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Mill 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 ●

Summary of findings

Overall summary

This unannounced inspection took place on 15 December 2016. At our last inspection visit in October 2015 we found the provider was meeting the regulations. Mill House is a care home which provides accommodation and personal care for up to 24 people. At the time of our inspection 21 people lived at the home.

The home 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 told us they felt safe in the home. Staff we spoke with were aware of their responsibilities to keep people safe and report any allegations of abuse. People's individual risks were assessed. There were sufficient numbers of staff to meet people's needs. People received their medicines as prescribed and systems were in place to store and dispose of medicines safely. The provider had processes in place to ensure staff were recruited safely and that they had the training and skills to meet people's needs. Staff obtained consent before they provided care. Staff understood people's decisions when supporting people and worked to ensure people's best interests were met. People enjoyed their food and had choices regarding their meals. People were supported to access health care professionals to meet their health needs.

People said staff were kind and caring and treated them with dignity and respect. People felt involved in their day to day choices and were supported by staff to maintain their independence. People and their relatives were involved in developing their care plans and people received care that met their needs. People told us they were happy living at the home and took part in a number of different activities. People and relatives knew how to raise any concerns and were confident any issues would be addressed.

People and staff told us the registered manager was approachable and supportive. Staff understood their roles and responsibilities. People and their relatives were encouraged to share their opinions about the quality of the service received. Effective audit systems were in place to assess and monitor the quality of service provided.

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.

People said they felt safe and staff understood what to do if they suspected people were at risk of harm or abuse. Risks to people had been assessed and care planned to minimise any risks. People were supported by sufficient numbers of staff who had been recruited safely. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were skilled and trained to meet their care needs. People were asked for their consent before being provided with care. People enjoyed the food and drink that they received and were supported by staff to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring. People's dignity and privacy was respected and promoted. People said they were supported to make choices and to be independent. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care. Care records were reflective of people's needs and were regularly reviewed and updated. People were happy with the leisure activities available. People felt confident to complain and were confident any concerns would be addressed appropriately.

Is the service well-led?

Good ●

The service was well-led.

People were complimentary of the registered manager and told us the home was well managed. Staff understood their roles and responsibilities and felt supported by the registered manager and provider. Quality assurance systems were in place to monitor the service and where required changes made to improve the quality of care people receive.

Mill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 December 2016 and was unannounced. The inspection was conducted by one inspector. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority for information they held about the home.

We spoke with five people who lived at the home and one relative. We spoke with four members of staff and the registered manager. We looked at four people's care records, records relating to medicines, two staff files and records relating to the management of the home. We also carried out observations throughout the inspection to look at how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the last inspection completed in October 2015, people said there were times when staff were not available to provide them with support. At this inspection we found there were enough staff to ensure people's needs were responded to in a timely manner.

People we spoke with told us there were enough staff to meet their needs. One person said, "There are enough staff and they always have time for you." A relative commented, "I think there are enough staff." Throughout the day we saw staff were available and any requests from people were met in a timely manner. One person said, "Staff come quickly if you need them." Staff told us they worked as part of a team and covered shifts amongst themselves. One member of staff said, "We have enough staff to meet people's needs we work as a team and support each other. If a [member of staff] is off we cover between ourselves." Another member of staff said, "There are enough staff we have two staff upstairs and two down we also have a senior and the registered manager." We saw the registered manager regularly reviewed the staffing levels to ensure people's needs were met. There were sufficient numbers of staff available who were deployed effectively to meet people's needs.

People told us they thought the service was safe. One person said, "I feel safe here because staff are always about and they come quickly if you need them." Another person said, "I feel very safe living here and have no worries I am looked after well." Staff were clear about their responsibilities to report any concerns they might have about a person's safety. They were able to explain the different types of potential abuse and how they would respond to protect people from the risk of harm. One member of staff told us, "There are different types of abuse for example, physical and verbal. It can also be making people feel scared. I would report it straight away if I suspected anything was wrong to the senior or registered manager." Staff were confident the registered manager would take the appropriate action if any concerns were raised. They explained if they felt appropriate action was not being taken they would report concerns to the local safeguarding authority or CQC. We looked at records and saw where incidents had occurred concerning people's safety; these had been reported to the local safeguarding authority in order to keep people safe.

Staff we spoke with demonstrated an awareness of people's individual risks to their health or well-being. They told us risks to people's safety were assessed and where required, equipment was available for staff to use. For example, staff assisted people to mobilise safely. We saw two members of staff using equipment to move a person from a chair to a wheelchair, staff ensured the equipment was secure and explained what they were doing to the person. We looked at the person's records and saw a risk assessment had been completed and information updated to ensure staff continued to meet the person's needs. We saw where incidents, accidents or falls had occurred that impacted on a person's safety staff had taken appropriate action to reduce the risk of it re-occurring. For example, by making a referral to an external healthcare professional or increased monitoring to reduce risks of falls.

Staff told us they had been interviewed and pre-employment checks had been completed before they started to work at the home. One member of staff said, "I had an interview with the [registered manager] and also met with the [provider]. I had reference and Disclosure and Barring checks completed before I started

as well." Disclosure and Barring checks help employers to make safer recruitment decisions and prevents unsuitable people being recruited. We looked at two staff files and these confirmed what staff had told us. We saw the provider had a safe recruitment process in place which meant people were cared for by staff who had been recruited safely.

People told us they received their medicines as prescribed. One person said, "I get my medicines I don't have any worries about that. Staff know what they are doing." A member of staff said, "Have had [medicine] training also the [registered manager] will complete competency checks and ask questions." We looked at how people received their medicines by staff. We saw there were appropriate systems in place to ensure people had their medicines in a safe way and as prescribed. For example, we saw staff checking medicines to ensure they were being administered as recommended and staff stayed with people whilst they took their medicines. Where medicines were given 'as required' staff were able to explain to us how and when these medicines should be given to people and we saw guidance was available for staff to refer to. Medicine Administration Records (MAR) had been completed accurately and reflected the medicine's in stock. Medicines received into the home were stored securely and when no longer in use, disposed of safely.

Is the service effective?

Our findings

People said staff were skilled and knowledgeable. One person said, "Staff know what they are doing and how to look after me." A relative commented, "[Staff] know [person name] very well; what their needs are and how to care for them. I think they are well trained." Staff said they had access to a variety of different training which meant they understood people's individual needs. One member of staff said, "I feel I have the skills to do my job I have completed training and it has helped me to meet and understand people's needs." Staff explained to us people's different care needs and how they supported these. They were able to explain people's individual communication methods and what these meant such as different gestures or body language. Records we looked at demonstrated staff were supported to obtain the skills to provide effective care to people.

We spoke with a member of staff who had recently started to work at the home. They described their induction training which included shadowing experienced members of staff and the time to read through people's care records. They said they had also been given an opportunity to undertake a variety of different training which included the care certificate." The care certificate is a set of core standards which provide staff with the knowledge they need to provide people's care. Staff said they understood their roles and responsibilities and felt supported by the registered manager. They told us they received regular one to one meetings and attended staff meetings. These meetings provided an opportunity to discuss their own development along with sharing different information such as recruitment of new staff or outcomes of audits. This meant staff received sufficient support from the registered manager to undertake their roles and responsibilities.

People told us staff sought their consent before providing care and support. One person said, "[Staff] make sure I am happy before they do anything for me." Another person said, "Staff always get my agreement first before they support me." During the inspection we observed staff seeking consent from people before attending to their needs.

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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the home was working within the principles of the MCA and found that it was. We saw assessments of people's capacity had been carried out to assess whether or not people lacked capacity to make certain decisions and these were recorded and shared with the staff team. Staff we spoke with demonstrated an understanding of people's individual capacity and were able to share examples of decisions people were able to make for themselves. Care records reflected that people and their representatives had taken part in best interest meetings to ensure they were happy with decisions made about their care and support. For example, when considering administering medicines covertly.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of DoLS and said that where people did not have capacity they considered if restrictions were required to keep people safe. Where this was applicable, applications had been completed and submitted to the local authority. We saw four applications had been approved by the local authority to deprive people of their liberty and another two applications had been submitted. Some staff we spoke with had a mixed understanding of MCA and DoLS. They were aware of obtaining consent from people but were not always aware of those people who had their rights restricted by a DoLS and what this might mean for the person. However, because they followed guidance in people's care records they did not act in a way that restricted people's rights. We spoke with the registered manager about this who said that they would arrange additional training where required for staff. We saw people's movement around the home was not restricted as their mobility aids were placed within their reach and they were able to move freely about the home

People were happy with the food and drink they received and said they always had a choice of meals. One person said, "I enjoy the meals they are very nice." Another person told us, "Always offered a choice of meal the food here is very good. If you change your mind about your choice you are offered an alternative." We observed meal times and saw interactions between staff and people were friendly and encouraging. Those people who required assistance with eating their meal were supported by staff at a pace suitable to the person's needs. Staff offered a choice of drinks frequently to people throughout the day and checked with people that they had enough to eat and drink. Staff were able to explain people's individual dietary requirements and how those needs were met. For example, staff were aware of those people who required a softened diet and how food and drink should be prepared to ensure the person's safety. Recommendations from speech and language therapists were followed to ensure people had their meals and drinks in a way they could manage. People were supported to maintain their nutrition and hydration needs.

People told us they were supported to access health care professionals such as a doctor and chiropodist. One person said, "I had a bad tummy and the staff got it checked out for me." A relative said, "[Staff] let us know if the doctor has been called in." We looked at people's health records and saw referrals were made where concerns had been identified. For example a referral had been made to the speech and language team (SALT) regarding concerns about a person's swallowing. Guidance provided by healthcare professionals were recorded in people's health files for staff to refer to. Staff we spoke with were well informed about people's health needs and were able to describe how they supported people with these. They said if they noticed a change in a person's health or support need they would speak with the senior member of staff or the registered manager who would contact the relevant healthcare professional. This showed people had access to appropriate healthcare professionals to support their needs.

Is the service caring?

Our findings

At the last inspection completed in October 2015, we saw people's confidential information was not always respected. Information about people's changing needs were discussed in communal areas of the home. At this inspection we found information about people's changing needs was shared with staff in private.

People told us that staff respected their privacy and dignity. One person said, "[Staff] will knock on my door before they come into my room. They are very polite." A relative commented, "[Staff] respect [person's name] dignity they will close the door when providing care." We saw staff talking to people respectfully, knocking on doors before entering people's rooms and talking to people at eye level using words or phrases people understood. We also saw one person required personal care we saw a member of staff discreetly support the person to their own room. This showed people were treated in a way that promoted their dignity.

People who lived at the home said their family could visit them whenever they wanted. One relative said, "Staff know me and I know the staff I am always made to feel very welcome here." We observed staff were caring towards people's visitors ensuring visitors had access to drinks during their visit to the home. People were supported to maintain relationships that were important to them.

People said staff were caring towards them. One person said, "The staff are very kind [staff] treat me very well. I like living here." A relative commented, "Staff are kind and very caring. They care about the family as well as the [person's name]. We could not pick a better home." We observed staff interactions were kind and we saw talked to people in a sensitive way, for example staff reassured people who were worried and spoke with people in a compassionate manner. We saw staff listened to people and did not rush them letting them talk at their own pace. Where people required support, staff responded promptly to their request. People told us about the positive relationships between them and the staff members. They said they were supported by a consistent group of staff who knew their needs well and enabled them to build close relationships. One person said, "[Staff member name] is lovely they know me and look after me well." A relative commented, "[Staff] talk to [person's name] about their army days [staff] know them well they are not lonely here they are happy here."

People we spoke with told us they were involved in choices about their care. One person said, "[Staff] help me make choices." A relative commented, "[Person's name] is given a choice by the staff. What [they] wants to eat or drink, where [they] wants to sit or spend his time." Throughout the day we observed people being offered a variety of different choices such as where they would like to sit, what they would like to eat or drink and whether they wanted to take part in different activities. We also saw people's bedrooms were personalised and decorated to reflect their taste. One person we spoke with said they liked to spend some time in their room and staff respected this choice. This showed people felt involved in their day to day choices and staff respected their decisions.

People told us they were supported to maintain their independence. One person said, "Staff support me when I need help. I can do some things on my own and staff check on me." We saw at mealtimes people had

the appropriate cutlery and aids to help promote their independence. Staff we spoke with explained how they supported people to maintain their independence such as, supporting people to dress themselves or encouraging people to undertake aspects of their personal care.

Is the service responsive?

Our findings

At the last inspection completed in October 2015, people were not always able to follow their chosen interests as staff did not always have time to engage with people. At this inspection we found people were supported to undertake a range of different activities and interests.

We asked people what interested them and what they enjoyed doing during the day. One person told us, "We do different things here; today I am going to listen to the carol concert." People told us they could choose to take part in different activities such as listening to music or group activities. One person said they enjoyed reading and chatting with staff. During the day we saw staff spending time with people talking or undertaking group activity sessions such as a sing- a-long and we saw some people enjoyed dancing with members of staff. This showed that people were able to spend their time in activities that were meaningful to them.

People and their relatives told us they were involved in making decisions about their care and support. They said that they received the care they required when they needed it. One person told us, "[Staff] listen to me and we have talked about my care." A relative said, "[We were] involved in developing [person's name] care plan and [staff] went through everything with the family. [Staff] keep us informed." People told us staff knew them well and had a good understanding of their preferences, routines and support needs. We saw one person who became distressed; staff explained to us how they supported this person and the actions they took to reduce their anxiety. They told us they shared information about people's care and changing needs at the start of each shift during handover sessions. They said this provided an opportunity for them to discuss information about people's care so people received continuity with their support. We looked at care records and saw these were updated as people's needs or preferences changed. We saw staff providing care and support to people that reflected what was recorded in their care records. This meant staff had access to up to date information to refer to which ensured people received consistent care.

People and their relatives told us they were aware of the complaints policy but said they had no need to complain about the care they received. They said they knew how to make a complaint and told us they felt confident to speak with staff if they had any concerns. One person said, "I don't have any concerns if I did I would speak to [registered manager]." A relative said, "I would speak to [registered manager] if I had any issues. I do not have any concerns." Staff we spoke with were able to explain how they would raise concerns or complaints on behalf of people who lived at the home. They said they would refer any concerns to the registered manager and said they were confident any issues would be addressed. We looked at the complaints log and saw there had not been any complaints since our last inspection. The registered manager said any concerns received would be treated seriously and investigated in line with the provider's complaints procedure. This showed people's complaints and concerns would be listened to and addressed by the provider.

Is the service well-led?

Our findings

People said the home was well-managed and the staff and registered manager friendly and approachable. One person said, "[Registered manager] is always about and is very friendly." Another person told us, "The [registered manager] and staff are very good they are always available to speak to. I think the home is very well run." A relative commented, "Could not have picked a better home. We have peace of mind the home is very well run." People told us they felt involved in the home and that their opinions mattered. One person told us, "Staff listen to me and ask for my thoughts. I feel involved in the home. I am very happy living here." A relative commented, "Have been to family meetings the staff will keep us well informed about anything going on." This showed there were processes in place which enabled people to share their views about the service they received.

People were supported by a team of motivated staff who spoke highly of the registered manager and the provider. One member of staff said, "[Registered manager] is a very good manager, they are very hands on and approachable." Staff told us information they needed was accessible such as care records and they were aware of their roles and responsibilities. Staff said they received enough support and training to do their jobs. They said the registered manager communicated well and listened to and involved them in the service. They said they had regular one to one and team meetings and were able to discuss their individual performance, training and any matter which might affect people who lived at the home. Staff felt confident any concerns they might raise would be listened and responded to appropriately. They were aware of the provider's whistle-blowing policy, including raising concerns to external agencies if required. Whistle-blowing means raising a concern about wrong doing within an organisation. This demonstrated staff felt supported by the provider and registered manager.

The registered manager was aware of their legal obligations to notify the Care Quality Commission (CQC) about certain events such as allegations of abuse or serious injuries. We saw there were systems in place and where required, notifications were made to CQC. We also saw that the provider had ensured information about the service's inspection rating was displayed prominently as required by the law. We found arrangements were in place to assess and monitor the quality of service provided. The registered manager also provided weekly and monthly reports to the provider about the running of the service and included information about staffing levels and activities provided. The registered manager said they felt supported by the provider and that they were always available should they need them. We saw a range of audits were completed of the environment and other aspects of the service. For example, medicines and infection control checks. We saw changes to people's care and any risks were monitored for trends. Where issues were identified an action plan was put in place to address concerns. Information was collected and analysed by the registered manager to improve the service people received. Effective systems were in place to assess, monitor and improve the quality and safety of services provided.