

Catherine Miller House Limited

Catherine Miller House

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

Catherine Miller House is a residential care home providing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 30 people, including those who are living with dementia.

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

Quality assurance and governance arrangements at the service were not as reliable or effective as they should be in identifying shortfalls in the service.

Not all risks to people's safety and wellbeing were accurate or recorded how risks posed were to be mitigated. People were protected by the service's safeguarding arrangements and people told they were safe. Improvements were required to the provider's recruitment practices ensuring these were safe. Not all staff had received a robust induction and we could not be assured all staff employed at the service had up to date training.

There were enough staff on duty to provide appropriate care and support to people living at Catherine Miller House. The service was clear about its responsibilities and role relating to medicines management. This ensured people received their medicines as prescribed. People were protected by the service's infection and prevention control practices.

We have made a recommendation about safeguarding people from abuse, recruitment procedures and the provider's governance arrangements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was 'Requires Improvement' (published 24 February 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection in January 2021 to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of these regulations. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of 'Safe' and 'Well-Led' which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Catherine Miller House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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 return to visit as per our methodology and 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 ●

Catherine Miller House

Detailed findings

Background to this inspection

The inspection

We carried out this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Catherine Miller House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

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, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection and sought feedback from the Local Authority. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff, the registered manager and the service's administrator. 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 reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff member's personnel files in relation to the service's recruitment practices. A variety of records relating to the management of the service, including quality assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three people's relatives about their experience of the care provided for their family member. We reviewed the service's staff training programme which was emailed to us during the inspection. We provided verbal feedback of our inspection findings to the provider.



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.

At our last inspection in January 2021, suitable arrangements to manage risks to people's safety and wellbeing were not effectively managed. 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 remained in breach of this regulation.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection in January 2021, not all radiators in the service were covered to ensure people's safety. Poor moving and handling practices by staff were observed and this placed people at risk of harm. At this inspection we found action had been taken by the provider to cover or remove the radiators which posed a risk of harm to people using the service. Moving and handling practices by staff were observed to be safe.
- Although there was no impact for people using the service, not all risks to people's safety and wellbeing were recorded or accurate. This placed people at potential risk of not having risks to their safety met. Where one person's skin integrity was compromised, their care plan and subsequent risk assessments did not accurately reflect this or record how the risks posed were to be mitigated.
- An incident had recently occurred whereby hot liquid had spilt on one person's body. A risk assessment had not been completed to mitigate future occurrence or to demonstrate the person remained safe to maintain their independence whilst drinking. This was an isolated event.
- The provider's falls audit recorded that since June 2021; one person had experienced four falls. The formal falls risk assessment was not accurate as two of the questions recorded incorrect data which could alter the risk score and overall outcome.
- There was no evidence of fire drills having taken place for night staff employed at Catherine Miller House. This is important as it allows staff to practice evacuation procedures and to ensure they are fully aware of what to do in the event of a fire emergency. We could not be assured that the weekly fire checks were being undertaken as they should as, at the time of inspection these had been signed as completed in advance for 30 September 2021, 7 October 2021 and 14 October 2021. Although there was a fire risk assessment in place, no information was recorded to demonstrate when this was completed or by whom.

This was a continued breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to tell us about the different types of abuse and what to do to make sure people were protected from harm.
- People told us they felt safe and relatives confirmed they had no concerns relating to the safety of their family members. Comments from relatives included, "[Relative] is very safe at Catherine Miller House" and, "Oh god, yes, I believe they are safe."
- Interactions throughout the inspection between staff and people using the service were relaxed and comfortable.

Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Observations demonstrated call alarm facilities were answered promptly.
- Staff told us staffing levels were appropriate and there was enough of them to provide safe care to people living at Catherine Miller House.
- Most records as required by regulation had been sought to make sure staff were recruited safely. However, there was no reference for one person from their most recent employer as detailed on their application form. Following the inspection the provider confirmed their reference had been found. The employment reference for another member of staff was from a senior member of care staff and not from the organisation. There was no proof of identification, the reason for leaving employment was not recorded or a record maintained of the interview process for one member of staff.

We recommend the provider consider familiarisation with current guidance and regulation relating to their staff recruitment procedures.

Using medicines safely

- We looked at the Medication Administration Records [MAR] for eight out of 24 people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as prescribed.
- Staff who administered people's medicines had received appropriate training and had their competency assessed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections, that the provider was admitting people safely to the service and facilitating visits in accordance with current government guidance.
- We were assured the provider was using Personal Protective Equipment [PPE] effectively and safely; and promoting safety through the layout and hygiene practices of the premises. Enough supplies of PPE were evident throughout the service for staff to utilise. Additional designated areas had been made available for staff to put on and dispose of their PPE safely.
- We were assured the provider was accessing testing for people using the service and staff. However, the provider was unable to demonstrate the service's testing arrangements were completed from 3 September 2021 as we were told there had been a glitch with the service's computer system.
- We were assured the provider's infection prevention and control policy was up to date.

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 in January 2021, arrangements to assess and monitor the quality of the service were not effective or reliable. 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 remained in breach of this regulation. This service has been rated requires improvement for the last three consecutive inspections.

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

- The provider's governance arrangements were not reliable or effective in identifying shortfalls in the service. Though audits were in place, they needed to be used more effectively, as they failed to pick up the issues identified as part of this inspection within the 'Safe' section of this report. Improvements were required to the service's recruitment practices and these arrangements had not been identified.
- The provider's arrangements to assess and monitor the service required improvement as there were missed opportunities to mitigate risks to people's safety. Risks for people using the service were not routinely identified, assessed or accurately recorded; and the registered manager had not picked this up.
- Although the registered manager was aware of their role and responsibilities, aspects of the management of the service were muddled and disorganised. Records relating to staff employed at the service, namely the staff training programme, was not up to date and not all newly employed members of staff had received a robust induction. The registered manager stated information was either waiting to be filed or located between two offices, but they were uncertain, and this information could not be located.
- The registered manager confirmed they had received one formal supervision since our last inspection in January 2021. However, despite the service's overall rating being 'Requires Improvement', breaches of regulation cited and the registered manager being new to this role, they had still not received a proper induction, and this remained outstanding.

This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Since the 29 October 2020, Catherine Miller House has been managed by the Care Team Leader. They were formally registered with the Care Quality Commission in August 2021.

- The registered manager was aware of their responsibilities to report notifiable events to the Care Quality Commission.
- Staff told us the team worked well together and were supportive of one another.
- Staff told us they were supported and appreciated by the registered manager. Staff consistently described the registered manager as supportive and approachable. Staff's comments included, "The manager is lovely and very supportive" and, "[Name of Manager] is approachable and you can talk to them when you need to, they are good."
- Relatives comments from the service's questionnaires were positive about the management of the service. Comments included, "[Name of registered manager] leadership needs to be admired" and, "Very happy with the way the home is managed."
- Relatives spoken with following the inspection told us they were happy with the care provided for their loved one. Comments included, "I think Catherine Miller House is fantastic, they look after [name of person using the service] really very well. The staff are caring and lovely, I cannot fault the care at all" and, "I feel the staff provide genuine care, they know what [relative's] care needs are. I cannot speak highly enough of the staff."
- People's protected characteristics relating to age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

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

- Quality assurance questionnaires for people's relatives had been sent out with some replies received. A report had not yet been collated but the responses received so far were positive. Comments included, "[Relative] seems happy, I feel I can relax knowing my relative is being well cared for", "The staff are very caring and supportive" and, "I couldn't wish for a better place for [relative] to be cared for."
- Where areas for improvement were recorded, this related to the service's social activities. Relative's comments recorded they were concerned about their family member being bored because of a lack of social activities. Our observations during the inspection confirmed people were not supported to participate in meaningful leisure interests. An action plan was not in place detailing how this was to be addressed.
- Meetings for staff were periodically held to enable staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations to support care provision and joined-up care.

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 Risks for people must be assessed, recorded and mitigated to ensure their safety and wellbeing.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Improvements must be made to the service's governance arrangements to assess and monitor the quality of the service provided and to ensure lessons are learned and improvements made.