Care View Services Limited

Mill Hayes Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 16 July 2016. At our last inspection on 30 June 2014 the provider was meeting the regulations we inspected. Mill Hayes Residential Home provides accommodation and personal care for up to sixteen people. This includes care for people with dementia care needs and physical care needs.

There was a registered manager in post. 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.

The environment was not well maintained to ensure people were safe and not at risk of cross infection. The provider had not listened to people's concerns about the need for refurbishment. People's level of dependency on staff had not been taken into account when staffing was planned. People spent long periods of time without any interaction from staff and there were limited opportunities for them to take part in activities which might interest them. Staff were kind but they did not protect people's dignity. Some people's care plans were not accurate and had not been reviewed. The audit programme had not been completed and did not identify risks to people.

There were arrangements in place to recruit staff who were suitable to work with people in a caring environment. Staff understood their responsibility to protect people from avoidable harm and potential abuse and knew how to report concerns. Staff received training to improve their knowledge and skills to care for people effectively. People's medicines were managed to ensure they received their prescribed treatments safely. The opinions and support of health care professionals was sought to maintain people's physical, mental and psychological health. People were given a choice of food and drinks which met their needs and preferences.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. People were not protected from the risk of infection because fixtures and fittings were damaged and could not be cleaned thoroughly. The number of staff available to care for people was not assessed to match people's care and support needs. People's prescribed medicines were administered safely.

Is the service effective?

Requires Improvement

The service was not consistently effective. The registered manager and staff did not demonstrate a full understanding of the Mental Capacity Act 2005. Staff received training and support to provide them with the skills to care for people. There was a choice of food for people and sufficient drinks available. People had access to health care professionals to support their health and wellbeing.

Is the service caring?

Requires Improvement

The service was not consistently caring. Staff did not always protect people's dignity and support them to maintain their appearance. Staff were kind and people were happy with their care. People were supported to maintain relationships with friends and family.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People's records did not provide up to date and accurate information about their needs. Staff asked people for their preferences but did not always provide the care and support that people wanted. People had limited access to entertainment and activities to prevent them from becoming socially isolated.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. The provider had not listened to people's concerns about the upkeep of the home. There was a limited audit programme in place but these were not completed as planned. Incidents and accidents were not analysed to identify trends.

Mill Hayes Residential Home

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 is meeting the 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 inspection visit took place on 16 June 2016 and was unannounced. The inspection was carried out by one inspector.

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 reviewed this information and other information we held about the provider when we planned the inspection.

We spoke with six people who used the service, two relatives, two members of the care staff, the deputy manager and the registered manager. We did this to gain views about the care and to check that the standards were being met. We observed care in the communal areas of the home so that we could understand people's experience of living in the home.

We looked at three care plans to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks and recruitment files.

Requires Improvement

Is the service safe?

Our findings

We were concerned about the upkeep and maintenance of the home and there was an unpleasant odour in one of the communal bathrooms. Relatives we spoke with told us this had been present for some time. We found there was a crack in the pedestal of the toilet and signs of leakage around the base. We highlighted this to the registered manager who said they had not noticed the damage but would contact the provider to ask for a replacement. One of the taps in this bathroom was missing a tap cover which made operating and cleaning the tap more difficult. This meant people may struggle to wash their hands after using the toilet.

Some areas of the home used by people showed visible signs of disrepair and presented an infection control risk. We saw people sitting in armchairs and sofas in the communal lounges and the chairs were torn and the fibre filling was exposed and falling out. People were provided with small tables which were used to put drinks and snacks on. We saw the varnish on the tops of the tables was damaged, cracked and peeling which meant they could not be cleaned effectively. We saw that people's clean linen was stored in a basket on the floor next to the staff toilet leaving it prone to contamination.

People were not offered an opportunity to wash their hands or use hand wipes before eating their meals and at lunchtime we saw people were served their food on cracked and chipped crockery. This did not protect people from the spread of infection. Communal areas in the home showed signs of a poor decorative standard. The plaster on an interior wall in a hallway was crumbling and bare plaster was visible. Flooring showed signs of wear and tear and was split in places presenting an uneven walking surface presenting a risk for people. This evidence demonstrates that the home and furnishings were not maintained to provide a clean, safe and pleasant environment for the people who used the service.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff interaction with people was centred around supporting their care needs rather than to provide social support. A relative told us, "I don't think there are enough staff". One member of staff said, "Some days are really busy and we could do with a third [member of staff]". Another member of staff told us, "The needs of people in residential care are changing and it can be hard going". We saw that there was no regular staff presence in the communal rooms and people were unobserved by staff for periods of time during the day. On one occasion we had to intervene to stop a walking frame being accidently knocked onto a person's legs as there were no staff present in the room. Staff told us they also had responsibility for doing the laundry. A relative told us, "You can see some days they're really stressed". The registered manager told us they felt the number of staff was adequate for the number of people living in the home and their budget would not allow them to increase the levels until more people were admitted. There were no systems or arrangements in place to routinely assess people's dependency needs to calculate the number of staff required to meet their needs and ensure they were cared for safely.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they felt safe. One person told us, "If I didn't feel safe I wouldn't be here". Staff we spoke with said they had attended training in safeguarding people and outlined for us the processes in place for reporting concerns. One member of staff told us, "If I witnessed anything I was worried about I'd report it the [registered] manager. If I didn't think the right action had been taken I'd go higher". People's risks of avoidable harm associated with their care, for example how they should be moved safely, had been assessed. There were management plans in place to guide staff on the most effective way to support people and reduce their risks. We saw staff reassured people as they supported them to move. A relative told us, "My relation doesn't like the hoist but the staff reassure them all the time".

People were supported to take their prescribed medicines. We saw staff administering people's medicines and saw they remained with them to ensure they had taken the medicine before moving away. When people were reluctant to take their medicines staff gave them time to settle before returning and encouraging them to take what was prescribed for them. Some people were receiving some of their medicines on an 'as and when required' basis. These are known as PRN medicines and include medicines for example, used for occasional pain relief. There was guidance in place to ensure staff understood how people might present when they were uncomfortable and the maximum dosage of medicines they could receive in one day. We saw there were arrangements in place to store medicines securely and there were checks in place to ensure they were maintained at the correct temperature to preserve their condition. This demonstrated that people's medicines were managed suitably.

Staff told us there were recruitment checks in place which were completed before they started working with people. One member of staff told us, "I filled in an application and had to give names for references then I had to wait for my DBS before I started". The Disclosure and Barring Service (DBS) is a national agency which records criminal records. We looked at three recruitment files and saw that all of the pre-employment processes, including background checks had been completed. This demonstrated that there were processes in place to ensure staff were suitable to work within a caring environment.

Requires Improvement

Is the service effective?

Our findings

We heard people being offered choices throughout the day and staff gaining their consent before providing care. Some people's mental capacity prevented them from making decisions or choices for themselves or without some support. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people's mental capacity was assessed however the assessments we saw did not provide information about the level of people's mental capacity, if there was a specific time of the day that they found decision making easier or demonstrate how specific decisions had been made for them. For example we saw that one person who was unable to make decisions for themselves had bedrails attached to their bed. This had been done to keep them safe. Staff had not recorded that this was in the person's best interest or demonstrated the rationale behind using this form of restraint. This indicated a lack of understanding of the Act.

Staff told us they were provided with regular training. One member of staff said, "We do a week every year, we get it all done at the same time. It's coming up again soon". New staff were supported when they first started working at the home. One member of staff said, "I did some training during my induction and shadowed other staff". Another member of staff told us they had completed the Care Certificate. The Care Certificate is a national training programme which sets out the learning, competencies and standards of care that staff should meet to ensure they provide, safe, effective, compassionate which is responsive to people's needs. Staff told us about the opportunities they had to discuss their wellbeing, performance and their personal development during supervision sessions. One member of staff told us, "I last had supervision around six months ago but I think they're trying to do them more frequently". Another member of staff said, "The [registered] manager or the deputy manager do the supervisions. We can talk about what we want".

People were provided with a varied diet and a choice of food and drinks. We heard staff asking people what they would like to eat. Most people we spoke with told us they enjoyed the food and had plenty to eat. One person told us, "The food is definitely worth waiting for". Another person said, "They know what you like or don't. They give me something else if I don't like the meal". We saw staff sat with people and provided support in a patient and kind manner. Staff chatted to people during their meal; they told them what they were eating and checked that they were enjoying the food. We heard a member of staff say, "Try and eat a bit more otherwise you'll be hungry later". This supported people to enjoy a pleasant mealtime experience. There were arrangements in place to weigh people regularly and the frequency depended upon people's individual needs. People with specific dietary needs received meals that supported their requirements, for example when problems with swallowing had been identified people had food prepared in either a soft or pureed format. We saw that staff encouraged people to drink regularly to keep them well hydrated. This showed that staff understood the importance of providing adequate nutrition to support people's wellbeing.

We saw that people received additional support from healthcare professionals such as opticians, podiatrists and their doctor whenever necessary. The care plans provided evidence that people were referred for specialist advice promptly whenever additional support was required to support and maintain their health.

Requires Improvement

Is the service caring?

Our findings

People's dignity was not always recognised or promoted. For example we heard staff discussing people's personal needs openly with them and between themselves. One member of staff asked, "Do you want to go to the toilet or have you been?" This was in front of everyone else present in the room. We saw that some clothing worn by people was stained with food and during the day we did not hear staff offering to support people to change into clean clothing. This demonstrates that people were not always supported to maintain their appearance when they were unable to do so for themselves.

People we spoke with told us they were happy living at the home. One person said, "The staff are perfect. They look after me. I don't regret moving here". Another person said, "It's a nice place, the staff are kind to me". A relative told us, "The care is kind". We heard staff speaking kindly and politely to people and saw they offered regular non-verbal gestures, such as holding people's hands as they spoke with them.

Staff understood that some people preferred to spend time alone in their bedroom and supported their right to privacy. People told us the staff were polite and respectful to them. We saw that people's privacy was respected and heard staff knocking before entering bedrooms and bathrooms to check that it was convenient for them to enter.

People were supported to maintain relationships with their families and friends. One person told us, "I keep in touch with my family by phone and staff took me to visit them, it was fantastic". Relatives told us they were welcomed when they visited. One relative told us, "I visit regularly. The staff are kind".

Requires Improvement

Is the service responsive?

Our findings

People or their relatives on their behalf had provided information about their likes and dislikes and this information was included in their care plans. We read that it was important to one person to have a daily bath. We asked the person if they'd had a bath that day and they told us they hadn't had one for several days but they would like one. A member of staff told us they knew this person liked to have a bath daily but they could not tell us when this had last been offered. This demonstrated that staff were not always providing care which met people's preferences.

Some of the records we looked at were not accurate and had not been reviewed regularly as planned. For example one person's care plan stated that they needed support from two members of staff to move and the use of equipment to move safely. We saw this person moving independently. A member of staff told us that their mobility had improved and they no longer needed to be supported as described on their assessment. We looked at three care plans and saw that only one had been reviewed to meet the schedule set by the registered manager. This meant people's records had not always been updated or assessed ensure they reflected their current needs.

Staff were responsible for providing support for people to socialise together or on a one-to-one basis. There were arrangements in place for entertainers to come into the home on occasion which people and relatives told us they enjoyed. During the morning of our inspection we saw there was a television playing in one of the communal rooms but no one was watching it. In the other communal room a radio was playing popular music. We did not hear staff engaging with people about what they would like to watch or listen to. A member of staff told us, "We miss out on doing things with people because we're busy doing personal care". Another member of staff said, "People aren't really motivated to take part, they're not really interested". However we saw during the afternoon four people were watching a musical film on a projector screen and we heard them singing along and enjoying the songs. In another communal room there was a football match on the television. When asked by a member of staff if they were enjoying the game everyone said 'no' but the member of staff left the room without offering to change the channel to something more appropriate for them. This meant people were not always being provided with leisure time choices to protect them from social isolation.

People and relatives we spoke with told us they would raise their concerns or complaints directly with staff and the registered manager. One person told us, "If there's anything I don't like I say and we sort it out". A relative told us, "If I have any concerns I'm straight into the office. I wouldn't rest until it was sorted".

Requires Improvement

Is the service well-led?

Our findings

The provider was not responding to people's concerns about the home environment. A relative told us, "Money needs to be spent here. The owners will not spend unless absolutely necessary". We saw that in the satisfaction survey completed earlier in the year relatives had commented on the poor standard of the décor and the need for a facelift. A member of staff said, "It can be embarrassing showing people around". Staff also told us that the provider did not visit the home as regularly. One member of staff told us, "The owners [provider] used to come here every week but only about once a month now". The registered manager told us the comments from the survey had been mentioned to the provider but 'money was only being spent on priorities'.

We saw that people were given opportunities to share their views on the service and talk about changes they would like to see, in residents meetings. One person told us, "We were asked if the food was okay". We looked at the minutes from the last residents meetings and saw there had been discussion about the menus but could not see what actions had been taken in response to people's comments. This meant there was no information to demonstrate that people's choices and comments were implemented. Staff told us they had meetings occasionally. One member of staff told us, "We haven't had one for a while". We saw the last meeting had taken place in July 2015.

There were limited arrangements in place to monitor the quality of the service to drive change and improvements in care. We saw there was an audit process in place to check that people's medicine administration records had been completed. Staff told us this was completed weekly to check that their recordings had been completed accurately and that no medicines had been missed. We saw that the audit had not been completed for eight weeks prior to our inspection. The registered manager told us the audit had been completed but the paperwork had not been completed. We saw that staff recorded incidents and accidents which occurred in the home. There were no arrangements in place to analyse this information to identify if there were patterns or trends. For example we asked the registered manager for the number of un-witnessed falls but they were unable to provide this information without counting back through the forms. This demonstrated that the registered manager was not using the information from falls to prevent further risks to people. The registered manager was fulfilling the responsibilities of their registration with us. We had received a Provider Information return (PIR) from the registered manager setting out how they provided care however there was no information within it to demonstrate they had recognised that improvements were required to the environment.

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 The provider was not assessing the risk of, and preventing, detecting and controlling the spread of infections.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not have a systematic approach to determine the number of staff required to meet the needs of people using the service and keep them safe at all times.