Runwood Homes Limited

The Mill House

Inspection report

Mill Road
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21 June 2016
23 June 2016

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 20, 21 and 23 June and was unannounced.

The Mill House provides accommodation, nursing and personal care for up to 45 people, including people living with dementia. At the time of our inspection there were 35 people living in the home.

The registered manager had been in post since 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risks to people's safety were managed and minimised. There was consistently enough staff on duty to support people and there were appropriate recruitment checks in place to ensure that the risks of employing unsuitable staff were minimised. Risks to individual's health and wellbeing were assessed and recorded. Clear guidance was available to staff in order for people to be supported effectively.

Safe practices with regards to the safe storage and administration of medicines were not always observed.

People were supported by staff who had appropriate training for their role and staff were knowledgeable about their role. Staff completed an induction process and were supported through regular supervision.

Staff operated within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard applications had been made for 18 people living in The Mill House. Best interests decisions were clearly documented with the input from people's relatives.

People were supported to eat and drink sufficient amounts. Timely referrals were made to relevant healthcare professionals where concerns had been identified. People were seen regularly by a visiting GP.

Staff were caring and encouraged people to be independent and to make choices where possible. Staff knew how to promote people's dignity and treated people with respect.

Care plans were person centred and people and their relatives were involved in the planning and reviewing of care to ensure that individual needs were met.

People knew how to make a complaint and complaints and concerns were listened to and investigated.

The service was well led. The manager was approachable and there was open and effective communication within the staff team.

There were systems in place to ensure that quality monitoring of the service took place regularly. Audits

were completed internally and by senior management which produced clear remedial action plans.

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.

Medicines were not always stored securely and records showed that prescribed creams were not always administered to people.

Risks to people's health and welfare had been identified and there were plans in place to minimise these risks.

Staff understood their responsibilities in relation to safeguarding and knew how to report concerns.

There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their role and had regular supervisions.

Staff understood the Mental Capacity Act 2005 and there was clear documentation to show that people's capacity had been assessed.

People were supported to maintain a good diet.

Referrals were made in a timely manner to relevant healthcare professionals where any healthcare needs had been identified.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate and people's dignity was promoted.

People were supported to be as independent as possible and to make their own choices.

Staff were competent in providing end of life care.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and were regularly reviewed.

People and their relatives were involved in planning their care as much as possible.

People knew how to make a complaint and complaints were investigated appropriately.

Is the service well-led?

Good

The service was well led.

The service was well run and people's needs were being met.

The manager was approachable and there was open and effective communication within the staff team.

There were procedures in place to monitor the quality of the service and audits identified areas for improvement and the appropriate actions needed.

The 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 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.

The inspection took place on 20, 21 and 23 June 2016. It was carried out by two inspectors 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.

During the inspection we spoke with 12 people living in the home and the relatives of nine people. We made general observations throughout the inspection of the general care and support people received. We also spoke with the registered manager, three members of care staff, a visiting health professional and a member of kitchen staff.

We reviewed four people's care records and medicine administration record (MAR) charts. We reviewed four records relating to staff recruitment as well as training and supervision records. We also reviewed a range of monitoring reports and audits undertaken by the service managers and the provider.

Requires Improvement

Is the service safe?

Our findings

Safe practices with regards to the safe storage and administration of medicines were not always observed. We looked at people's Medication Administration Record (MAR) charts and saw that staff routinely signed to confirm that medicines had been given. However, there were missing signatures in the administration charts that did not confirm that people had their prescribed creams applied as the prescriber had intended. We also saw on records that some people's creams were being applied more frequently than prescribed. The manager regularly audited people's MAR charts and we saw on the most recent audit that the manager had noted that staff were not always signing to confirm that creams had been applied. The manager told us that they were addressing the issue of creams not being applied as prescribed through one to one supervision with staff and extra training.

During our inspection we observed staff giving people their medicines sympathetically and with care explaining to people why they take their medicines. However, we saw that the medicines trolley was left open when unattended, placing people at risk of access and accidental harm.

All of the people we spoke with said that they felt safe within the home. When people were asked what made them feel safe one person said, "The staff don't bash you about. Staff always come in with a smile on their face." One person's relative we spoke with said, "I was initially worried and tearful but I found the staff really know the residents. The staff really understand Alzheimer's. They have regular safety checks." During our inspection we saw that people were relaxed and comfortable in the presence of the staff who were supporting them.

Staff we spoke with had a good understanding of what constituted abuse and that they would report any concerns to the manager or most senior person on duty. The manager told us that they encouraged staff to raise concerns and say to them "If you see something going on then you need to report it." Staff we spoke with said that they received training in safeguarding and we saw from the training matrix that all staff were up to date with their training in this area.

People's records that we looked at together with the statutory notifications that we received showed that all incidents were reported appropriately. We looked at the accident book and saw that incidents were being recorded and that people were observed for 24 hours after the incident to ensure that they were safe and suffered no adverse after-effects.

We saw that where risks to people's health and wellbeing had been identified that there were plans in place to minimise the risks. For example, one person living in the home had a pressure area and we saw that there was a risk assessment in place detailing how to care for the pressure area. There was also a turning chart which documented when the person should be turned in order to minimise the risk of deterioration. We saw from the entries on the turning chart that staff were turning the person as required. Some people received treatment from district nurses and the service maintained a record of care and treatment provided by district nurses.

When we looked at people's care records we saw that a number of people were at risk of falls. For each of these people, there was a risk assessment in place detailing what action should be taken to minimise falls. Records showed that pressure mats were used for one person to alert staff that the person needed support when mobilising. This reduced the risk of them falling. Staff completed a falls log when a person had a fall. This allowed staff to monitor the frequency of falls, investigate the reasons for any increase and identify further action needed. For example, a referral to a health professional or increased supervision.

The manager told us that five members of staff had attended a course which qualified them as a moving and handling trainer. The moving and handling trainers then trained other staff in how to safely move people. The moving and handling trainers were also responsible for inspecting the moving and handling equipment every week. We saw from the records of these inspections that these checks were being carried out and that any faults with equipment were being reported.

People we spoke with had mixed views about staffing levels. One person's relative told us "They don't have enough staff to take people out." Another person's relative said "They are always busy and always short staffed but they don't believe in having agency. They all pull together." The manager told us that they continually assessed people's dependency to ensure that staffing levels were appropriate and sufficient. Staff we spoke with said that they thought that there were enough staff. We looked at the staff rotas and we saw that there were consistently enough staff on duty to meet people's needs. We noted that call bells were answered promptly during the inspection.

There were robust processes in place to ensure that suitable staff were recruited to work in the home. All staff were police checked with the Disclosure and Barring Service and appropriate references were obtained before staff started working in the home.

We saw that environmental risks were managed safely and saw that weekly checks in the homes and its grounds were carried out. We saw that if any repairs needed to be carried out then this was noted on the record of checks and when the repair needed to be done by. Weekly legionella testing was carried out and we saw that the temperatures of the water had been recorded in the maintenance folder. We saw that there were annual gas checks and that an annual fire audit was carried out by an external agency. This ensured that the home was a safe place to live and work in.

Good

Is the service effective?

Our findings

We saw that people were supported effectively by staff who were skilled and knowledgeable in their work.

One person told us, "They are trained to the hilt." On moving and handling one person said, "I've every confidence in them." We spoke with a visiting health professional and they told us, "The staff are very good, they take on board advice."

A comprehensive induction plan was in place for all new staff. Staff had to complete a six month probationary period and they would have supervision every month where they would talk about their role and their training. The induction process also included completing courses relevant to their role. Some staff had not previously worked in care before but they felt that there was plenty of training and support to help them in their new role. Staff we spoke with told us that they received regular updates in their training and that they were able to request further training if they wanted to.

We looked at the records for staff training and we saw that all staff were up to date with their training needs. The manager told us that they were sending staff on additional training in nutrition to increase awareness of people's dietary requirements. In addition to staff training, staff told us that they received supervision from their manager as well as annual appraisals. Records that we looked at showed that staff were receiving regular supervision.

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 so that they can 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the manager ensured that the service was compliant with the principles of the MCA and we noted that all staff had attended training on this subject.

The manager advised us that they had submitted DoLS applications for a number of people living in the home. We saw that the DoLS applications had been sent to the local authority for authorisation to restrict people's liberty in order to keep them safe. We saw that mental capacity assessments had been carried out to determine whether people could consent to the restrictions being put in place. The manager informed us that they would also write to people's next of kin if a DoLS had been applied for.

We saw that where people lacked capacity, best interests decisions had been documented in people's care records. Staff we spoke with said that they spoke with people's families about any best interests decisions.

Staff we spoke with said that they encouraged people to make choices when they could. One member of staff told us, "When someone doesn't have capacity, you can still ask people to make small choices. For example what to wear. I will hold up two tops and you can see by people's eye movements what they would like to wear." Another member of staff said that they treat people, "Just like you'd treat your own family."

People we spoke with were complementary about the food. One person told us, "I've never had anything that I've not been able to eat." Another person said, "Food is alright. The meat is lovely and tender."

We saw from people's care records that there were prompt referrals to the speech and language therapy team (SALT) if there were any concerns about people's nutritional intake or if people had any difficulty swallowing. Detailed care plans reflected the advice given by the SALT team and this gave staff clear guidance on how best to support people with their nutritional intake.

We saw from records that people's weight was monitored and this information was shared with the kitchen staff. We spoke with kitchen staff and they told us that if someone had lost weight for example, then they would adjust their diet accordingly by fortifying people's food. Kitchen staff told us that they speak with anyone new who comes to live in the home to find out what their likes and dislikes are around food. We saw that kitchen staff completed daily cleaning of the kitchen and monitored the temperatures of people's food.

The provider employed a dementia services manager and they had implemented a mealtime standards checklist at The Mill House. This aims to improve people's experience of having their meal at the home. For example, staff should ensure that people are offered sufficient amounts to eat and drink and that the meal is more relaxed and not hurried. The dementia services manager told us that they would make unannounced visits to the home and observe meal times. They would highlight any areas for improvement so staff could improve people's meal time experience when necessary.

We observed lunch being served and we saw that people were offered a choice of meals. Staff showed people the two choices of cooked meals. If people did not want either of the meals then they were offered a variety of alternatives. We saw that where people were on a pureed or soft diet that their meals were prepared accordingly. Staff supported people where needed and asked people if they were enjoying their meal.

We saw that people's general health and wellbeing was monitored on a daily basis and people's healthcare needs were documented in their care records. A GP visited the home every week and staff reported that they have a good working relationship with the GP. In addition to this we saw that people were able to access support from other healthcare professionals as needed, such as physiotherapists, dentists and district nurses.

Good

Is the service caring?

Our findings

We received positive comments from people and their relatives about the way that staff cared for them or their family member. One person told us, "Staff are excellent, I'm cared for darling, that's it." Another person said "I can laugh and talk to them [Staff]." One person's relative told us, "You couldn't wish for better staff."

We saw that staff were friendly and treated people in a caring manner. We noted on a number of occasions that when staff spoke with people, they would kneel down if people were sitting so they could converse better with them at head height. In another observation we saw a member of staff gently stroking someone's hand while they spoke with them.

People's care records showed that people and their relatives were involved as much as possible with regards to how they wanted to be supported with their care needs. One person's relative said "I was involved in care planning and was asked in when there was a [care] review."

Relatives were largely positive about how their family member's dignity was promoted. One person's relative told us, "They ask me to leave [the room] and always close the blinds and ensure [Name] is covered when attending to them." Another person's relative said "[Name's] hair is beautifully washed." However, one person's relative said, "I can tell which carers have been on by the way [Name] appeared. Once he was sat in the conservatory with no vest or woolly. Another time he was unshaven." Observations we made during our inspection showed that people were treated with dignity and respect at all times. For example, we saw that staff would knock on people's door and wait for a response before entering and that some people had adapted crockery and cutlery which enabled them to be more independent at meal times. Staff we spoke with told us how they maintained people's dignity, especially when attending to personal care.

The Mill House provided end of life care to some people. The relative of one person receiving end of life care at the home told us, "The surroundings are peaceful. [Name] was in pain a few times but they sorted it out very quickly. If there was an issue, I'd just walk out of the room, find a member of staff and they'd be there within five minutes." The manager told us that they had recently been accredited by the Six Steps Programme. Six Steps is a comprehensive training programme that staff attend to raise the quality of care provided to people who are receiving end of life care and their families. Where people were being provided with end of life care, we saw that staff created a sense of tranquil ambience by playing soft music. We saw that staff would ask people or their family if they required any pain relief.

Good

Is the service responsive?

Our findings

Most of the people who we spoke with said that staff provided them with the care that they needed. One person said to us, "I would love someone to help me with my food." We spoke about this with the manager and at the next meal time we saw that a member of staff was supporting the person with their meal.

People were supported to maintain links with the local community and one resident told us about how they were supported to go for a drink at the village pub. An activities coordinator was employed and they provided a range of activities which included pet therapy and exercise to music. We saw that people had an individualised activity plan and that people had been asked what activities and interests were important to them. We saw that people were supported to practice their faith and another person enjoyed pamper days.

The home has a large garden and we saw from the activity plans that some people enjoyed gardening. The manager had arranged for adapted flower beds to be made. The flower beds were raised so people with limited mobility could sit comfortably and participate in some gardening.

During the inspection we saw that a number of relatives were visiting. There was a tea room in the home where people could have a drink with their relatives and we saw this room being used regularly throughout our inspection. Relatives we spoke with said that they were made to feel welcome and we saw that staff had good relationships with them. One person sat and had their lunch with one of their relatives every day. Staff ensured that they had somewhere to sit together at lunch. We saw another person sat in the garden with their visitors.

We looked at the care records of four people who lived in the home. We saw that care plans were person centred and were reviewed regularly. People's records contained a personal life history. This gave staff an insight into people's life and what was important to them. One member of staff told us about how the staff team would regularly speak with people's relatives and said, "Lots of information about what people like comes from the families."

Relatives meetings were held four times a year. The meetings took place either in the afternoon or in the evening. The varied times allowed for people's relatives to attend. We saw from the minutes of the meetings that a number of relatives attended. The manager told us that the meetings were a good opportunity to discuss what was going on in the home and changes in process. For example, the manager told us that they used one meeting to explain the process of applying for a DoLS and the reasons why someone may need to be deprived of their liberty. The manager said that relatives would use the meetings to share their experiences. We saw that one relative spoke in the meeting about their experiences of advanced care planning.

We saw that the manager encouraged people to speak with them about their care needs. During our inspection we saw that the manager had an open door policy where relatives felt able to go to their office and talk about any issues that they had. Records showed that the manager investigated complaints thoroughly and kept a record of the complaint and the subsequent response. People we spoke with said

that they knew who they would go to if they needed to complain or raise an issue.

Good

Is the service well-led?

Our findings

People we spoke with were positive about how the service was run. One person's relative said, "The management has an open style but is effective." Another person's relative told us, "The management is excellent. Everything is just so well run."

We saw that there was an open and positive culture in the home and staff told us that they felt supported by management and their colleagues. One member of staff told us, "Couldn't ask for a better manager." Another member of staff said, "[Manager] is firm but fair; [Manager] will always help you out. [Manager] has helped me, I feel supported."

Staff felt that there was open communication between management and the staff team. There were regular staff meetings and we saw from the minutes that issues such as people's care and medication were discussed in the meetings. The manager told us that they wanted all of their staff to feel valued and they encouraged staff to speak about their roles in the staff meetings. For example, the domestics would talk about what their role is within the home. We saw that the manager promoted transparency within the team. The manager told us that they are aware of their own practice and would apologise to staff when they had made mistakes.

The service was forging links with the local community. The manager told us that students from two local colleges would be completing placements in care at the home and that the Brownies would be visiting the home and doing activities with the people.

There was a registered manager in post and we saw that notifiable events had been reported to us as required. When we spoke with the manager they were clear on what they were required to report and to whom. The manager told us that they felt supported in their role by other managers within the company and their line manager.

The manager told us that they wanted staff to be accountable for their actions and understand their responsibilities. If a member of staff needed support with an area of their practice then the manager would focus on that area in supervision. We saw from supervision records that staff had been supervised in subjects such as pressure area care and medication. At the time of our inspection the dementia services manager was conducting group supervision with the staff.

We saw that there were procedures in place to ensure that high quality care was consistently being delivered. The manager conducted a number of audits including medication, care plans and health and safety. The manager would audit people's care records and note improvements that needed to be made and by what date on the audit. Staff would then note what they had done in response to the audit findings.

The regional care director made unannounced visits and carried out in depth audits of the home. They looked at areas such as health and safety and care records. We saw that if any improvements needed to be made then an action plan was given to the manager requiring changes.

We saw a number of compliments from people living in the home and their relatives thanking the staff for the care that they had provided. The manager told us that these would be displayed in the staff room so the staff could read people's thanks and appreciation.