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Mill House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mill House is a care home providing support with personal care needs to a maximum of 24 older people. Accommodation is provided in a purpose built two storey building and at the time of the inspection, 22 people were using the service, some of whom were living with dementia.

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

Risks to people's safety and well-being were not fully considered and plans to mitigate risks were not in place. Infection prevention and control procedures did not ensure people would be protected from the risk of infection. People were not protected from harm when using equipment at the home.

Systems in place to monitor the quality and safety of the service were not effective. The provider had failed to act on the breaches of regulations identified at our last inspection.

People received their medicines when they needed them, and systems were in place to ensure that medicines were stored and administered safely and that adequate supplies were available. People were protected from the risk of abuse. Accidents and incidents were investigated to identify measure to prevent re-occurrences. Staff were recruited safely.

People received care in accordance with their needs and preferences. People were supported to maintain contact with their friends and families. There were opportunities for social stimulation. People felt their concerns and complaints would be listened to and responded to. People had plans relating to end of life care decisions where required.

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 ratings for this service was requires improvement (report published 24 October 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

We undertook this focussed inspection due to concerns we had received about the management of Mill House. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led key sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has remained the same. This is based on the findings at this inspection. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to safe care and treatment, premises and equipment and good governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 is not always safe.
Details are in our safe 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 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 Care Act 2014.

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

This inspection was completed by two inspectors on the first day and one inspector on the second.

Service and service type

Mill House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they 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 first day of the inspection was unannounced; however, we telephoned the provider from outside the home because of the risks associated with COVID 19. This was because we needed to know of the COVID 19 status in the home and discuss the infection, prevention and control measures in place. The second day was announced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided and we spent time in the communal area observing the support people received. We spoke with eight staff members including a registered manager, deputy manager, support workers, maintenance and domestic staff. We reviewed a range of records. These included four people's care records and multiple medication records. We looked at four 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.

After the inspection

Due to COVID-19 we reviewed a number of records off site.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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, preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer in breach of this part of regulation 12 although was still in breach overall all owing to the other concerns identified.

- Risks to people at the home had not been fully assessed and managed. People had a limited range of assessments and these assessments were not detailed. For example, falls risk assessment had not considered what made a person more likely to fall.
- During the inspection we saw restrictors fitted to all windows were not appropriate and could be overcome using basic tools. We shared our concerns with the registered manager who took immediate action during our visit to make them safe and we saw that this had been completed during the second day of the inspection.
- The fire risk assessment for the home had not been reviewed since 2017 and some work identified as required in that assessment had not been carried out. We discussed this with the registered manager who advised us that arrangements would be made for this to be carried out urgently. On the second day of the inspection this had been done and all remedial work had been carried out.
- Risks to people from the use of manual handling equipment had not been minimised. Equipment had not been serviced in accordance with manufacturers guidelines. We advised the registered manager of our concerns and by the second day of the inspection, all of the equipment had been serviced.
- Staff at the home carried out routine checks on the environment but these were not effective as they had not identified that a number of fire doors did not close properly. On the second day of the inspection we saw that these had been adjusted and now closed fully.
- Records of safety checks of people's rooms had been recently changed and no longer identified which individual rooms were being checked, just that bedrooms were being checked. This meant that there was no audit trail for work identified as being required. On the second day of the inspection the registered manager showed us they had implemented changes to the way these were recorded which clearly identified where action was required and provided an audit trail to ensure that it was carried out in a timely manner.
- People had plans in place for evacuation in an emergency and these were tested with drills.
- We were assured that the provider's infection prevention and control policy was up to date following us raising our concerns.

At our last inspection the provider had failed to consider environmental risks relating to the infection control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

We reviewed the infection control measures in place in light of the COVID 19 pandemic.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Improvements had been made to the laundry process to ensure segregation of clean and soiled laundry, but there was damage to some wall and therefore it could not be cleaned effectively to prevent cross contamination.
- Records of cleaning at the home were not effective as some tasks were not identified on the records, for example, disinfection of chairs in the lounges, which we observed being carried out during the inspection. Where tasks were identified on the records, staff were not signing individual tasks on the form to say they had completed them. This meant there was no way of telling whether an area had been cleaned or not. We raised these concerns with the registered manager and on the second day of the inspection she showed us that these records had been improved and all tasks were now identified and signed for individually.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. The home had an infection control lead that was responsible for visitors and we saw that this was done safely and in accordance with national guidelines, however, there was no written procedure for staff to follow when the infection control lead was not present at the home.
- We were somewhat assured that the provider was using PPE effectively and safely. On the first day of the inspection we were met at the door by a staff member not wearing a mask and saw another member of staff in the lounge talking to a person with no mask on. These concerns were reported to the registered manager.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Although the home had previously had a COVID-19 outbreak there was no written plan for staff to follow on how they would manage future outbreaks should the registered manager be absent. We raised these concerns to the registered manager, and she acted immediately, and we were shown the written plan on the second day of the inspection.
- There were systems in place to check staff and visiting professionals vaccination status, however on the first day of the inspection, the inspectors were not asked to show their vaccination status, when we raised this concern with the registered manager she explained that it was because their infection control lead was not there when we arrived. This supported the need for a written policy for visitors for staff to follow. The registered manager agreed and by the second visit we were shown that this was in place.

This is a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

Using medicines safely

At our last inspection medicines were not always safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of this part of regulation 12 although was still in breach overall all owing to the other concerns identified.

- People received their medicines as prescribed and they were administered by trained staff. Protocols had been drawn up considering people's preference as to how and where they would like to have their medicines administered.

- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these.
- Medicines were stored securely and in accordance with manufacturers guidelines and we saw the temperatures where medication was stored were checked regularly.
- Regular audits of medicines records and stocks had taken place to ensure any errors were identified quickly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- Staff received training in safeguarding people from the risk of abuse.
- A staff member told us, "If I had any concerns that abuse was taking place, I would report it to the manager and if I felt I wasn't listened to I would report it to CQC".
- The registered manager understood their safeguarding responsibilities and we saw they took appropriate action to safeguarding people.

Staffing and recruitment

- Staff were recruited safely, and checks were made to ensure they were of good character to work with the people living at the home.
- Discussions with people who use the service told us staff were always available when needed to support them. We observed staff were always nearby to assist people when needed.

Learning lessons when things go wrong

- Accidents and incident were fully documented and investigated to identify ways of preventing them from happening again.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good This meant people's needs were met through good organisation and delivery.

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

- The service employed an activity co-ordinator and there was a weekly timetable of activities that people could join.
- The home had recently held a bonfire party in their garden where people and their families were invited.
- The home was decorated with artwork that people had created during activities.

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

- People had personalised plans of care which were reviewed regularly. The registered manager had recently commenced making further improvements to these and this was work in process at the time of the inspection.
- Staff knew people well. One person told us, "Staff know what I like."
- Staff had the opportunity to share information and plan the care at the start of each shift.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Notices for people around the home were only provided in a written format. We discussed this with the registered manager and on the second day of the inspection they showed us new notice boards in the lounges with timetables and menus which included symbols and pictures to assist people who could not read the written format.
- The provider met the Accessible Information Standard.
- People had information in their files to ensure staff had information available about how they communicated. Staff were able to tell us how people preferred to communicate.
- The registered manager told us information was available for people should they require it in their chosen format.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints procedure and records of complaints and the response and any lessons learned were documented.

End of life care and support

- There was no one currently being supported with end of life care. There was some guidance in place that considered people's preferences and request in relation to end of life care.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

At our last inspection the provider's audits were not always consistent or effective in identifying areas of improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Whilst audits were in place, these had not been effective in identifying the concerns we identified in the safe section of this report.
- Audits had failed to identify that some records were not being completed effectively. For example, cleaning records did not identify what tasks had been completed.
- We discussed this with the registered manager on the first day of the inspection and on the second day of the inspection they showed us improvements had been made to governance and auditing processes to prevent this from happening again. As such there was no evidence to show this was embedded into their work practises and was effective.
- The registered manager had failed to submit notifications to CQC in relation to some deaths at the home. When they were made aware of this, they took immediate action and submitted them retrospectively. The manager told us that they had not previously had to notify us of these in their previous roles but was aware now.

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

- The provider was committed to meeting their responsibilities and had made a lot of improvements. These included improvements to medicines management, training, records and care plans and were responsive to issues we found during the inspection.
- The registered manager showed us areas of the home that had recently been redecorated and between the two days of the inspection both lounges had been refurbished and new carpets laid in a hallway. There was a plan in place for other areas to be improved.
- During discussions with the registered manager it was evident that she knew the people well and they spoke with passion about wanting to achieve the best outcomes for them.

- The previous inspection rating was displayed in the entrance hall in accordance with the law.

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

- Staff spoke very highly about the impact the registered manager had on the service since their appointment. One staff member told us, "Paperwork has improved, people are properly cared for and staff are valued and thanked for their efforts."
- The Registered manager was visible in the service, approachable and took a genuine interest in what people had to say.
- The registered manager had identified care plans could be improved and was working to make them more person centred.

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

- People told us they could make suggestions, one person said, "If something is not right, I tell them, and they do something about it."
- Staff told us they received regular staff meetings and handovers. A staff member told us, "I know if I had any ideas about someone's care needs, I could approach (registered manager) and I would be listened to."

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

- When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.
- The manager understood their legal responsibility to be open and honest with people when things went wrong.

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Infection prevention and control procedures did not ensure people would be protected from the risk of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not effective.