

Catherine Miller House Limited

Catherine Miller House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Catherine Miller House is a residential care home and it was providing personal care to 24 people aged 65 and over at the time of the inspection. The service can support up to 30 people in one adapted building.

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

Effective arrangements were not in place to mitigate all risks for people using the service or staff employed. Not all appropriate measures were in place or being followed by staff to prevent and control the spread of infections.

Quality assurance and governance arrangements at the service were not as reliable or effective as they should be in identifying shortfalls in the service. Lessons were not consistently learned to improve the service.

People were protected by the service's safeguarding arrangements. The deployment of staff was suitable to meet people's care and support needs and staff recruitment procedures were safe. Proper arrangements were in place to ensure people received their medication as they should. People told us they liked living at Catherine Miller House and relatives were complimentary about the quality of the service provided.

Rating at last inspection (and update) The last rating for this service was Requires Improvement (published October 2019). The service remains rated Requires Improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the culture of the service, staffing and infection, prevention and control. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements relating to risk management, infection, prevention and control and to some aspects of their quality assurance arrangements.

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.

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

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Catherine Miller 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

The inspection was completed by one inspector.

Service and service type

Catherine Miller House is a 'care home'. People in care homes receive accommodation and nursing or 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 did not have a manager registered with the Care Quality Commission. The service was being managed by the Care Team Leader and they had been promoted by the provider to manage the service. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the manager, senior care staff, care staff, kitchen assistant and housekeeper. 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.

We reviewed a range of records. This included people's care records and medication administration records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information relating to three people's nutritional care needs, two recruitment files for staff employed in the last six months, quality assurance records, including staff training data. We spoke with one healthcare professional who regularly visits the service. We wrote to six people's relatives about their experience of Catherine Miller House and received three responses.



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.

At our last inspection in June and July 2019, robust arrangements to manage risks to people's safety and wellbeing were not being effectively managed. This included not all radiators in the service had covers. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection appropriate measures had still not been undertaken to mitigate risks to people.

Preventing and controlling infection

- We were not assured the provider was meeting social distancing rules in communal areas and this required improvement to keep people safe.
- We were not assured staff were adopting good hand hygiene practices. Though there was no outbreak of COVID-19 at the service and all staff were observed to wear a face mask, where staff had direct contact [touching] with people using the service, staff did not always wash their hands and use sanitiser between these interactions. This placed people at increased risk of contracting COVID-19 or other infections.
- Arrangements to assess current and emerging risks presented by the pandemic for staff were generic and not completed for all staff. Where these highlighted staff were not solely employed at Catherine Miller House, this had not been examined.
- Not all staff had completed Infection, Prevention and Control [IPC] training. This referred to COVID-19 training, 'donning and doffing' training and the service's hand hygiene competency tool. The manager confirmed the IPC lead for the service had not completed a higher level of IPC training to enable them to identify infection risks, implement and monitor actions to mitigate risks and to oversee the delivery of local policies and procedures.
- One member of staff was responsible for conducting swab testing for people using the service and staff. Although they had read the standard booklet and received instruction from the manager and administrator to undertake this task, they had not watched the training video or completed the online assessment as recommended.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection in June and July 2019, not all radiators in the service were covered to ensure people's safety. At this inspection, this remained outstanding and although a radiator assessment was in place, this was not robust to mitigate the risk of people falling onto a hot surface and sustaining an injury. This demonstrated lessons had not been learned to mitigate risks for people using the service. Following the inspection, the manager told us the provider was looking to remove the radiators and replace these with

wall heaters. However, a timeframe for this action was not stipulated.

- One member of staff was observed on three occasions to place their hand under one person's armpit when assisting them to mobilise. This technique is unsafe and can hurt and cause injury.
- Not all risks to people's safety and wellbeing were being monitored and managed effectively. Observations showed one person had both legs placed over their bedrails for 35 minutes. A bedrail risk assessment was not apparent but was completed retrospectively once brought to the manager's attention.

This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives confirmed they had no concerns relating to the safety of their family member. Relatives comments included, "I feel [relative] is very safe and I'm really happy with the care [relative] receives" and, "I have had no concerns about [relative's] safety since they have been at the care home."
- The manager demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns to the management team and external agencies, such as the Local Authority and Care Quality Commission.
- The staff training records showed not all staff had completed safeguarding training or last received training in 2018 and 2019 respectively. The manager stated they were aware of this and provided an assurance that actions would be taken to provide training at the earliest opportunity.

Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff responded to people in a timely way and call alarm facilities were answered promptly. Relatives told us they were happy with the level of care provided. Comments included, "[Relative] is well looked after and the staff are very attentive and considerate" and, "I'm happy with the level of care [relative] receives and particularly happy with the care and attention the staff shows towards them."
- Staff told us staffing levels were appropriate and there was enough of them to provide safe care to people living at Catherine Miller House.
- Staff had been recruited safely to ensure they were suitable to work with the people they supported.

Using medicines safely

- People told us they received their prescribed medication as they should and were happy to have this administered by staff. Following the inspection a healthcare professional confirmed medication practices at the service had significantly improved.
- We looked at the Medication Administration Records [MAR] for seven out of 24 people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as stipulated by the prescriber.
- Improvements were required to ensure PRN 'as required' medication protocols for people who required pain relief medication, included whether the person was able to ask for the medicine, if they need prompting or staff needed to observe for non-verbal cues.
- Staff involved in the administration of medication last received training in 2018 and 2019 and had their competency assessed. Medication audits demonstrated a good level of compliance.

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.

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

- The provider's arrangements to assess and monitor the service required improvement as there were missed opportunities to mitigate risks and to make sure people living at the service remained safe.
- Though audits were in place, they needed to be used more effectively, as they failed to pick up the issues identified as part of this inspection within the 'Safe' section of this report. Infection, Prevention and Control [IPC] audits for the period October 2020 to December 2020 recorded no areas for corrective action. Despite a pandemic being in place since February 2020, IPC audits were not completed between April 2020 and October 2020 to assure the provider and manager that the service was compliant with current government guidance.
- Effective arrangements for robust managerial oversight of the service at service and provider level required improvement and strengthening. Provider reports completed in January 2020, June 2020, October 2020 and December 2020 highlighted improvements were required in a variety of areas. An action plan to demonstrate how improvements were to be made, timescales and those responsible for managing and overseeing progress was not completed.
- Evidence to demonstrate how lessons learned and improvements made when things go wrong were not in place. There was little evidence of learning and service improvement and where improvements have been introduced, these were reactive rather than proactive.

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

- Since the 29 October 2020, Catherine Miller House was being managed by the Care Team Leader, with additional support provided by the service's administrator and the provider.
- The manager stated they were getting used to their new role and areas of responsibility. Currently they were familiarising themselves with the Care Quality Commission's regulations and fundamental standards. The manager had not received a revised job description from the provider or received an induction following their promotion at the end of October 2020.
- Effective role models were not picking up poor practice, such as poor moving and handling practices, poor hand hygiene practices or where staff demonstrated a lack of respect to people using the service. The latter

referred to one person who used the service asking a member of staff if their lunchtime meal was hot. In response the staff member placed their gloved finger into the person's food and then continued to assist the person with their meal.

- The manager confirmed they had only received one formal supervision in the last 12 months and one appraisal of their overall performance in three years. Despite this, the manager stated they received good support from the provider.

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

- Arrangements were in place for gathering people's views of the service, but they were last undertaken in March 2018. No information was evident or provided to evidence relatives' views about the quality of the service had been sought.
- Staff completed a questionnaire relating to their employment in 2020. Comments recorded were variable and included staff requesting more guidance and training relating to the pandemic and Infection, Prevention and Control [IPC]. An action plan to demonstrate how this was to be addressed, had not been considered and recorded and this was despite the provider's report for June 2020 referring to not all staff completing online training.
- Where people could, they told us they liked living at Catherine Miller House. Following the inspection, relatives confirmed they too were happy with the level of care and support provided for their family member. Two out of three relatives told us communication was good at the service. However, one relative told us, "I feel communication needs to be improved. We are rarely contacted or updated, for instance if [relative] receives a visit or has an appointment from their GP." The relative also stated they had not been informed when their family member had received their COVID-19 vaccination and only found out when they contacted the service for a catch-up.

This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.
- Following the inspection we spoke with a healthcare professional who regularly visited the service. Comments were generally positive and where improvements were required, for example, in relation to moving and handling practices, these were directly discussed with the manager.

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 Risks for people must be assessed, recorded and mitigated to ensure their safety and wellbeing.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Improvements must be made to the service's governance arrangements to assess and monitor the quality of the service provided and to enable them to identify and assess risks to people's health and safety.