was concerned that the staff did not raise concerns or ideas with her. Staff told us that they thought this was a good idea, but did not have any concerns or ideas in the way to improve the service and were happy with the way things were. We saw evidence where a staff member had reported poor practice they had witnessed to the provider. This was investigated by the provider who took the appropriate action required. This meant the registered manager and provider recognised the importance of an open and transparent culture and that people could raise concerns with confidence.

Staff told us that provider, registered manager and senior staff were an experienced team. We found and people told us that the registered manager and the provider were very visible in the home and actively took part in people's care. Staff told us that they visited at night and on the weekends, to "check everything was okay". Staff told us that the registered manager had made plans to improve the service and the way in which it was run and they had seen that this action had been implemented with good results. These actions demonstrated that the service had a strong and stable leadership in place.

The provider is required by law to notify CQC of serious incidents that have happened in the home. We found that we had received all the required notifications from the provider in a timely way. The registered manager showed us audits that were in place to check the service was running to a high standard. We found that the registered manager monitored falls and accidents, people's weights, medication, infection control and environment. These were analysed monthly and we could see where action had been taken when a shortfall had been found. For example, a medication audit showed that medication charts were not always recorded accurately for the application of people's prescribed creams. The registered manager spoke with staff in a team meeting to address this issue. Further checks showed that the records were being completed as required. This meant that the provider had systems in place to assess and implement high quality care.