

Interact Care Limited

Mill House

Inspection report

Barley Mill Road
Shotley Bridge
Consett
DH8 8SE

Tel: 01207500437

Date of inspection visit:

23 May 2023

24 May 2023

30 May 2023

09 June 2023

Date of publication:

23 June 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Mill House is a residential care home providing accommodation and personal care to up to 5 people. The service provides support to people aged between 16 and 30 who have a learning disability and/or autism. The service offers a transitional stage between children's and adults' services. At the time of our inspection there were 5 people using the service.

People's experience of using this service and what we found

Right Support:

People were supported by staff to pursue their interests. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to play an active role in maintaining their own health and wellbeing. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received kind and compassionate care which supported their needs and focused on their quality of life. However, the provider did not always follow best practice guidance around helping people set and monitor goals to achieve their aspirations. We have made a recommendation about this. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People and those important to them, including advocates, were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mill House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mill House

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Mill House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mill House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 23 May 2023 and ended on 9 June 2023. We

visited the service on 23 and 30 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with or spent time with 4 out of the 5 people who used the service. We also spoke with 5 relatives about their experience of the care provided.

We spoke with 7 members of staff including the registered manager and support staff. We reviewed a range of records. This included 3 people's care records and 3 people's medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One member of staff told us, "I'd know what to do if there was a safeguarding incident. First off, I'd make sure the person was ok then I'd report it to senior staff. The safeguarding policy is available for us all to access."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One relative told us, "[My family member] is as well cared for as when they were at home really. The staff are just amazing with them; we feel so lucky that they are there."
- People's care records helped them get the support they needed and included important information about minimising risk. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff could recognise signs when people experienced emotional distress. Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. There had been a significant reduction in the number of times physical intervention had been used and the registered manager and staff were committed to reducing this further. One member of staff told us, "After being here a while, and spending so much time with [people] you can notice tiny changes in the way they do things that might mean they're not feeling ok, you can then step in to try and distract them before things escalate."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider ensured the service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One relative told us, "There is always plenty of staff there to help [my family member], they look after them well."
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety.

Using medicines safely

- Staff followed systems and processes to administer and store medicines safely. Records were not always updated promptly when medicines were discontinued but the registered manager took immediate action following our feedback. One relative told us, "I am more than happy with the administration, they are very good with medication."
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- Staff made sure people received information about medicines in a way they could understand.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visits for people living in the home without restriction. Appropriate precautions were taken around visiting in the event of an outbreak in the home.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider did not ensure people's goals and aspirations were always appropriately adapted to the person. Goals were not broken down into easily achievable and measurable targets and they were not monitored regularly. This had also been picked up by external professionals in September 2022 but no action had yet been taken to improve this.

We recommend the provider refer to latest best practice guidance around effective planning to help people achieve their goals and aspirations.

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. Relatives were happy with the way support was delivered to meet their loved one's needs. One relative told us, "[Staff] are very good at managing [my family member's] behaviour, calming them down when they start getting upset over different things. It is all dealt with light heartedly all the time, because they respond well to humour. So, they've got the right approach, which is a good approach for him."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including objects, pictures and other visual cues which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. One relative told us, "[My family member] goes to the cinema, they go for massages, to the seaside, bowling, they have walks and have tea out. They do quite a few bits and pieces; sometimes I think they have a better social life than me. They go on holidays as well."
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. One member of staff told us, "We always want to make the right decisions for the [people using the service], we do everything we can to make sure they are living their best life. We make sure their choices are always heard."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative told us, "I definitely haven't got any issues, if I have, then I know where to go."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One relative told us, "[The registered manager] really listens to you. They will ring us up and say what do you think about this? What do you think about that?"
- Staff felt valued and respected and morale was good. One member of staff told us, "We have a brilliant staff team. We went through lockdown together so we had to get on, we stepped up and really grew as a team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to perform their role, They had a clear understanding of people's needs and good oversight of the service they managed.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. One member of staff told us, "I've just finished my NVQ and I'm learning Makaton now. I think it's a brilliant thing that will really help me communicate with [people's names]."
- Staff were able to explain their role in respect of individual people without having to refer to documentation. We saw information staff told us in conversation reflected in people's support plans.
- The service apologised to people, and those important to them, when things went wrong. Relatives told us communication was always good. One relative said, "[My family member] fell down the stairs the other day, the last three steps. They rang straight away, they said they had fallen but were okay. They got them checked over, but they always ring straight away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff were encouraged to be involved in the development of the service. Regular monthly team meetings were held, and staff gave examples of where their ideas had been put into action. One member of staff said, "Staff are encouraged to take their turn to host the meetings, so they feel more involved. Nobody is shouted down, it's an open forum where you can say whatever needs to be said."
- The provider sought feedback from people and those important to them and used the feedback to

develop the service.

- The provider invested sufficiently in the service, embracing change and delivering improvements.

Working in partnership with others

- The provider engaged with the local authority, health professionals and organisations such as The National Autistic Society to improve care and support for people using the service. One professional told us, "I find the staff very welcoming. They are knowledgeable about [person's name] and really enthusiastic to work with me to get the best outcomes for them. It feels like a fun and friendly home and one I would be happy to work in without an issue."
- The service had developed good relationships within the local community and were involved with a number of local sports clubs and activities. People have taken part in disability football and netball with local clubs over recent months. Some people attended a local gym or went to watch matches at a local cricket club and there were plans in place for people to join a local fishing group with support of a family member.