

# The Regard Partnership Limited

## 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

Mill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 provides care and support but not nursing care to people with mental health needs in their own rooms within a communal building. At the time of our inspection 20 people were receiving a service.

At the last inspection of 13 September 2015, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be safe at the service because staff had received training and were aware of procedures to safeguard people from abuse and manage risks to their health. Each person had a care plan and staff were aware of people's individual needs. There were enough suitably knowledgeable staff to support people that had been recruited safely. People received their medicines as prescribed.

Staff received training and supervision to enable them to provide the support to people with regard to their assessed needs. People gave consent to the support they received. People were given support to manage their nutrition and accessed healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice.

The staff were empathic and treated people with understanding. People's privacy and dignity were respected. Staff encouraged people to maintain and develop their independent living skills.

People continued to receive support that met their individual needs and preferences. Each person had an assessment of their needs and care plan which was updated regularly. Staff encouraged people to pursue their hobbies and interests. People knew how to raise a complaint and were confident any concerns raised would be addressed and resolved.

An open and positive culture was maintained by the service. The registered manager led and supported the staff team to focus upon person-centred support. Quality checks and audits remained in place so that issues were identified and resolutions for improvements put in place.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 checked 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 comprehensive inspection took place on 13 August 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events. Statutory notifications include information about important events which the provider is required to send to us by law. We used this information to plan the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service. We also spoke with the area service manager, registered manager and four other members of staff. We also spoke with one relative and a professional supporting people at the service.

We looked at four peoples support records. We reviewed three staff records including recruitment. We also reviewed the staffing rota, training records and quality assurance records.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

There were procedures in place and staff training designed to reduce the risk of abuse and staff knew people well and how to keep them safe. Staff had received safeguarding training and were able to identify signs of abuse. A member of staff told us, "Our training covered how to make a referral to the safeguard team."

People continued to be kept safe because risks to their health had been identified, recorded in their care plan and support was provided by staff that knew the person well. We saw the risk assessments were written with regard to the specific needs of each individual. This included reviewing risks of what the staff were to do if the person became distressed. There were clear instructions of how the staff were to support each person.

There were sufficient members of staff at the service to help people with their specific needs. Support to each individual was provided by knowledgeable staff to keep people safe. The senior staff had worked with each person to devise a timetable for them of when staff would provide specific support, alongside being available 24 hours a day to support people as and when necessary. The staffing rota was reviewed regularly to take account of people's needs and was adjusted accordingly so that there were sufficient staff on duty. One person told us, "Always staff here and they do help me along."

We saw that there was a policy and procedure in place for the recruitment of staff. The files showed us that this procedure had been followed including disclosure and barring service checks on staff. This meant that the service checked upon staff's suitability to work with the people who used the service.

People continued to be supported with their prescribed medicines. People's care plans had detailed information about the support they required to take their medicines, why they were prescribed and potential side effects. Staff carried out regular audits of medicine's stocks and records. PRN protocols were reviewed each month. A PRN medicine has been prescribed to be given when the person needs the medicine rather than on a regular basis. An example is for pain relief.

Procedures were in place to ensure the cleanliness of the service and we observed that the premises was clean. People informed us that they worked with staff to keep the service clean. The service was undergoing a refurbishment of the kitchen which meant that items were stored in communal rooms. People told us that this made some communal areas untidy but were confident all would be worthwhile once the refurbishment was complete. The registered manager continued to operate systems to monitor the cleanliness of the service and ensure the risk of the spread of infection was minimised.

The registered manager with the support of their manager and the senior staff of the service had developed a process to learn lessons and make improvements as the result of events that occurred at the service. We were informed about how staff responded to situations at the time and then looked to identify the reasons for the incident. This did involve other professionals as appropriate so that the experience was used to learn

lessons of how to support the person.

# Is the service effective?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People's needs were assessed to determine if the service could meet their needs. At the same time the staff learnt about people's choices and their aspirations for the future. A senior member of staff explained it was critical that there was an agreement between the person and the service staff that they could work together to achieve realistic agreed goals.

Before people started to use the service their care needs were assessed. One person told us, "I was asked lots of questions and I came to look at the place before deciding to move here." A professional told us, "The staff seek our views at the assessment stage to determine if the service is the right place at that time for the person." People informed us they felt involved in the assessment and planning process.

The registered manager organised training for the staff that was relevant to the needs of the people. There was an induction programme in place for new staff, which included time with senior staff and to get to know the people at the service before they started to work on a one to one basis. Staff were provided with supervision and regular training. A member of staff told us, "The training is organised and covers all you need to know about health and safety and fire training." Another member of staff told us, "I have regular supervision throughout the year."

People were supported to have enough food and drink of their choice. Some people went shopping on their own while others were supported to do this at the local shops with staff. The staff were knowledgeable about people's dietary needs including the risks and the support some people required with their diets.

The staff supported people to access healthcare professionals in order to maintain good health. Healthcare needs were met through people visiting their doctors and dentists. A professional told us, "Staff have contacted me whenever they have been concerned about a person. This has helped me to build up a meaningful relationship with the person and also staff."

The service was undergoing kitchen refurbishments at the time of our inspection. People had been involved with the choice of new kitchen equipment. The new kitchen would better support people wishing to develop their cooking and baking skills.

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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's capacity to make decisions about their care and treatment was assessed and where appropriate

best interest decisions had been made in line with the MCA on people's behalf. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Consent to care and treatment had been recorded in people's care plans.

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. We spoke with the registered manager about MCA and DoLS and they informed of the service policies and procedures. We saw information had been clearly recorded which included evidence that the service were working with other professionals and organisations and were keeping the person informed of the situation.



# Is the service caring?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

All of the people we spoke with were complimentary about the staff other than one person. One person we spoke with informed us that they were not happy living at the service but thought this was because they had achieved all they could and were ready and wanted to move to another service. We were aware that the staff were supporting the person with their feelings about this from the care plan and also listening to the support the staff told us they provided.

One person told us, "They look after me very well, they have time to listen." A relative informed us the staff were understanding and supportive. We saw that the staffing rota was based upon supporting people with their emotional needs. As this could not always be predicted staff were allocated to use time effectively while also being able to respond straight away to support a person when this was the greater need. People's care plans had been written with thought and clarity of how to support people with their emotional needs and hence the flexibility required by the staff. One member of staff told us, "I really enjoy working here, it is very challenging at times but I like seeing people moving forward in their life's."

People's care plans evidenced that people were involved in making decisions about how they were supported. Information was clearly written and people informed us about how the staff supported them.

People told us the choices they made were respected. One person told us, "I like to go out to do different things and I will be out most of today." Another person informed us about the things they liked to do during the day and in particular where they liked to spend their time and what music they enjoyed. They informed us the staff had listened to them to assist them to fulfil those choices. Another person spoke with us about how the staff respected them.

One person told us that they were unhappy with the storage of some of their personal possessions as their personal possessions had outgrown the size of their room. The staff told us they were helping the person to understand and manage the size of their various collections in accordance with the size of their room. The staff did also inform us that they would work with the person to ensure there was better storage arrangements of their personal possessions in another part of the service. Another person told us about how the staff respected them. They said, "The staff never barge in they always ask or knock to come into my room."

## Is the service responsive?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People continued to receive personalised care that was responsive to their needs. Each person had a care plan which had been written from an assessment of their needs. We saw that the plans focussed upon the needs of each person and took into account their choices and preferences. Care plan reviews were planned in advance and also carried out on a needs led basis. We saw that audits of the care plans were regularly carried out. The support and care people required could change and fluctuate rapidly and we saw recorded information in the care plans about how staff had supported people at difficult times for them. A professional told us, "I visit people at the service every week to support them and more frequently should the need arise."

There was a complaints policy and procedure. These details how to make a complaint and were provided to people when they first began to use the service. There was also information about how to raise a complaint in each of the people's care plans we saw. The registered manager explained to us how a complaint would be logged and the action taken to resolve a complaint. There were no open complaints at the time of the inspection and the staff considered this was because they were in contact with people each day and resolved many issues as they arose. We saw a number of compliments about how people had been supported from a number of people.

The service was not supporting anyone identified as requiring care at the end of their life. Due to the aims of the service it would be highly unlikely the service would be required to support anyone at that stage of their life. However as the service is the person's home this would always be considered with them and other professionals. The service staff had supported a person in the past who had been diagnosed as terminally ill. The staff had felt that they had supported the person with their wishes at that time with the support of other professionals working in the community.

## Is the service well-led?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

A registered manager was in place. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a notification. The CQC had been informed of significant events in a timely way by submitting the required notification.

One person we spoke with told us that the service was well managed and that the registered manager was kind and understanding. This view was also shared by the staff we spoke with. One member of staff told us, "The manager listened to us and then planned improvements rather than rush in and makes changes." Another member of staff told us, "The manager has done just about every job there is to do here over time and I find them supportive and a very good leader."

The service held regular meetings with the people living at the service to discuss any matters that people wished to raise. People also had designated times with their key workers to discuss their care plan and how the service was operated.

The registered manager had provided supervision and support to staff and also opportunities for staff to develop their skills through training. We saw that training was provided and staff were encouraged to seek additional relevant training for their development and to support people with their needs at the service.

The registered manager had an open door policy and was a visible presence. People told us that they saw the registered manager whenever they were on duty. Staff told us that the registered manager had taken time to get to know the people using the service as well as the staff. A member of staff told us, "We talk about how I am supporting a person in supervision and the manager actually knows them and their needs very well."

There were systems in place to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and support plans as well as seeking feedback from people using the service and professionals. The registered manager was also supported from regular visits and results of audits organised by their manager.