

Dalesview Partnership Limited

Old Mill House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 24 and 25 April 2018.

Dalesview Partnership Limited - Old Mill 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.

Old Mill House is registered to provide accommodation and personal care for up to six people with learning disabilities. There were five people living in the service on the day of our inspection.

At the last inspection on 19 October 2015, the service was rated 'Good' although improvements were required around the making of safeguarding referrals and the administration of medicines. At this inspection on 24 April 2018 we found the service had made improvements around the issues seen at the last inspection. However other safety issues were noted relating to the absence of window restrictors to prevent people falling and uncovered heat sources to prevent people burning themselves. This has led to a breach of the regulations and the service is now rated as 'Requires improvement'. You can see what action we have asked the service to take around this breach of regulation at the back of this report.

The service was managed by a registered manager who was registered on 18 January 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment checks took place before staff started work but some issues were seen and additional checks were required during the inspection to ensure that some staff had been safely recruited.

People received their medicine as prescribed by healthcare professionals. Medicines were stored securely to ensure they were safe. There were risk assessments which identified risks to people and management plans had been put in place to ensure people's health and well-being were maintained.

People were protected from the risks of abuse and improper treatment. Staff had received training on safeguarding and they were knowledgeable on the procedure to follow if they had any concerns. There were sufficient staff available to safely meet people's needs.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

A person's relative told us staff were kind and caring. We observed that staff treated people with respect and

promoted their dignity.

People were supported to communicate their views about the choices available in relation to what food and drink they preferred and participation in activities.

People's nutritional needs were met. People told us they enjoyed the choice of food that was available to them. People had access to food and drinks throughout the day.

Systems were in place to help ensure the safety and cleanliness of the environment. People who used the service were encouraged to participate in cleaning the home.

Staff were trained on various areas to ensure they had the relevant skills, knowledge and experience to provide good care to the people they looked after. Staff received regular support and supervision to help them carry out their duties effectively.

Staff we spoke with told us they enjoyed working in the service and felt valued by both colleagues and the manager. Staff felt able to raise any issues of concern or make suggestions to improve the service in supervision and staff meetings.

The service liaised with various health and social care professionals to meet the needs of people.

People had their individual needs assessed and their care planned in a way that met their needs. Reviews were held with people and their relatives to ensure people's support reflected their current needs.

People's relatives had opportunities to share their views and give feedback about the service and these were acted upon. The service was subjected to regular quality checks to ensure the care was of good quality and met people's needs.

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

Further information can be found in the detailed findings below.

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.

People were at risk of hurting themselves because of structural safety issues inside the home.

Recruitment processes needed to be improved to help ensure people were properly protected from the risk of unsuitable staff.

Medicines were managed and stored safely and records showed that people were receiving their medicines as prescribed by health care professionals.

Staffing levels in the service were sufficient to meet people's needs. Staff were aware of the correct procedures to follow to protect people who used the service from the risk of abuse.

People's care records included detailed information about any risks people might experience and the support required to manage these risks.

Requires Improvement 

Is the service effective?

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The provider looked at ways to support people to eat and drink sufficient for their needs, and to protect against the risks of inadequate nutrition and dehydration.

Staff sought consent from people when offering them care and treatment.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

Good 

Is the service caring?

Good ●

The service was caring.

Staff spoke to people in a respectful and dignified manner.

Staff knew people well and were aware of their preferences and routines.

People and their relatives were involved in making decisions about their day to day care. Where people needed the assistance of a spokesperson, the service used trained advocates to assist people.

Records including medicines records were held securely and confidentially.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

People were provided with a range of activities to participate in both in and outside the home.

People's relatives knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

The management team and provider carried out unannounced checks at the home to make sure people were safe and receiving appropriate care and support but improvements were required around the home's provider led environmental and structural checks.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received.

Staff said they enjoyed working at the home and received good support from the registered manager and provider's management team.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

Old Mill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on the 24 and 25 April 2018. The inspection was conducted by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this information together with other information we held about the home including notifications they had sent us. A notification is information about important events that the service is required to send us by law. We also received feedback from social care professionals that we used to help inform our inspection planning.

We spent time observing the care and support being provided to people, spoke with two people who used the service and one relative. We also spoke with four members of staff, two senior managers from the provider's office, the registered manager and three health care professionals. We looked at five people's care records and four staff recruitment files and four staff training files. We also looked at records relating to the management of the service including audits, incident logs, staff rotas and minutes from meetings. In addition, we looked at all areas of the building including bedrooms, communal areas, the kitchen, the main office and outside grounds.

Is the service safe?

Our findings

People living at the service were unable to tell us their views but their relatives told us they felt their loved ones were safe living at the service. One relative said, "I always feel reassured that my relative is safe when staff are supporting them."

The provider had not taken appropriate steps to protect people from putting themselves in danger in relation to environmental risks. The home's heat sources were traditional radiators that were all uncovered including those within people's bedrooms. All of the residents had mental capacity issues of one form or another and some were at risk of falling. In these circumstances, radiators in a care home should be covered to minimise the risk of people injuring themselves due to the hot surface. In addition, windows on the first floor of the building were not always protected with restrictors to prevent people climbing out and falling from height. This included a large window in one person's bedroom where the person was relatively agile and the service had applied to the local authority to restrict their liberty as a result of concerns around their mental capacity.

These structural safety concerns are contrary to best practice and guidance provided by the Health and Safety Executive and CQC. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the service put steps in place to rectify the environmental/structural issues that were established. A programme of works to cover all radiators in the home and fit upstairs windows with restrictors was seen and we were assured that all of these improvements would be completed within one week of the conclusion of the inspection.

The service continued to ensure that other environmental/structural issues and the premises and equipment were safe for people. They carried out risk assessments in areas such as fire, gas safety, infection control, water and electricity. Equipment was checked and serviced regularly by professional contractors. Staff also conducted regular health and safety checks of the environment including testing of the fire alarm and prevention systems.

Staff knew how to report abuse or concerns. They described the various forms of abuse that could occur in a care home. One member of staff told us, "If I suspect abuse I will challenge it and report my concerns." Staff told us that the provider did not tolerate any form of abuse and any concerns raised would be investigated appropriately. Staff knew the procedure to 'whistle-blow' (reporting bad practice). They said they would instigate the procedure if necessary to protect people. The provider had acted in accordance with their procedure in addressing allegations of abuse. They had alerted the local authority's safeguarding team, notified CQC, investigated and taken actions to safeguard people.

Before the inspection we became aware of two incidents of concern about suspected abuse. These matters were in the process of being investigated as part of the local authority's safeguarding processes. At the inspection, we were satisfied that the service had acted appropriately around these concerns to ensure that

people were kept safe and that any similar concerns would be minimised.

The service continued to ensure that other environmental/structural issues and the premises and equipment were safe for people. They carried out risk assessments in areas such as fire, gas safety, infection control, water and electricity. Equipment was checked and serviced regularly by professional contractors. Staff also conducted regular health and safety checks of the environment including testing of the fire alarm and prevention systems.

We noted the Lancashire Fire and Rescue Service conducted an inspection at the home in May 2017 when advice was given in relation to some potential improvements in fire safety. During the inspection we saw that these points of advice had been acted upon. For example, a new and revised fire risk assessment had been completed and every person living at the home had a personal emergency evacuation plan (PEEP's) in place.

People at the service continued to receive support to reduce any risk to their health and well-being. The service conducted assessments to identify risks to people's physical health and mental health. They explored behaviours and activities that may put people at risk and plans were put in place to manage any risks that were identified. Records showed that health and social care professionals had been involved in developing plans for people to reduce deterioration in their physical and mental health. The registered manager and staff understood what to do if a person was at risk. Staff told us they had the support of the registered manager and senior staff from the provider's head office. Staff also told us that the service contacted health and social care professionals when additional and expert support was required and the documents we saw at the inspection supported this. A visiting health care professional said, "The home regularly contact me for support. They call on me appropriately and follow my guidance and advice."

People's medicines were managed safely and all staff were trained in the safe management of medicines. The provider had a medicines management policy available. We checked Medicines Administration Records (MAR) for three people who used the service for the four weeks before the inspection and saw that the records were completed accurately to confirm they had received their medicines as prescribed and there was no medicine left over. We saw that medicines were stored safely and regular stock checks were carried out. Staff we spoke with told us, and the training records confirmed they had received medicine management training and their competency to administer medicines had been checked.

Staff knew what actions to take if there was a medicine error. They told us they would contact the provider, GP and pharmacist for advice. The service regularly checked whether people had received their medicines as prescribed by health care professionals and we saw that, where errors were seen, steps were put in place to prevent reoccurrence. These included additional checks, competency checks and additional training.

The service retained staffing levels sufficient to meet the needs of people. During the inspection we noted a good staff presence and the registered manager told us there was at least one member of staff available during night to support people if needed. Staff we spoke with expressed no concern with the number of them on duty to support people. One member of staff said, "There are enough on each shift. The registered manager or senior staff are always on-call if we need extra support." The rota showed that all shifts were covered with regular staff to ensure consistency. The provider told us that they provided additional staff if required based on the needs of people, or if people had appointments.

The service had a recruitment processes in place to ensure staff were able to provide people with safe and efficient care. Staff had completed an application process and the registered provider had completed pre-employment checks to ensure the suitability of staff. This included criminal records checks with the

Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff recruitment records included the documents used in the application process and personal identification and employment references. However, in two of the four files we considered incomplete enquiry had been made into the applicant's conduct in previous health and social care roles. We drew this to the attention of the registered manager and by the end of the inspection noted that additional checks were in process to ensure that the staff members had been safely recruited.

The service had systems in place to reduce the risk of infection. There were hand washing facilities available. Staff had received training in infection control and food hygiene. They knew to use personal protective equipment (PPE) where required, such as aprons and gloves. Staff followed safe handling and storage procedures and supported people to do the same. These included food hygiene procedures and checking food labelling on food in the refrigerator. There were policies around in-house Control of Substances Hazardous to Health (COSHH) and any materials that could be considered harmful to health such as bleach and cleaning products were locked away.

During the inspection we did note however that some areas of the home were not completely clean or particularly well maintained. For example, there were cobwebs on one of the ceilings that were present on both days of the inspection and some parts of false ceilings were in a state of disrepair.

The service maintained record of incidents and accidents. The provider reviewed these and considered ways to prevent them from happening again. For example, following an incident, the provider had updated the risk assessment of the person involved and ensured there were frequent checks to the person's room. Handover and team meetings were used to discuss incidents and actions or lessons learned.

Is the service effective?

Our findings

The service conducted comprehensive assessment of people's needs before they started using the service. Needs assessments covered people's physical and mental health and activities of daily living. Other services and professionals were involved, where necessary, to examine people's needs and how they could be met.

People remained supported by staff that were trained to be effective in their roles. One person's relative said, "Staff appear to be well trained. They look after my relative really well." Staff told us and records confirmed that they had completed an induction when they first started work; and various training topics specific to the needs of people they supported. Records we saw confirmed that staff had received training such as safeguarding, mental health awareness, Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and other training specific to the needs of people using the service for example, dealing with behaviour that might challenge others. The registered manager explained that they used team meetings to share learning and reflect on their practice on an on-going basis. A health care professional said, "The staff are well trained and sensitive to people's changing needs."

The provider followed the Care Certificate programme for staff who were new to a caring role in adult social care. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. This meant the provider was following good practice as part of staff induction into social care. Staff told us that after their induction they were supported to obtain a nationally recognised qualification in care.

Staff told us, and records showed, that they continued to be supported through regular one to one supervisions and appraisals. Notes of these sessions showed discussions about the support people received, team issues and working with health care professionals. Any performance concerns were also addressed. Appraisals were conducted annually. Staff told us they felt able to discuss any matter of concern with any of the managers and the provider.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager and staff demonstrated a good understanding of the MCA and DoLS. They said that they always approached people on the basis that they had some degree of capacity to make decisions about their own care and support needs but where capacity was lacking, followed guidance in the MCA Code of Practice. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where there were concerns regarding a person's ability to make specific decisions, we saw that the registered manager

had worked with them, their relatives, if appropriate, and relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

We saw that since the last inspection on 19 October 2015, five applications had been made to the local authority to deprive people of their liberty. We considered the applications and noted that they had been appropriately made with the correct amount of detail and information so that the authorising authority could make informed decisions.

People's nutritional needs were met. The service provided food, drinks, fresh fruits and snacks so people could help themselves as they wished. Staff prepared people's meals but on the first day of the inspection saw that people were assisting staff in preparing fresh vegetables for cooking in a group activity in the kitchen. People were participating enthusiastically and were supported by staff with the use of sharp objects.

During both days of the inspection we noted that people were requesting and being offered drinks and snacks throughout the day. In discussions with staff, they told us that the home tried to support people to eat a healthy and balanced diet and all staff we spoke with were knowledgeable about people's individual dietary requirements and their likes and dislikes.

The service ensured people received well-co-ordinated support across different services. A range of services were involved in people's care and support including educational specialists and people had access to physiotherapy and speech and language support. Staff liaised with these services to ensure all aspects of people's health and support needs were met.

People had access to GP services, pharmacist, district nursing teams and other health care services as required to meet their day-to-day health needs. Staff also supported people to attend external appointments if required and we noted that extra staff were rostered when external appointments were scheduled.

The service had facilities suitable for people in the home. Each person had their own individual and furnished bedrooms. We noted that people had personalised their rooms, as they preferred. There was a large communal lounge for people to socialise and relax. On both days of the inspection we noted that people gathered in the kitchen and dining area and were sat around the table talking and listening to conversations. When we asked one person about how comfortable the home was for them, they put their thumbs up and gave a beaming smile and nod of the head.

Is the service caring?

Our findings

Although people who lived at the home could not tell us if they were cared for, we saw at the inspection that the service maintained a caring approach in the way it supported people. One person's relative we spoke with told us that staff respected their relative and were kind to them. The relative said, "Staff are nice. They respect my relative and they are part of the family."

There was a relaxed atmosphere at the service. People were relaxed in the company of staff and were confident about seeking out staff throughout our inspection. We noted that staff were kind and respectful with everyone using communication methods that worked for each person. We saw that staff acknowledged and respected the relationships people had forged with each other in the home and supported communication between people.

During the inspection we observed staff showing concern to a person who was not feeling well and who had an appointment at the GP's. Staff made them comfortable and provided them with reassurance and appropriate support and encouragement to attend the doctor's surgery supported by a member of staff.

Care records were completed using dignified language and demonstrated that people's relatives had been asked for their views on how their loved ones should be supported. The records held information about people's histories and background including education, family, social network, culture, religion and individual preferences. We heard staff address people by their preferred names during the inspection.

If complex issues needed to be addressed and people could not express their views, the home ensured that the person's relative or an advocate was involved. An advocate is a specially trained person such as an Independent Mental Health Advocate or Independent Mental Capacity Advocate who can help if a person does not have capacity to make particular decisions and would benefit from having an independent 'voice'.

Staff continued to maintain people's dignity and privacy. We saw that staff always knocked on their doors before entering their rooms. People could spend their personal time in the privacy of their room and nobody disturbed them.

Staff understood the need to respect people's privacy including information about people. People's personal matters were discussed in the main office located in an upstairs room in the home to avoid others from overhearing. People's personal records were kept secured and confidential. We saw that staff treated people with dignity and respect.

Is the service responsive?

Our findings

The service continued to provide care and support to people that met their individual needs. People's relatives told us, and care records confirmed, that the service carried out initial assessments of people's needs before they were accepted to stay at the service. Assessments covered areas such as physical health, mental health, personal care and social needs. Information about people's background and preferences was also included.

The provider, registered manager and staff continued to work in partnership with other health and social care professionals and commissioning authorities to ensure people received good quality care and support. Records showed that the registered manager and staff attended multi-disciplinary teams meetings where people's needs and treatment were discussed. The provider worked in partnership with local education centres to provide training programmes for people.

Information to guide staff on how to support and care for people was reviewed regularly to reflect people's current needs. It was noted that these reviews also incorporated the views of health care professionals and, where appropriate, the views of relatives. A relative of a person who used the service said, "I was involved in my family member's care plan and sign the reviews we have but I don't need a copy."

There was a range of activities people enjoyed to engage and occupy them. On the first day of the inspection we saw people socialising around the kitchen table and staff told us that one person was attending an educational course at a local college. We noted that the home participated in the provider's 'Theme Day' programme that occurred every month when people from all of the provider's homes attended the 'home of the month' and participated in activities. The staff and people at the home were also recently involved in Easter celebrations and we saw photographs of them making Easter baskets that representatives from the provider judged against efforts from other homes. We saw that people appeared to be enjoying the activities and took a real pride in showing off their creations.

People were able to visit friends and family in the community and they were also able to have their friends and family visit them. The registered manager told us they were committed to meeting people's needs with regard to their age, disability, gender or race. These areas were covered in their care plans and staff said understood the importance of respecting people's diversity.

Although people living at the service could not tell us if they knew how to make a complaint, their relatives told us that they would complain on their relative's behalf. They said that they were aware of the service's complaint's processes and policy. One said that they had recently been provided with a copy of the home's revised policy.

The service had a robust complaint's procedure. We noted that the home had received two formal complaints since the last inspection and that the records showed that the provider followed their procedure. We noted that the policy involved acknowledging the complaint, investigation within a timeframe specified in the procedure and a written response provided to the complainant.

The provider had an accessible information policy covering the requirements of the Accessible Information Standard. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS and adult social care services are legally required to follow this standard.

In line with this standard, the provider had ensured that policies relevant to people who used the service such as the complaints' policy, had been provided in accessible way. This was often through a person's relative but we noted that an easy to read version with familiar symbols was also available. The registered manager said, "We will arrange for a policy document to be provided in whatever format that people require and are easy to understand."

The service supported the use of technology to assist and support people. We noted that all the people at the service had access to a computer tablet loaded with easy to read and use systems. The registered manager said, "We support people in the use of technology and everyone has a computer tablet. People's abilities vary but staff are always on hand to assist in accessing the internet and communicating on-line."

Is the service well-led?

Our findings

The service continued to operate in an open and transparent manner. There was a positive culture within the service and the registered manager and provider's representative had a good knowledge of all the people living at the home. A visiting health care professional said, "I have no concerns around the staff structure and management at the home."

The service had systems in place to regularly assess and monitor the quality of the service provided. The registered manager completed regular audits of the service. These included assessments of training compliance, staff supervision and environmental checks. The provider also conducted audits and these included checks on health and safety, infection control, environment, care records, medicine management and staff files. However, a provider led audit in June 2017 had failed to pick up on the issues seen and reported in the 'Safe' section of this report around window restrictors, uncovered heat sources and recruitment checks. These areas were noted in the audit report as being covered during checks that had been made by senior staff from the provider's head office but the safety issues seen at this inspection had not been realised. We were told that a new system of 'provider led' checks was in the process of implementation and that it was hoped that in future, the issues would be seen and acted upon immediately.

The registered manager was knowledgeable about the staff team that supported people and staff members had a clear understanding of their roles. Staff told us the provider and registered manager had clearly defined roles and responsibilities and worked as part of the team and that they felt supported and listened to. A member of staff told us, "There is an open and approachable attitude with staff and the manager and I feel that we can raise any sort of issue at any time."

During the inspection provider's representatives visited the home to support the inspection. In meetings with the inspection team these senior staff demonstrated a good knowledge of the people living at the home and all the staff members. The relationship they had with the registered manager was cordial and supportive. Staff member referred to head office staff with warmly and said that they were supported by head office in the absence of the registered manager.

We reviewed the service's policy and procedure files that were available to staff in the main office. The files contained a wide range of policies and procedures covering all areas of service provision with both people and staff taken into account. We noted that reference to some policies such as equality and diversity was mandatory during a new member of staff's induction. We saw the policies and procedures were accessible to staff, up-to-date and regularly reviewed.

There were regular meetings that were used to keep staff up-to-date with any changes and to reinforce the values of the organisation. Minutes from a meeting in April 2018 supported that staff were encouraged to consider the service's revised policy around equality and diversity. People's particular support needs were discussed together with reminders to staff around guidance on health and safety. The records supported that there was a healthy relationship between registered manager and staff with attendees encouraged to share their views and suggestions.

The provider took into account the views of people's relatives about the quality of care provided at the home through surveys. The registered manager said they used feedback from the surveys to make improvements at the home. A relative's survey had been carried out in November 2017 and we noted that the overwhelming view of relatives about the care received by their loved ones was positive.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The premises were unsafe because essential safety precautions had not been put in place to prevent harm to service users from injury</p>