Care Quality Commission

Caring Homes Healthcare Group Limited

Mill House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 21 and 22 October 2015 and was unannounced.

Mill House is a care home for up to 45 people. At the time of our inspection there were 34 people living at the home.

Mill House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not fully protected against the risk of being cared for by unsuitable staff because robust recruitment procedures were not always applied.

Medicines were stored and managed safely although we found the policy had not always been followed for counter-checking hand written directions for giving people their medicines.

People were protected from the risk of abuse by staff who understood safeguarding procedures.

Summary of findings

There were sufficient numbers of staff who received appropriate training and had the right knowledge and skills to carry out their role.

Management and staff at Mill House protected people's rights through an understanding of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

People received support to meet their health care needs and were consulted about the meals they were provided with.

People were treated with kindness, their privacy and dignity was respected and they were supported to maintain their independence.

People received personalised care and there were arrangements in place for people and their representatives to raise concerns about the service.

The vision and values of the service were communicated to staff. Quality assurance systems were in place to monitor the quality of care and safety of the home. As part of this, the views of people using the service were taken into account and responded to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not fully safe.

People were not protected against the appointment of unsuitable staff because robust recruitment practices were not always followed.

People were safeguarded from the risk of abuse because staff understood how to protect them.

Medicines were managed safely although attention had not been given to some aspects of recording how people should be given their medicines.

Risks to people relating to their care and from the environment were assessed and monitored.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's rights were protected by the use of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards

People were consulted about meal preferences and supported to eat a varied diet.

People's health care needs were met through on-going support and liaison with healthcare professionals.

Good

Is the service caring?
The service was caring.

People were treated with respect and kindness.

People and their representatives were consulted about the care provided to meet their needs.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Good

Is the service responsive?
The service was responsive.

People received individualised care and were supported to take part in a choice of activities in the home and the wider community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

The vision and values of the service were clearly communicated to staff.

The manager was accessible and open to communication with people using the service, their representatives and staff.

Quality assurance systems were in place to monitor the quality of care and safety of the home.

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 21 and 22 October 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. We spoke with five people who used the service and three visiting relatives. We also spoke with the registered manager, the deputy manager, three members of care staff, the activity coordinator and the group quality manager. We carried out a tour of the premises, and reviewed records for four people using the service. We also looked at seven staff recruitment files. We checked the medicines administration records (MAR) and medicine storage arrangements for people using the service.

Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

Before our inspection we received information from two health care professionals who had been involved with people using the service.

Requires improvement

Is the service safe?

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always applied. Out of the seven staff files we reviewed, one staff member's conduct and the reasons for leaving one period of previous employment, which involved work with vulnerable adults, had not been checked with the previous employer. The registered provider's recruitment procedures did not reflect the regulations relating to employment checks for staff working with vulnerable adults. They made no reference to the information required under Schedule 3 of The Health and Social Care Act 2008 (regulated Activities) Regulations 2014. We discussed our findings with the registered manager who contacted the registered provider's human resources department to raise this.

Disclosure and barring service (DBS) checks had been carried out before staff started work. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Checks were in place on applicant's health and checks were undertaken to ensure nurses held current registration with the nursing and midwifery council.

People's medicine records were not always managed safely. Hand written directions for giving some people's medicine had been written on the current medicines administration record (MAR) by staff. However there was no signature for the staff who entered the directions on the administration chart and a second member of staff had not signed these directions to indicate they were checked and correct. This was despite a clear and comprehensive transcribing policy containing directions for giving medicines. Not following this process could result in errors in how people are given their medicines. Previous records showed this policy had been followed. We raised the situation with the registered manager and by the second day of our inspection visit we were able to see that suitable checks had been made and recorded on all handwritten directions for giving people their medicines. The registered manager told us she would be following this up with registered nurses working at Mill House through supervision sessions and nurses team meetings.

Medicines Administration Records (MAR charts) had been completed appropriately showing where medicines were given to people. Individual protocols were in place to guide staff giving medicines prescribed to be given as necessary.

There were appropriate records of medicines received into the care home and of medicines returned to the pharmacy. People's medicines were stored securely and at the correct temperature with storage temperatures monitored and recorded daily. Some people kept and administered their own medicines subject to risk assessment.

One person told us about a day when they felt there had been a staff shortage and that once or twice they had to wait awhile for the call bell to be answered. We discussed this with the registered manager and checked rotas. There was no staff shortage for the day the person indicated. The registered manager explained how the staffing was arranged to meet the needs of people using the service this included a plan to deal with staff shortages at short notice. Nurses were not included in the numbers of staff providing personal care, allowing them to concentrate on providing nursing care. Staff felt there were sufficient staff to meet people's needs, one staff member told us "staffing levels are fine".

People were protected from abuse by staff with the knowledge and understanding of safeguarding policies and procedures. Information given to us at the inspection showed all staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. They were confident any allegation of abuse would be managed correctly. Contact details for reporting a safeguarding concern were available at the nurse's station on each floor. People we spoke with told us they felt safe living at Mill House, one person told us "I feel very safe and happy here".

People had individual risk assessments in place. For example there were risk assessments for pressure area care, falls, nutritional risk and the use of bed rails. Risk assessments had been reviewed on a regular basis and action taken where identified. For example one person who had been assessed as nutritionally at risk was provided with a fortified diet. People's safety in relation to the premises and equipment had been managed with action taken to minimise risks from such hazards as legionella, fire and electrical faults. A general health and safety audit was also undertaken. Personal fire evacuation plans were in place for people using the service should they need to leave the building in an emergency. The registered

Requires improvement

Is the service safe?

manager explained to us the procedures to follow in the event of a fire when we arrived to carry out the inspection. A plan for dealing with emergencies that may interrupt the service was in place.

People were protected from risk of infection through action taken following audits. The most recent audit had been completed on 15 October 2015. Action points were recorded based on the findings for communication to relevant staff. We found the environment of the care home had been kept clean. The laundry had washable floor and wall surfaces and facilities for staff hand washing.

Good

Is the service effective?

Our findings

People using the service were supported by staff who had received training for their role. Induction training in line with national standards had been completed by staff where appropriate and more recently the new Care Certificate qualification had been introduced for new staff since April 2015. One member of staff commented during their induction, "The support from everybody was brilliant". Staff were positive about the training they received and told us they felt the training provided was enough for their role. One member of staff told us "they are excellent at providing your training". Staff had received training in such areas as first aid, infection control, fire safety and dementia. Staff had regular individual meetings called supervision sessions with the manager or a senior staff. One member of staff told us "I can't fault the support". Another spoke positively about how staff worked together describing a "good team spirit".

People's consent to care and treatment was sought appropriately and this was supported by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. Staff demonstrated an understanding of the principals of the MCA such as specific decisions being made in people's best interests where an assessment showed they lacked mental capacity. They had completed training in the MCA and DoLS.

One person had a 'best interests' decision made under the Mental Capacity Act 2005 (MCA). This had been decided following a process of consultation with relatives, staff supporting the person and health care professionals. A visitor commented "We have been to best interest meetings which has been helpful". We saw an example of a 'Do not attempt resuscitation' order for one person. This had been completed by a GP and recorded consultation with a relative due to the person lacking mental capacity. Previously a DOLs application had been granted for a person residing at Mill House. This person was no longer living at the home at the time of our inspection. We discussed DOLs with the registered manager who was aware of a recent court ruling regarding protecting the liberty of people in care homes. We asked the registered manager to take advice regarding the situation with people living at Mill House in light of the court ruling. Following our inspection the manager contacted us to confirm a DOLs application was in progress for one person.

People were provided with a variety of balanced meals in response to their needs and preferences. People were positive about the meals offered and confirmed there was a choice of meals available. We heard comments such as, "I love the three course lunches that we have here" and "My relative has put on weight since she has been here as she now eats regularly and good food." The menu changed on a four weekly cycle and also to reflect seasonal changes. The chef showed us records relating to special diets such as fortified, soft, pureed and of individual likes and dislikes. The personal choice of one person who chose to eat the same meals each day was respected. Notable dates in the calendar were celebrated through the menu, for example the menu for St Patrick's day had an Irish theme. Feedback received at a meet the chef meeting showed that people had enjoyed lunch on this day. Vegetarian options had been added to the menu in response to requests by residents. The chef showed us how he referred to a reference for healthy eating to provide balanced meals. Snacks and drinks were available to people on request. We observed a coffee morning where the activities co-ordinator made each resident fresh tea or coffee for them as they arrived and checked at intervals to see if they wanted more or a different drink.

People's healthcare needs were met through regular healthcare appointments and visits from healthcare professionals. One visitor told us "We were impressed when our relative came in with a couple of sore toes. The staff sorted it out straight away." Records were kept of visits by health professionals such as district nurses who were providing care for one person's pressure ulcer. We observed a nurse arranging a GP visit for one person where health problems had been identified. The nurse demonstrated an awareness of the person's medical history and how this was relevant to their current condition. Where necessary people had care plans for specific long term or short term health care needs. The service had ensured one person who had recently moved in from another area had been allocated to a local GP. We received the views of health care professionals who commented positively about the care provided to people they were involved with, at Mill House.

Good

Is the service caring?

Our findings

People had positive caring relationships with staff, this was demonstrated through staff interaction with people. During our observation at lunchtime we noted staff speaking to people to check on their wellbeing and enjoyment of the meal. Staff were polite and respectful and checked that people had finished eating before removing dishes. People's needs with eating and drinking were met with and staff were attentive and respectful to people. A calm atmosphere was achieved for people to enjoy eating their lunch. We observed an activity session and noted staff interacted extremely well with people. They were able to get one person to join in the activity using gentle conversation.

People and their representatives had been consulted about plans for their care. The registered manager told us how people were consulted about their care and where appropriate, relatives were invited to attend care plan reviews. A visitor told us "We have sat in on meetings with the staff and social worker and they have listened to us and helped us and our relative." Information about local advocacy services was available at the home, advocates had been used for people using the service in the past.

People's privacy and dignity was respected. The provider information return (PIR) stated "Dignity and respect are paramount to care at Mill House especially when a resident requires assistance with personal care needs." Staff gave us examples of how they would respect people's privacy and dignity when providing care such as closing curtains and doors. One staff member said "If anyone knocked on the door I would ask them to wait while I am dealing with a person." Care plans made reference to actions to preserve people's privacy and dignity. Additionally care plans contained an area for staff to complete relating to a person's preference of the gender of staff providing personal care. One person's care plan stated "female carers only". During our inspection visit we observed that staff were polite and respectful to people. They knocked on doors and waited for a response from the person before they went in. They addressed each person with their preferred name.

People were supported to maintain independence. Staff gave us examples of how they would act to promote independence such as offering people a choice of clothing when assisting them to dress and encouraging people to wash their hands and face as opposed to staff assisting them. One person's care plan stated "(the person) tries to do as much as possible for himself" as a reference for staff providing support with personal care. People were also able to be independent outside of the care home when the wished to be. One person told us "I go out in my mobility scooter to the local shops, library and cafe". Another person drove their car and kept this at Mill House. Another retained the services of a hairdresser they had used for many years as opposed to using the regular hairdresser at Mill House.

People were able to receive visitors without unnecessary restrictions. The PIR stated "Relative and friend visitors are welcomed, we offer the facilities in the main dining rooms, a private room is also available." Visitors told us "We can visit anytime and we have been given the front door code number, so we could even come during the night" and "When my mum was very ill, I was able to stay overnight in one of the rooms, which re-assured me that I was there for her." One person had a friend visiting and they said that "They were always made to feel welcome".

Good

Is the service responsive?

Our findings

People received personalised care and support. Staff demonstrated knowledge of personalised care and how this would be provided. One staff member told us about the importance of knowing people's likes and dislikes. When asked about personalised care another staff member told us "we make a great effort to provide this". Although following a set format, care plans were also personalised with specific and individualised information about people's needs and the actions for staff to take to meet them. One person was not interested in joining group activities and this had been recognised and recorded for staff reference. The relevant care plan stated "I am happy in my room and like my own company". A relative of a person using the service told us about personalised support "The Manager and staff have been very helpful when we have needed to tweak one or two things, like my relative does not always like to go down to the dining room every day. She sometimes finds it too much. So she now sometimes eats in her room, but will come out for other activities. This means that she can be on her own and eat better, but is also encouraged to socialise at other times."

Care plans had been kept under review with a system of reviewing them on a monthly basis. Information about people's social backgrounds and relationships was recorded for staff reference. During our visit a group of staff were completing information about their life histories as part of an activity.

Furnishings and the environment had been adapted to meet people's specific needs. One person told us how staff had arranged for a chair for the person suitable for their specific needs. A visitor told us that when their parents came into the home "they were able to have two rooms. One as a bedroom and one as a living room. Then when mum died, dad was allowed to choose which room he wanted and he chose the one by the car park, as he wanted to see all the comings and goings within the day to day activity of the home"

A range of activities were held in the home including physical exercises, looking after chickens, musical entertainment, gardening and trips out in a minibus. For people that did not leave their room, individual sessions were provided by the activity coordinator. On the first day of our inspection visit a coffee morning was taking place as well as a religious service in the afternoon which included a person who visited the care home to play a piano to accompany the singing of hymns. The activity coordinator described the approach to providing suitable activities for people "when a new resident comes in, as an activities angle, I look at their notes to find out as much as I can about the person and their past. If they are unable to tell me, I will talk to their relatives. I think that it is very important to do this, to help make the resident feel welcome and for us as the staff to know about them". There was a dedicated activities room which was home to a resident budgerigar.

There were arrangements to respond to any concerns or complaints. Information about how to make a complaint was available in the reception area and in each person's room. The complaint procedure correctly referred complainants unhappy with the response from the registered provider to the local government ombudsman. Records showed, complaints were recorded, investigated and responses provided to complainants. Where relevant action taken as a result of a complaint was recorded such as action taken to minimise noise following a complaint and improved standards of cleanliness. Meetings were held on a monthly basis. People were consulted about their views on meals and menus, activities and the environment of the care home. In addition meetings were held for relatives of people using the service where information was given about the staff team, activities and future developments at Mill House. Relatives were encouraged to raise any issues with the management or nursing staff and where this took place responses were recorded.

Good

Is the service well-led?

Our findings

The vision and values of the service were outlined in the "Purpose and objectives" included in the service user guide. The copy we saw had been updated as recently as July 2015. This included the statement "Our aim is to provide high quality nursing care that will together with a day to day programme of agreed meaningful activity, enable the residents to maximise their independence, pursue personal development, meet their religious needs and ensure that individual requests are met as much as is possible in a shared living environment." We saw how aspects of this statement were communicated to staff at team meetings. For example minutes of the nurses meeting included information about managing people's medicines and completing care plans to the expected standard. The registered manager described a plan to develop one floor of the care home as a dedicated area for people living with dementia. This process included a programme of staff training and suitable adaptations to the environment. Plans for this had been communicated at a recent staff meeting.

The service aimed to establish links with the local community to promote the service and for the social benefit of people using the service and the wider community. Links had been made with a local community trust providing respite day care for people in the local area. Representatives from a local church visited Mill House to organise a monthly service. Two church groups also used facilities at the care home.

Staff made positive comments about the management at Mill House, one said "I feel that I can approach the Manager and she will help as much as she can". Another said "The registered manager and deputy manager have a lot of patience and good communication skills".

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The home had a registered manager who had been registered as manager of Mill House since November 2013. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. Information about notifying us about these events was displayed in the manager's office. We had been promptly notified of these events when they occurred. The registered manager was supported by a deputy manager.

People benefitted from checks to ensure a consistent and safe service was being provided. A clinical management trending system had been developed. This collected clinical data and information any accidents and incidents in the home, identified any trends and fed this back to the management for action identifying areas of clinical risk. The group quality manager explained how the system could be used to take action for people at risk nutritionally or at risk of falls.

The views of people using the service, their representatives and staff had been sought through surveys with the results recorded and any areas for action identified. However numbers of responses were low in number and this had been identified as an area for improvement. In addition 27 positive compliments had been received from people using the service and their representatives in the twelve months prior to August 2015. Quality audits were also made by representatives of the registered provider this involved talking to people, their representatives and staff. The results were fed back to the management at Mill House.