

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Mill Hayes Residential Home is registered to accommodate up to seven people. At the time of this inspection the service was providing personal care to five people who have a learning disability.

People's experience of using this service:

At our previous inspection in July 2017, the provider was in breach of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The operations manager told us that since our last inspection visit the home had been redecorated and repairs had been carried out. However, the home required further repairs due to damage caused by people who used the service.

During this inspection we found that the provider was in breach of regulation 12, Safe care and treatment and regulation 17, Good governance. The provider's governance was ineffective in assessing and monitoring the safety of the environment which placed people at risk of harm.

The provider had recently appointed a manager who told us they had applied to be registered with us. People were aware of who was running the home and there was a clear management structure in place. People were supported to maintain links with their local community.

The operations manager told us there were plans in place to improve the service delivery through further staff training and staff support.

People told us they felt safe living in the home. Risk assessments were in place to promote people's independence and to reduce the risk of harm whilst doing so. People were supported by sufficient numbers of staff who had been recruited safely. People told us they received their medicines when needed. We observed that medicines were stored and recorded appropriately.

The hygiene standards within the home were good and we observed staff had access to personal protective equipment to reduce the risk of cross infection. Systems were in place to learn and make improvements when things went wrong.

People's care and support needs were assessed before they moved into the home and people told us they were treated fairly by staff. The manager and operations manager told us that staff were provided with relevant training to ensure they had the appropriate skills to care for people. People had a choice of meals and had access to drinks at all times.

The provider worked in conjunction with other agencies to ensure people's care and support needs were met. Staff supported people to access relevant healthcare services to ensure their physical and mental health.

Adaptations were in place to assist people with a reduced mobility. At the time of our inspection the

provider was not offering a service to anyone with reduced mobility.

People told us that staff always asked for their consent before they assisted them. Various methods were used to support people to make decisions.

We observed that staff were attentive to people's needs.

People were encouraged to be involved in decisions about their care and treatment. People told us that staff respected their right to privacy and dignity. Weekly discussions with people gave them the opportunity to be involved in planning their care.

People were supported by staff to access services within their community and to pursue their social interests. The provider had systems in place to receive and respond to complaints. At the time of our inspection the provider was not offering end of life care.

Rating at last inspection: The service was rated Requires Improvement at the last inspection in July 2017.

Why we inspected:

This was a routine inspection planned on when the service was last inspected in July 2017.

Enforcement:

Action we told the provider to take can be seen at the end of the full version of the report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type: Mill Hayes Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The provider had appointed a manager. We have received an application from the manager to register with us. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection site visit was unannounced. It started and ended on 11 March 2019.

What we did:

We reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would assist our inspection. We used this information as part of our planning. Local authorities together with other agencies

may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted.

At our inspection visit we spoke with three people who used the service, the deputy manager, manager and the operations manager. We arranged to carry out telephone interviews with the staff. However, staff did not answer our telephone calls. We looked at records relating to the management of medicines, fire safety records, three care plans, risk assessments and quality assurance monitoring.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- ☐ The environment was not safe and this placed people and staff at risk of harm.
- ☐ The registered provider did not ensure the use of portable heaters were safe in bedrooms and communal areas. The manager told us that risk assessments were not in place for the use of portable heaters to ensure people's safety.
- ☐ The concerns we identified relating to fire safety have been shared with the Staffordshire Fire Safety Department who visited the home on 15 March 2019. They found that the provider was not fully compliant with the Regulatory Reform (Fire Safety) Order 2005.
- ☐ We observed a sharps box for the disposal of syringes was left in a person's bedroom. Due to the person's healthcare needs this placed them at risk of potential injury.

This was a breach of regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- ☐ One person told us, "I feel safe living here." Another person said, "I feel safe here because the staff are nice."
- ☐ Discussions with the manager confirmed they were aware of when to share information of potential abuse with the local authority. The manager had worked with the local authority safeguarding team to protect a person from the risk of further harm.
- ☐ The manager and operations manager told us that all staff had received safeguarding training.

Staffing and recruitment

- ☐ People were cared for by sufficient numbers of staff to meet their assessed needs.
- ☐ People told us staff were always available to support them to do the things they liked. One person said, "There are always enough staff here."
- ☐ Staff were recruited safely as appropriate pre-employment checks were made.

Using medicines safely

- ☐ The manager told us that people were supported by trained staff to take their prescribed medicines.
- ☐ We observed that medicines were stored safely. Medication administration records showed people had received their medicines as directed by the prescriber.
- ☐ The manager told us they carried out routine competency assessments to review staff's medication practices and we saw evidence of these assessments.

- ☐ Medication care plans were in place to support staff's understanding about how to assist people to take their prescribed medicines.

Preventing and controlling infection

- ☐ People were protected by appropriate infection control measures. People were encouraged and supported by staff to clean their own bedroom and to do their laundry.
- ☐ We observed that all areas of the home were clean.
- ☐ We saw that staff had access to personal protective equipment (PPE), such as disposable gloves and aprons. The appropriate use of PPE helps to reduce the risk of cross infection.

Learning lessons when things go wrong

- ☐ Discussions with the manager identified that where things had gone wrong, lessons were learned and action was taken to avoid this happening again. For example, the manager had worked with the local authority safeguarding team to put a plan in place to reduce the risk to people.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- ❑ The environment was in need of repair in some areas. The manager told us that parts of the building had been damaged due to the behaviours displayed by some people who used the service.
- ❑ We observed that wallpaper was missing in some areas of the home. We saw holes in doors and in the wall of one bedroom.
 - One person made a comment about the décor in the lounge. They said, "It would be nice to change the wallpaper and to have some nice pictures on the wall."
- ❑ The manager told us they had recently appointed a 'handy' person to carry out repairs. The operations manager confirmed they did not have a decorating programme in place to ensure all parts of the home was maintained to a good standard.
- ❑ One person who used the service told us they had the opportunity to choose the colour scheme for their bedroom and painted it themselves.
- ❑ Another person told us they chose the colour of their bedroom to reflect their sexuality. This showed that people were actively involved in decisions about their environment.

Staff support: induction, training, skills and experience

- ❑ We were unable to speak with staff to find out what training they had received or how this influenced their work practice to ensure people's needs were met appropriately.
- ❑ The operations manager told us they had identified where staff needed additional training and support. The proposed training to be carried out was displayed on a board in the office. For example, medication, report writing and the deprivation of liberty safeguards. However, there was no plan in place to show the timescales when this training would be delivered or how skills learned would be embedded in the service provided.
- ❑ Since the last inspection in July 2017, the provider had changed the type of service from older people to providing a service to people who have a learning disability. The manager and operations manager told us that the staff team had received training relating to learning disability. After our inspection visit the operations manager provided evidence of staff training.
- ❑ The manager told us that staff received one to one supervision and the staff files we looked at confirmed this. However, we were unable to find out how supervision benefitted staff in their role.
- ❑ The operations manager told us staff had received an induction and the records we looked at confirmed this. Induction is a process of supporting new staff into their role.

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

- ❑ The manager told us an assessment of people's needs was carried out before they moved into the home

and the care records we looked at evidenced this. These assessments gave the provider the opportunity to find out if they were able to meet the person's needs before they were admitted.

- The care records we looked at identified people were frequently assessed by relevant healthcare professionals to ensure their physical and mental wellbeing.

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

- People told us they had a choice of meals and access to drinks at all times.
- One person said, "The staff help me to do my food shopping and cook my meals. I'm off shopping now."
- One person was at risk of choking. Information in the care plan told staff how to reduce the risk of choking.
- The manager told us that no one required a special diet due to their health condition, religion or culture.
- The manager said no one required specially adapted aids to assist with eating and drinking. However, these would be provided if needed.

Staff working with other agencies to provide consistent, effective, timely care

- The people we spoke with told us they had access to relevant healthcare professionals to support them in maintaining good physical and mental health and the care records we looked at confirmed this.
- Where people had a community treatment order (CTO) in place we observed that arrangements were in place to involve other professionals in the person's care. A CTO is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out terms under which a person must accept treatment and other services whilst in the community.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them to access healthcare services when needed and information contained in care plans evidenced this.
- One person told us they had access to a community nurse to support them with their mental health needs.
- The manager told us that one person had a health condition and the community nurses visited the person on a regular basis to provide treatment.

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

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The manager told us three people had an authorised DoLS in place and they were awaiting authorisation for a further two. The manager said these DoLS were in place because people required constant supervision. Although the operations manager told us a mental capacity assessment had been carried out to ensure the DoLS were appropriate. We did not see this assessment.
- 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.
- Two people we spoke with told us that staff always asked for their consent before they provided them with support.
- The manager told us people were supported to make their own decisions and they were aware of

different ways people did this. For example, one person wrote notes to staff to express their choice. Some people were able to point at their preferences and others were able to tell staff.

Is the service caring?

Our findings

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- ☐ We identified concerns with the safety of the environment and staff practices that placed people at risk of harm and the lack of effectiveness of the provider's governance to ensure people received safe care. For example, wedging fire doors open with furnishings. This did not demonstrate a caring approach to people's safety.
- ☐ We heard staff talk with people in a kind and compassionate manner.
- ☐ We observed the manager was patient when listening to a person expressing their needs. When the person became anxious the manager reassured them and talked to them at a pace they could understand.
- ☐ One person who used the service told us the staff were "Nice" and another person said they were "Alright."
- ☐ People required one to one support and we observed that staff engaged with them and offered reassurance when they became anxious.

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

- ☐ The manager told us that people were not always able to be involved in decisions about their care because of their mental health.
- ☐ Weekly meetings were carried out with people to explore things they liked to do and to find out if they were happy with the support provided to them.
- ☐ One person who used the service told us that the community nurse helped them to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's right to privacy and dignity was respected by staff. For example, we observed a person was dressed in a way that compromised their dignity. A staff member quickly rearranged the person's clothing to preserve their dignity.
- ☐ People told us that staff always knocked on their door before they entered their room.
- ☐ Care plans informed staff of the importance of providing care in a way that respected people's privacy and dignity.
- ☐ People were provided with one to one support and were encouraged by staff to be as independent as possible. One person told us, "I am fairly independent I do most things myself."
- ☐ People were able to maintain contact with people important to them. One person told us, "I go out with my relative for meals." They continued to say, "I can have visitors at any time."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People were supported by staff to engage in social activities of their choice. We observed people were assisted to go out shopping.
- ☐ One person told us they enjoyed doing domestic chores around the home. They told us they had a voluntary job. They said, "I enjoy pottering around the garden and when the neighbours peacock comes around."
- ☐ The manager told us people were supported to access the library that provided a service in finding employment for people with a learning disability.
- ☐ The deputy manager informed us that one person expressed an interest in further education and they were supporting them to pursue this.
- ☐ Another person told us, "The staff are good, they help me to go out to the disco."
- ☐ We looked at how the provider promoted equality, diversity and human rights. People told us they were treated fairly. One person said they would like to go to a club with people who had the same sexual preferences as them. The manager told us that a community nurse was working with the person to support them to understand relationships. After this process the person would be supported to access the club if they wished.

Improving care quality in response to complaints or concerns

- ☐ People told us if they were unhappy they would tell the staff.
- ☐ The manager told us they had 'one to one time' with people on a regular basis and the records we looked at confirmed this. This gave the manager the opportunity to explore if people had any concerns. The manager said some people will come into the office if they were unhappy and we observed this.
- ☐ The manager told us some people were unable to tell staff if they were unhappy. However, the change in their mood and behaviour would indicate they were unhappy and this would be acted on. We did not have the opportunity to talk with staff to find out how they recognised whether people had any concerns.
- ☐ The manager told us they had received one complaint and the provider was in the process of responding to the complainant.

End of life care and support

- ☐ At the time of the inspection the provider was not providing a service for anyone who was at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- ☐ The provider was rated Requires Improvement at the last two inspection visits and was non-compliant of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our previous inspection in July 2017, the provider was in breach of regulation 15, Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- ☐ The operations manager told us the home had been closed for a period. They told us that during this time the home had been redecorated and repairs were carried out. The provider reopened the home providing a different type of service from older people to supporting people who have a learning disability.
 - The operations manager told us since reopening the home due to people's behaviours the property had been damaged. However, we found that the provider's governance was ineffective to assess and monitor the safety of the environment.
- ☐ We observed two fire doors were propped open by furnishings which, meant in the event of a fire, these doors would be ineffective in reducing the spread of the fire which, placed people at risk.
- ☐ The provider's governance failed to assess and monitor the safety of equipment in use. We observed three portable heaters located in the home. One portable heater was located in a person's bedroom. The heater was hot to the touch and the wire from this heater posed a tripping hazard. This placed the person at risk of harm.
- ☐ The provider's governance failed to identify the potential risk to people. We observed paint stored in an unsecured cupboard on the first floor, this would be harmful to people if ingested.
- ☐ We looked at records relating to fire drills. We were unable to see when the last fire drill had taken place. The operations manager response to this was "The home has only recently been reopened." We were not provided with any evidence of when the last fire drill was carried out. The governance failed to ensure the monitoring of fire drills and that in the event of an emergency, systems and staff practices would ensure the safe evacuation of people.

This was a breach in Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ We saw that accidents were monitored and showed what action had been taken to avoid a reoccurrence.
- ☐ Monitoring checks were carried out with regards to medicines management. These checks ensured people received their medicines as prescribed and that medicines were stored and recorded appropriately.
- ☐ People who used the service had access to two vehicles to enable them to go out when they wished. We observed regular safety checks of these vehicles had been carried out.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ The manager had not recognised the shortfalls we identified during our inspection visit and so measures had not been taken to ensure people received safe quality care.
- ☐ The manager had a good understanding of people's care needs and worked in conjunction with other agencies to provide care and treatment for people who used the service.
- ☐ The manager told us that meetings were carried out with the staff team. We did not have the opportunity to talk with staff about discussions held in these meetings and how this supported them in their role.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The provider had appointed a manager. Our records showed they had applied to be registered with us.
- ☐ The people we spoke with were aware of who was running the home.
- ☐ We observed that the manager made themselves available to work alongside staff to support people when needed.

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

- ☐ One person told us, "We have meetings and talk about the things we would like to do." They continued to say, "I've come a long way since living here. I like it here."
- ☐ People told us weekly one to one meetings were carried out. This gave people the opportunity to tell the provider about their experiences of using the service.
- ☐ People told us they were treated fairly and staff supported them to do the things they liked.
- ☐ People told us that staff supported them to maintain links with their local community. People were provided with one to one support so were able to access local services when needed.

Working in partnership with others

- ☐ Prior to our inspection visit we found the provider's website did not reflect the service they were providing. At our inspection visit we shared this information with the operations manager who addressed this immediately.
- The provider worked in partnership with other agencies in providing care and support.
- ☐ The manager had a good understanding when to notify us of significant events that occur in the home which, they are required to do by law.

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>Staff's practice of wedging fire doors open compromised fire safety and placed people at risk. Unsecure sharp box containing used syringes placed people at risk of injury. People were placed at risk of burns from hot surfaces from portable heaters in use. Trailing wires from portable heaters placed people at risk of trips and falls.</p> <p>Regulation 12(1)(2)(a)(b)(d)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not taken sufficient action to improve the service provided to people and has a history of not complying with the regulations.</p> <p>The provider's governance was ineffective in assessing and monitoring the safety of the environment and staff's practices which placed people at risk of harm.</p> <p>Regulation 17(1)(2)(a)(b)</p>

The enforcement action we took:

On 14 March 2019, the provider was issued a Warning Notice for the breach of regulation 17, Good Governance.