

Prime Life Limited

# Mill House & Cottages

## Inspection report

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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 ●

# Summary of findings

## Overall summary

### About the service

Mill House and Cottages is a residential care home providing accommodation and personal care to 23 people aged 65 and over at the time of the inspection, some of whom are living with dementia. The service can accommodate up to 44 people in two areas within the main building and has nine 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

The last rating for this service was inadequate (published 30 March 2020) and there were multiple breaches of regulation. Following this previous inspection a warning notice was issued by CQC in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding the safe management of people medicines and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and imbedded by the service and the provider was no longer in breach of regulations and the warning notices had now been met.

The premises were maintained to a good standard. Extensive refurbishment had taken place to improve the internal and external surroundings, maintaining the safety of those who reside within the setting.

The management of medicines had improved since our last inspection. Care plans in relation to covert medicines and as and when required (PRN) medicines had been reviewed to ensure people received their medicines in a safe and personalised way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people in a confident, competent manner. Training and development had improved since our last visit, enabling staff to develop skills to improve the support offered.

People were well supported at mealtimes. Staff engaged positively at these times and ensured people were given choice, appropriate equipment and support to enjoy their meal. People told us they enjoyed the food offered. One relative told us, "There is a fruit bowl and biscuits, if you need a snack and the cook is very good. Proper food".

Staff were kind, caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team.

Care plans and risk assessments had been personalised and gave clear direction for staff to follow. These documents had been regularly reviewed and gave an accurate representation of individuals support needs and wishes. People were able to engage in activities and staff made time to engage and interact. Complaints were responded to quickly, and learning used to improve the quality of service.

The provider and manager had implemented a comprehensive service improvement plan, people and their relatives told us that the service had improved greatly. The manager provided staff with leadership and was visible and approachable, with a hands-on approach to modelling best practice working alongside staff supporting people. Staff were motivated and enjoyed strong team work, they commented to us positively on improvements made.

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

This service has been in Special Measures since 30 March 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

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.

The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

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).

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

Good ●

# Mill House & Cottages

## 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

This inspection was carried out by three inspectors, one of whom is a medicines inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Mill House and Cottages 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 manager of the service was currently completing the process to become registered with the Care Quality Commission.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was to ensure space could be allocated to complete this inspection safely and the required documentation could be made available.

### 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 took this into account when we inspected the service and made the judgements in this report.

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 and looked at any information in the public domain.

### During the inspection-

We spoke to seven people living at the service and three relatives about their experience of the care provided. We spoke to four members of staff including, the manager and regional director.

We observed how people received their support in communal areas of the service.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three 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 made contact with the manager to request additional documentation for review.

# 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 Inadequate. At this inspection this key question has now improved to Good.

### Using medicines safely

At our last inspection in March 2020 the provider had failed to ensure the safe management of people's medicines. This was the third consecutive inspection where we identified a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection in March 2020 we found people did not receive their medicines on time and that protocols for as and when medicines (PRN) were not in place. At this inspection we saw people received their medicines at the time the prescriber intended. Protocols for when people should receive the PRN medicines were detailed and clear. A person told us, "I am on medicines. Staff bring them three times a day. It's all done by the book and recorded".
- Some people needed to have their medicines administered covertly. The manager had completed appropriate assessments to ensure medicines could be given covertly in a safe manner and in line with current legal requirements. Covert medicines are administered in a disguised format without the knowledge of the person receiving them, for example in food or in a drink.
- People's medicines were managed safely. We noted that medicine administration was completed in accordance with good practice. We observed staff administering medicines following good practice, ensuring people gave consent before administering treating people with dignity and respect.
- Medicine records were completed accurately, the manager and provider completed regular audits of these to assess the quality of care being provided.

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

At our last inspection in March 2020 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- □ The premises had been extensively refurbished since the last inspection, which had improved safety whilst improving the environment to feel homely. Regular checks of equipment within the premises were undertaken to ensure these remained safe.
- □ Care plans evidenced risks had been assessed for people and actions taken to reduce them as much as possible. Care plans had been regularly reviewed ensuring all information was current.
- □ Records relating to emergency situations, such as missing person or emergency evacuation were clear, ensuring staff know how to respond in these situations.
- □ Areas of risks to people, such as pressure areas and skin integrity were monitored on a monthly basis. The manager identified individual trends and took action to make changes to meet people's needs and improve the quality and safety of care provided.
- The provider had analysed and assessed where things had gone wrong at the service. The compliance tool previously completed annually had now been completed numerous times within the year. Allowing the provider to maintain oversight of all aspects of the service, identifying concerns and setting actions for improvements. Internal scoring of this tool had improved through each completion.
- The provider had reviewed current failings caused by internal structure, identifying leadership being required both in the office and on the floor directing staff. Staff are being invested in and staff development was evident producing better outcomes for people supported.

#### Preventing and controlling infection

At our last inspection in March 2020 systems were not in place or robust enough to demonstrate infection prevention and control was effectively managed. This placed people at risk of harm. This was a continued further breach of regulation 12) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- □ Staff had completed Infection Prevention and Control Training. In addition, the manager completed regular 60 second training sessions to evaluate and refresh staff members knowledge.
- □ Robust cleaning was being completed in all areas of the premises, on the day of the visit the premises were visually clean and free from malodour.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.



- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Staffing and recruitment

- Sufficient staff were observed supporting the people on the day of the visit. Staff did not appear task focussed and were attentive to the people's needs. One person told us, "There are plenty of staff around. I have no long wait".
- Records show that all staff working at Mill House & Cottages had undertaken checks with the disclosure and barring service and obtained suitable references to vouch for their character.
- The manager regularly reviewed the dependency tool to ensure sufficient staffing levels were available at all times. A staff member told us "The staffing numbers are right, Diana is better at putting on the support that people need".

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

- Staff training and knowledge of safeguarding procedures were sufficient to promote good practice in keeping people safe from the risk associated with abuse.
- Staff we spoke to were clear on who they could report safeguarding concerns too. The provider's training matrix showed that staff had completed safeguarding training.
- The provider had a clear safeguarding log in place, detailing action taken when a safeguarding concern had been identified, including whom had been contacted and follow up action taken.
- People told us they felt safe, relatives we spoke to also confirmed this.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Staff support: induction, training, skills and experience

At our last inspection in March 2020 the provider did not ensure staff had the correct training or competency to support people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach.

- People were supported by staff who had received training relevant to their roles. Face to face training had been completed by all staff as well as having their competency and knowledge assessed regularly by the manager.
- Staff supervision meetings had been completed offering support and direction to the team.
- The manager undertook observations of staff competency to ensure safe practice in relation to moving and handling and medicines administration.
- The manager and provider had a staff development plan in place to ensure staff remained competent and up to date with current best practice and guidance.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection in March 2020, we found a breach of Regulation 14 (Meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach.

- Our observation of mealtimes showed the experience for people was pleasant and enjoyable. People we spoke with confirmed this. The atmosphere was calm, and all people received their meals in a timely manner. Where physical support was required to assist a person, staff spoke to the person throughout their meal, engaging in conversation to make the experience enjoyable.
- The manager had reviewed the mealtime experience for people, and implemented changes including reviewing seating plans to ensure people had enough space to enjoy their meals. Drinks were available to all

people at all times and we observed staff offering a choice of meals to people.

- People told us they were satisfied with the arrangements for food and drink. One person said, "The cook is very good". Another person told us, "Coffee is there all day. I got up last night and asked for a coffee and got it." We saw that the manager had implemented an all-day dining menu for people with a range of options, hot and cold, that could be ordered at a time that suited the person.
- Nutritional intake was monitored closely, with targets being set on an individual basis. These were reviewed daily to ensure people were receiving sufficient fluid and nutrition, action had been taken where concern was identified.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people started using the service, their needs were assessed by a manager to ensure the service would be suitable and their needs could be met.
- Needs assessments covered areas including medicines, personal care, mobility, eating and drinking, continence, skin care and making decisions. Information gathered at these assessments and referral information from the local authority were used to draw up care and risk management plans.
- Care plans were detailed for each identified need a person had. Staff had clear guidance on how to meet those needs. We saw that prompts in these records referenced current best practice guidance, for example when managing people's skin integrity or for when people required a specific texture for their food or drink
- Care and support plans were regularly reviewed which helped ensure that staff could continue to support people in a safe, consistent manner.

Adapting service, design, decoration to meet people's needs

- The premises had undergone extensive refurbishment to ensure it catered for the support needs of people and maintained a pleasant place for them to live.
- Dementia friendly signage was used to help people orientate themselves and navigate around the service. This signage was not intrusive and did not take away from the homely feel.
- The design of the service promoted people's independence. People were able to safely move between the interior and exterior of the service to enjoy the garden areas. People who lived in the self-contained cottages were able to access the communal areas for mealtimes and activities, which promoted friendships and socialisation.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services where this was required. During the pandemic a remote ward round had been completed by a healthcare professional to support the people who received support.
- Records showed that people had received care and treatment from healthcare professionals including,

dentist, pharmacist, hospital and staff from community health teams including district nurses.

- Staff made appropriate and prompt referrals to other healthcare professionals such as GPs, dieticians, dementia intensive support and falls teams when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in relation to the MCA. Throughout the inspection, staff were observed offering choice, and following the wishes of the people.
- Where people were deprived of their liberty, the service worked with the local authority to seek authorisation for this to ensure this was lawful.
- We found the assessments of people's capacity, and the best interest decisions taken were done so in line with the law. There were clearly detailed in people's care records and involved those people with the legal powers to do so.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw caring interactions between staff and people in the service. Staff greeted people when they saw them, offering support and reassurance as necessary.
- We saw that for people who had a protected characteristic, the manager ensured that due consideration had been given to assess in detail and then provide the support required in order to meet this need. This had promoted the persons independence and freedom.
- People and their relatives told us that staff were kind and caring. One person told us, "It couldn't be better for me. Staff ask my permission before helping me. They knock on the door before coming in. They (carers) know what I need and I can't fault anybody".
- The provider had erected a visiting pod on the grounds. This enabled socially distanced visits to take place to support relationships between people and their relatives.

Supporting people to express their views and be involved in making decisions about their care

- We saw that peoples care plans had been created involving the person themselves, or where appropriate a relative or advocate. The manager had made improvements to ensure these plans were more person centred and reflected support needs, life histories and future wishes for people.
- Residents meetings had taken place to ensure people had the opportunity to raise concerns and to update them on government announcements in relation to COVID-19.
- People told us they were able to choose how they wanted to be supported. One person told us, "I can lie in, if I want to. I'm free to do what I like."
- Staff encouraged people to maintain their independence. Staff knew what people could do for themselves, and we observed them being patient and supportive in helping people to do this.

## Respecting and promoting people's privacy, dignity and independence

- Staff were discreet when supporting individuals. Staff ensured they spoke to individuals at eye level and at low volume when offering support to maintain their dignity. Staff ensured doors were closed when providing people with personal care.
- Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- People with a greater level of independence were able to live in the adjoining cottages which were self-contained and offered cooking facilities. People were able to choose the level of support they wanted, and staff were respectful of their privacy when arriving at the cottage to provide support.
- People's care records identified preferences for how they wished to be addressed and how staff could promote independence. For example, we saw detail about how a person wished to be supported at a mealtime that was clear that staff should take time to ensure the person could support themselves as much as possible, and not simply take over.
- We saw that people's dignity was promoted by staff. People appeared well supported in line with their own preferences. We observed staff pay compliments to people about how they were dressed that day, which people responded to positively by smiling.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We observed that staff knew people well and how each person wished to receive interaction.
- Improvements had been made to people's care plans and this work was ongoing to ensure these were detailed and contained clear information about preferences and what was important to the person. Each person's care and support plans were now regularly reviewed and updated to reflect their changing needs.
- People were observed moving freely around the service, accessing areas that they chose. People with mobility support needs were engaged by staff and were observed being given choice on where they would like to go.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific communication needs these were noted in their care plan and understood by staff.
- Information was available in accessible formats, such as large print. Dementia friendly signage had been installed so that people could recognise rooms and different areas of their home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although the current COVID-19 pandemic had limited people's ability to be able to access the local community and enjoy externally provided activities at the service, the manager had continued to plan for the future, ascertaining with people what they would like to do when conditions allow.

- People were observed taking part in a variety of activities. People appeared well engaged and positive. One person told us, "I'm extremely happy. I really am. I can birdwatch on the river I can see from my room".
- The provider had taken steps to support safe visiting practice following guidance from the government. One person told us, "People come to see me and have to wear masks and gloves".
- People and their relatives have kept in contact through different methods. Telephone, visits, letters, cards and photographs being sent between the people and their relatives.

#### Improving care quality in response to complaints or concerns

- The manager completes a robust complaints log of any complaints received. This process includes a monthly overview to identify patterns and trends to develop the service. We saw records that detailed changes that were to be made as a result of feedback from people.
- People told us they would raise a complaint if they had one and were clear that they would go to the manager.

#### End of life care and support

- Care plans contained information about peoples wishes and needs to be taken into consideration at the end of their lives. They also stated where a person did not wish to discuss this.
- One relative told us, "My father had also been in the home and died and they let me visit him after doing a COVID test. His end of life was done sensitively".



# 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 inadequate. At this inspection this key question has now improved to good

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection in March 2020, we found the provider had failed to ensure systems for monitoring and improving the quality and safety of the service and having regard to the accuracy of records were not operating effectively. This was a repeat breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach.

- People, relatives and staff all told us that the service had improved greatly under the leadership of the new manager. This included improvements to the environment, the leadership and training of staff, mealtimes and activities. Staff told us, "The changes you cannot believe. We are so much more supported now, the manager is very good, she knows everything".
- The manager was knowledgeable and passionate about the service they provided with a clear vision for their future of the service.
- The manager and regional director were seen supporting people. They were knowledgeable about the individuals support needs and gave staff strong leadership and direction by role modelling high quality care and support, working alongside staff.
- The manager maintained regular contact with family members, during their visits to the service and via phone calls.
- Improvements had been made to the management of risks to people. For example, there had been a proactive approach to improving pressure area care, which included training and robust risk assessments

and actions takes. As a result, the service had seen no new pressure areas on people for many months.

- □ The manager had identified a need to improve the safety and quality of the mealtime experience for people following our last inspection and made this action a priority. Mealtimes were now noticeably improved, and a relaxed experience. Staff told us " The mealtime change of structure is much better and they (management) are showing staff what to do by role modelling how to do it".
  
- □ The provider had a range of audits to monitor the quality and safety of the service provided. Regular audits included, care planning, training, the environment, medicines and health and safety. These audits were effective and imbedded to ensure the manager had full oversight of all aspects of the service.
  
- □ The providers regional directors and managers have kept in regular contact with the CQC since the service last inspection March 2020. They were responsive and open during the inspection process, and for subsequent requests for information.
  
- □ The provider had ensured their previous inspection rating was on display for people to view. Notifications had been submitted to the CQC as required.
  
- The manager worked open and honestly across all external bodies. Where positive cases of COVID-19 had occurred, the manager liaised with Public Health England as per national guidance. Social services were liaised with when people were assessed and admitted into the service, to ensure an accurate account of the person's support needs and wants had been identified.
  
- Safeguarding concerns had been responded to in a timely manner. The manager ensured full accurate information had been captured and provided to the relevant safeguarding authority, including a full review of any identified concerns.
  
- The provider had shared information regarding the COVID-19 vaccination with their staff team, including invitations to a webinar led by the NHS on the impact of vaccination in relation to pregnancy and fertility.