

# HC-One Limited

# Milliner House







## 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	

### Overall summary

We inspected Milliner House on 26 May 2015. The home provides care, support and accommodation for up to 40 people who have needs related to mental health and dementia. The home offers accommodation over two floors. At the time of our inspection there were 38 people living in the home.

The service had 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.

People were assisted by staff in a way that supported their safety and they were treated with respect. People had care plans in place which took account of their needs and individual choices.

# Summary of findings

People's medication was administered by staff who had received training to ensure that the medicine was administered safely and in a timely manner.

Staff cared for people in a warm and caring manner. They used appropriate techniques to calm people when they were anxious or angry.

Staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff were supported by the manager to maintain and develop their skills and knowledge by way of regular supervision, appraisals and training.

People were able to raise any suggestions or concerns they might have with the manager and these were listened to and acted on as communication with the manager was good.

Arrangements were in place to ensure the quality of the service provided to people was regularly monitored.

# Summary of findings

## 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

People felt safe. Staff had received training and were able to raise any concerns they may have about people's safety.

The provider had effective systems in place to ensure that any concerns about people's safety were well managed and reported.

People's risk assessments were in place and up to date.

There were enough, experienced and skilled staff to meet the needs of the people at the service.

Staff recruitment procedures and safety checks were in place.

Good



### Is the service effective?

The service was effective

People who used the service and their relatives were involved in the planning of the care and support that they received.

People were supported to maintain a balanced and nutritious diet.

Staff received an induction when first employed, and on-going training and supervision.

Staff were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring

Staff spoke with people in a friendly and kind manner. Staff showed a good understanding of people's individual needs.

People were encouraged to make their own choices where possible with support from staff.

People and their families were given the opportunity to comment on the service provided.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that was assessed and planned to respond to their needs.

Staff made referrals to health and social care professionals to ensure that people's health and social care needs were met.

There were processes in place to make sure that people and their relatives could express their views about the quality of the service and to raise any suggestions or complaints about the care provided.

People were encouraged to maintain their hobbies and interests and were also able to access the local community.

Good



# Summary of findings

## Is the service well-led?

The service was well-led

The manager was good at managing the home and was approachable.

Staff felt supported by the manager.

The manager and staff understood their roles and responsibilities to the people who lived at the home.

Staff enjoyed working at the home and supporting the people who lived there.

The provider had systems in place to monitor and improve the quality of the service provided.

Good



# Milliner 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.

This inspection took place on 26 May 2015 and was unannounced.

The inspection team consisted of two inspectors from the Care Quality Commission.

Before the inspection, we asked the provider to complete 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 information we received since

the last inspection including notifications of incidents that the provider had sent us, and information received from the local authority. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with eight people who used the service, a visiting professional, the registered manager of the home and six care staff who were on duty. We reviewed the care documents of five people who used the service and reviewed the files for three staff members, and records relating to the management of the service. These included documentation such as accidents and incidents forms, complaints and compliments, medication administration records, quality monitoring information, and fire and safety records. We spoke with four relatives who were visiting the home on the day of our inspection and carried out observations on the care that was being provided to people.

# Is the service safe?

## Our findings

People living in the home, told us that they felt safe, one person said, “I do feel safe here. There is nobody nasty.” While another person said “I do feel safe living here.” When we spoke with their relatives they said that “people are safe, ..... staff never grumble or raise their voice” they said “staff are like friends.” Relatives said and we also observed throughout the day, that staff were available when people needed them and monitored where people were in order to keep them safe from harm.

Staff were aware of the provider’s safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people’s safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the registered manager or if they were unavailable then they would contact external agencies such as the local authorities safeguarding teams to ensure that action was taken to safeguard the person from harm. They said “I would report any concerns to [manager] or my senior.”

Individual risk assessments had been undertaken in relation to people’s identified health care and support needs and this included safe movement around the home, risks of falls, and accidents and injuries. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible within the home. Staff recorded and reported on any significant incidents or accidents that occurred within the home. We saw that where an incident occurred the provider took steps to learn from it and further minimise risk to people.

We saw that people who were at risk of falls were supplied with equipment to protect them from falling, for example walking frames or wheel chairs. Staff we spoke with told us that people were supported by sufficient numbers of staff and this was also confirmed by our observations. We saw that staff were available to people at all times and assisted them in a patient, unrushed and safe manner. One relative commented that “staff are very quick to provide care.”

We observed how staff provided care throughout our inspection. Staff and people using the service told us that there were sufficient numbers of staff available. We saw that people were supported quickly by staff and their

support needs were met to their satisfaction. We observed people moving freely about the home, and that staff were quick to identify if the person needed support and were quick to assist them to walk to where they wanted to go. Staff said that people were supported to keep safe but also allowed independence where possible.

The home had an emergency evacuation plan in place and staff were aware of the processes to follow in the event of an emergency. The registered manager talked us through the current processes and records showed that emergency evacuation drills involving people who lived in the home had taken place. One person when talking about the drills said “I don’t like it when the fire alarms go off.” This showed that the provider had processes in place to assist people to be evacuated safely in the event of a fire or emergency.

The registered manager told us that staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records we looked at showed that all necessary checks were in place and had been verified by the provider before each staff member began work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role they were being appointed to.

We saw that medicine was stored safely within the home. Medicines records instructed staff, how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. We observed medicine being administered to people and saw that staff were attentive towards them and ensured that they had a drink available to assist them in taking it. Staff were aware of people’s routines and did not rush them to take their medicines.

We observed during lunch that people were offered medication that was PRN. We saw that the people declined the medication and the MAR sheets had been completed correctly for these people. Staff wore tabards during the medication round so they were not disturbed. We saw evidence that a ‘five a day medication stock audit’ was undertaken to check the balances held and to identify errors quickly.

# Is the service effective?

## Our findings

We observed on the day of our inspection that the home was calm and had a warm, friendly atmosphere.

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff told us that they were supported by the provider to gain further qualifications such as National Vocational Qualifications (NVQ) in health and social care to enhance their skills and knowledge of people and their care needs. Records reviewed showed that staff had received appropriate training such as moving and handling, safeguarding, health and safety and first aid. The provider had a system in place to alert staff when their refresher courses were due.

Staff were provided with regular supervisions and appraisals. Staff we spoke with also confirmed that they had received supervision and appraisals. One member of staff said about their supervisions, that they were a "two way discussion," between them and their supervisor. The registered manager told us that they used the meetings to help "boost moral" and praise staff on their performance.

Staff held daily meetings to pass on current information or concerns about people who used the service.

Staff were able to tell us about people's individual backgrounds, ages, likes and dislikes. Staff who had only been working at the home for a short time were also able to demonstrate that they knew the backgrounds of all the people that they supported and were able to talk us through their daily routines or if they liked their door to be kept open or closed during the day. We observed one staff member supporting a person. We observed that the staff member knew a lot about the person and the person was also able to recall the staff member's family and personal circumstances. We observed that the person asked staff about their holidays' and children. The person also began to speak about the recent election results and what this meant to them.

The registered manager was able to explain to us about the Mental Capacity Act 2005 (MCA), and the changes to guidance in relation to the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people. We also saw that the home had policies and procedures available for staff to look at if they needed further guidance. Staff told us that they would always ask people for their consent before providing care. We were told by the registered manager that people's capacity to consent would be evaluated and assessed regularly. We saw from records shown that mental capacity assessments had been carried out for people and where appropriate, DoLS applications had been submitted to the local authority.

Staff encouraged people to make day to day decisions about their care. Consent forms had also been signed by people to confirm that they were happy for the care to be provided to them. A staff member told us, "We always ask for consent before providing care." This was demonstrated by staff through the day of our inspection.

We saw that hot and cold drinks were offered with biscuits and music was playing in the background. Staff kindly encouraged and supported people to drink and spent time talking and interacting with people.

Care records showed that staff monitored and managed people's weight to support them to maintain a healthy weight. We saw that the home used nutritional scoring tools and worked closely with the local dietetic service to assist and support people in maintaining a good, healthy and balanced dietary routine. People we spoke with told us that they enjoyed the food and one person said, "The food is really good." Our observations over lunch showed that staff effectively encouraged people to eat their food, while allowing them to maintain their independence.

People were registered with the local doctor's surgery and they were visited by their GP and the community nurse regularly. People we spoke with said that they had access to external health care professionals when needed and this was documented. We saw from the care records that people had attended GP, chiropodist, and optician appointments.

# Is the service caring?

## Our findings

People and their relatives commented positively about the staff and the manager. One relative told us, “Everyone is very welcoming.” People we spoke with also praised the home and the staff. They told us “They are nice girls here.” Another person said “I am treated very well.”

We saw that interactions between staff and people who used the service were kind, caring and appropriate to the situation. Staff demonstrated an understanding of how to meet people’s needs and managed difficult behaviour in a caring manner.

Staff had time to chat with people during the day and were polite and friendly at all times. The home had a friendly and calm atmosphere. We observed throughout the day that people were given the option to have their hair and nails done. We saw that people were happy and enjoying being pampered by the staff. Ladies were having their nails painted and were given a choice of colour to choose from, while men were offered a hand massage and nail trimming. One person started to joke about their age to the care staff and care staff responded jokingly “you don’t look a day over 21.” This made the person smile.

People were comfortable and had been made to feel as though they were in ‘their own homes’. They said “The staff that look after me are kind.” When we spoke with the registered manager, staff and also people using the service, they all expressed the same views. We saw that staff helped and supported people in meeting their needs in an unrushed manner. Staff appeared to have time to talk to the residents and sat with them if they wanted company. One person told us “The staff look after us very well.”

Staff encouraged and supported people to drink and spent time talking and interacting with them. People’s independence was promoted by helping them to hold cups and ensuring that tables were within easy reach so that they could help themselves to drinks.

We observed that one person was agitated and rude to staff and other people using the service. We saw that the care assistant provided reassurance and de-escalated the situation quickly.

We also saw that one person became anxious because their relative was late for their visit. Staff provided reassurance and explained why their relative may be late, staff offered to find out why the relative was late so that the person felt at ease.

We saw people were well groomed and suitably dressed. When we spoke with staff they demonstrated their understanding of how they maintained people’s privacy and dignity when attending to their personal care. Staff said they always treated people with respect and dignity and would only carry out personal care if the person was happy with it. We observed whilst moving around the home that a person had attempted to remove some of their clothing in a communal area. Staff handled the situation promptly and in a way that promoted the person’s dignity. We observed that staff acted quickly and spoke to the person about why they were doing this; they quickly protected their dignity and assisted them to a private area.

People and relatives confirmed that they were involved in making decisions about their daily routines. We saw that regular updates were made and relatives and people were kept informed of any changes in people’s care plans through three monthly review meetings. They told us “[staff] keep us informed.” They said that “Things are explained” to them to assist them with their decisions making. The care records we looked at showed that people were involved and supported in their own care, decisions and planned their own daily routine. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.



# Is the service responsive?

## Our findings

Relatives said that communication was good between the registered manager and them. They told us that they felt involved in their relatives' care and were kept informed of any changes by the registered manager. Families and friends were encouraged to visit and said that they could come to the home whenever they wanted to. One relative said "We could book a meal here if we wanted to." The registered manager showed us a room called the 'Kings Arms' which was designed like a pub. We were told that this room was used so that relatives could sit with people and have a meal in private.

We found the registered manager and staff to be very responsive to new ideas and encouraged different ways of interaction with people. Staff told us "the home runs around the needs of the people." We noted people using the service and their families were free to move around that home. Some people had chosen to sit in the communal court yard and enjoy the sun while others had chosen to remain in doors. The hair dressing service was available throughout the day to ensure that all people who wanted to use the service had the opportunity to have their hair done.

A variety of activities were planned for people including visits outside of the home. Inside the home people had a choice of activities such as crosswords, story reading, puzzles, hairdresser, manicures, facials, sing-alongs,

dominoes, music and movement. The activities co-ordinator also scheduled in one to one time with people who were unable to attend group activities or preferred one to one time.

Monthly residents meetings were held to obtain feedback on the activities and the quality of care they were receiving. The home encouraged people and their families to put forward any ideas on how to improve the service.

The home had a scheme called 'resident of the day', this meant that each day one person would have their care reviewed and staff would spend the day making improvements in the service and gaining feedback from the person.

We reviewed five people's care plans and saw that these were person centred. The care plans contained information on the care and support people required and what support staff needed to provide them with. Care plans had been regularly reviewed and updated when required.

Care staff encouraged people, with varying degrees of mental capacity. We observed people sitting in a lounge with one carer present. Their approach and interaction was tailored to people's varying abilities. People were supported to move around the home and to engage with the surroundings.

We saw that a complaints policy was available to people in the home and presented in a format that made it easy for them to understand and follow. People told us that they were aware of the complaints policy and knew who to approach if they had a complaint. They told us "I have no concerns or complaints."

# Is the service well-led?

## Our findings

There was a registered manager in place. People knew the registered manager and we saw that the registered manager was 'hands on' and spent time walking around that home and being involved with the people using the service. One person said "I know [manager]. He is kind. I like him."

Our observations and discussions with people who lived in the home showed that they felt relaxed and comfortable in the company of the registered manager. Staff also said that they were well supported by the registered manager. One relative when talking to us about the manager said "the manager is helpful. I feel supported as a relative."

The registered manager and staff were always available for people who lived at the home. When we spoke with the registered manager we found that they had good knowledge of the needs of people who used the service and which staff were on duty and their specific skills. We saw that they were always looking for ways to improve the service, by encouraging people to express their views. When we spoke with them they said that they could only know what was happening in the home if they got involved themselves they told us "you cannot manage a home from an office." We saw during lunch that the registered manager was available in the communal dining rooms talking to people and assisting staff in providing meal choices to people.

During the inspection we also observed that the registered manager interacted with people and staff throughout the day, they appeared to always be available to support staff and remained visible within the home. When we spoke to the registered manager about the home they said that they "don't just take anybody, we make sure we are comfortable that we can meet the person's needs"

The registered manager told us that they worked hard at meeting challenges and making changes within the home, and to drive constant improvement in the home. Regular meetings were held to give people the opportunity to share their views and contribute to discussions about improving the service. The registered manager told us that they had worked with families, staff and people using the service to introduce more flexibility and choices within the home. They said that routines were regularly discussed and updated to ensure that the home always had a smooth and

relaxed atmosphere. We observed throughout the day that the home had a calm and relaxed atmosphere, people were seen to be moving about the home freely and staff were also not rushed.

All the people living in the home and the relatives we spoke with knew who the registered manager was and felt that they could go to them if they had any problems or issues. We found that the registered manager had an 'open door' approach which meant that staff, visitors and people using the service were comfortable in raising issues as and when they arose and that the registered manager was quick at resolving these. Relatives told us that the manager's open door policy made it easy for them to raise any concerns they may have about the service.

During our visit we spoke with the registered manager about notifications. We found that the registered manager had notified the relevant authorities in a timely manner.

We saw that staff meetings were held regularly. The minutes showed that staff were able to discuss what was going well and whether there were any improvements needed. Staff said "Staff meetings are monthly. They are helpful and open."

The registered manager and staff demonstrated to us that they understood their roles and responsibilities to meet the needs of people who lived at the home. Staff told us that they felt supported by the registered manager to carry out their roles and provide good care to people. One member of staff said " [manager], He gives tips and advice." While another member of staff said "I feel supported. The manager helps me a lot."

All of the staff we spoke with told us they enjoyed working in the home. One staff member said, "I have made a good choice to work here."

The registered manager demonstrated that there were arrangements in place to regularly assess and monitor the quality of service provided within the home. We saw from the sample of questionnaires we looked at that people provided positive comments about the care they were receiving. The registered manager also carried out monthly audits and updates to ensure the home was meeting the required standards. These included checks on care plan reviews, resident's questionnaires, residents meetings, and staff supervisions.

## Is the service well-led?

The registered manager recorded all incidents that occurred within the home and took action immediately to

ensure that the safety of people within the home was not compromised. The registered manager demonstrated to us how they would learn from any incidents and make changes to safeguard people in the home and staff.