

Prime Life Limited

Mill House & Cottages

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 

Overall summary

Mill House and Cottages provides residential care for up to 44 older people, some of whom may be living with dementia.

The provider is required to have 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.

The home had a registered manager in post until May 2014. The provider initially had some difficulty appointing a suitable replacement manager but this was resolved in August 2014. At the time of this inspection, an experienced member of staff was employed as the acting manager and an application had been submitted for them to become the registered manager of the service.

Summary of findings

This unannounced inspection was undertaken by one inspector on 21 November 2014 and 16 January 2015. At our previous inspection on 20 January 2014 we found that the provider was not compliant with all the regulations we inspected.

During our inspection on 20 January 2014, we found that care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010.

At this inspection, on 21 November 2014 and 16 January 2015, we found that action had been taken to improve the way people's individual care was planned and delivered and ensure their safety and welfare. We determined that there was no longer a breach of Regulation 9.

During our inspection on 20 January 2014, we found that the provider did not have an effective system to regularly assess and monitor the quality of service that people received, nor to identify, assess and manage risks in order to protect people from the risks of receiving care or treatment that was unsafe. This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010.

At this inspection, on 21 November 2014 and 16 January 2015, we found that improvements had been made to people's risk assessments and that regular audits were being carried out in order to monitor the quality of the service and to identify and manage risks to people more effectively. We determined that there was no longer a breach of Regulation 10.

All the people we spoke with, who were living in the home, confirmed they felt safe living there. Relatives also told us that they had no concerns about their family members' safety.

People's care records that we looked at contained detailed risk assessments, which covered aspects of their daily lives, such as mobility, personal hygiene, nutrition and hydration.

Staff knew how to identify abuse and understood the reporting procedure, should they have any concerns that people may be experiencing any form of abuse.

Sufficient numbers of staff were on duty to support people, during both days of our inspection, and the provider was taking appropriate measures to recruit additional permanent staff, in order to fill the current vacancies.

Medicines were stored, managed and administered safely.

Although some areas of the premises were still in need of attention, significant improvements had been made by the provider to enhance people's safety and wellbeing within the overall environment.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The DoLS are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.

We were satisfied that applications for restrictions had been carried out appropriately and that the requirements of the DoLS were being met.

Staff received appropriate support, supervision and appraisals from senior staff or management. Staff also received regular training that was relevant to their roles.

People's individual dietary needs were catered for and people were supported to eat and drink sufficient quantities.

Staff's attitudes towards people living in the home were friendly, professional, caring and kind and staff were cheerful and enthusiastic in their roles.

People said that they could speak with the provider or any of the staff at any time and no-one had any cause for concern or complaints.

In addition to the acting manager, a regional director of the organisation visited the home on a regular basis and 'on-call' management was available by telephone, to provide any additional support that was needed.

Regular audits and reviews were being completed within the home, covering areas such as health and safety, medication, care plans, accidents, incidents, falls, pressure care, nutrition and hydration. These helped to ensure that service continued to operate well and that people's needs were appropriately met.

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 safe.

People living in the home were protected from abuse and people said they felt safe. Medicines were managed and administered safely.

There were sufficient numbers of staff on duty and new members of staff underwent thorough pre-recruitment checks to ensure they were suitable to work with vulnerable people.

Significant improvements had been made to enhance people's safety and wellbeing within the overall environment.

Good



Is the service effective?

The service was effective.

Staff were supported by way of supervisions, appraisals and training, to deliver care effectively.

People were supported to have sufficient amounts to eat and drink and had their dietary needs met.

Staff understood their responsibilities in respect of the Mental Capacity Act 2005 and, where restrictions were needed in the interests of people's safety, the acting manager understood and applied the Deprivation of Liberty Safeguards (DoLS) appropriately.

Good



Is the service caring?

The service was caring.

People's individuality was respected and promoted.

Staff treated people with dignity, respect and kindness and that people were comfortable in the presence of staff.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in the planning of their care, to ensure their needs were met.

Prompt action was taken in response to people's changing needs and timely referrals were made to relevant external healthcare professionals.

People could talk to any of the staff whenever they wanted and that they were quite happy with the service. No-one had any cause for concern or complaint.

Good



Is the service well-led?

The service was well led.

The provider was in the process of registering the acting manager to manage the home. A regional director of the organisation visited the home on a regular basis and 'on-call' management was available by telephone, to provide any additional support that was needed.

Good



Summary of findings

Audits and reviews were completed on a regular basis within the home, covering a number of areas that incorporated people's health, safety and wellbeing.

Mill House & Cottages

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 unannounced inspection was undertaken by one inspector on 21 November 2014 and 16 January 2015.

Before our inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications and enquiries. A notification is information about important events which the provider is required to send us by law.

During the two days of this inspection we spoke with the acting manager, a regional director of the organisation and

seven staff members, who were employed in various roles. We also spoke with six people who were living in the home, met and observed a further twelve people and spoke with two family members.

We looked at the care plans for six people and the medication records (MAR) for three people. We also checked some of the supplementary care records for people, such as daily notes and food and fluid charts. In addition, we also checked the personnel records for three members of staff.

Following a recent incident at the home, we spoke with a local environmental health officer and reviewed the summary notes, following a visit by the local authority's quality monitoring team. We also looked at the action plan that had been compiled by the acting manager and checked the progress regarding the actions that had been identified as needing to be taken.

Is the service safe?

Our findings

People we spoke with, who were living in the home, told us that they felt safe and we saw that people appeared comfortable in the presence of staff.

Two relatives we spoke with also confirmed that they felt their family members were safe. One person told us that their family member had “a couple of falls” during the last year but that they refused to wear their call bell. They said that the staff had been “very attentive and nice” and, overall, they felt that their family member was “...safe in the premises and well looked after”.

During this inspection we reviewed a recent incident, in which a person’s safety had been compromised. Although some possible shortcomings by the home had been identified, we were satisfied that in-depth investigations had been completed by the provider and acting manager and that prompt remedial action had been taken to help prevent any such recurrence.

External professionals such as the local authority’s quality monitoring team and the environmental health officer had also attended the home, following the incident. We saw that recommendations for areas of improvement made by these people had been acted upon appropriately by the acting manager and provider.

Some issues had been highlighted by the local authority’s Fire Safety Officer in August 2013 and a fire safety audit was undertaken in February 2014. We noted from a further visit by the fire officer on 11 March 2014, that appropriate action had been taken by the home and that all areas were deemed ‘satisfactory’, with no outstanding concerns or issues.

Some of the procedural improvements that had been completed, in order to enhance the safety and wellbeing of people living in Mill House and Cottages, included more effective handovers and more rigorous checks of the home and grounds on the day to night hand-overs. Night duty records were also being completed in more detail, with more accurate information. Some of the physical improvements that had been completed included alarms to all exit doors and increased staffing levels for night duty.

In addition, we saw that risk assessments that were specific to the Mill House environment had been completed for certain aspects, such as the garden, grounds and nearby

mill, uncovered radiators and ground floor windows. Consideration was given to the possible need for ground floor window restrictors in some instances, if people were identified as being at risk of climbing or falling out of these windows.

Staff we spoke with confirmed that they understood what constituted abuse and that they knew the reporting procedure. They also said that they felt confident and would not hesitate reporting anything they were concerned about. The training records we looked at also showed that staff had undertaken training in safeguarding and protecting vulnerable adults.

We also noted posters in various areas of the home that provided information and guidance, in written and pictorial formats, regarding abuse and whistleblowing. This meant that people living in the home, relatives, visitors and staff had easy access to the information required, should they ever have any concerns about people’s safety and wellbeing or possible abuse.

We discussed the staffing levels with the relatives we spoke with and one person described a time when their family member “had a turn” whilst they were visiting. This person told us that the staff were, “...there, quick sharp to help me and there already happened to be some Paramedics on site that were also able to help really quickly”.

We saw that there were enough staff on duty during this inspection. We also looked at the rotas for the eight weeks prior to this inspection and saw that virtually all shifts had been covered to meet the staffing levels identified as required, by the provider. The acting manager explained that the levels were regularly monitored with the human resources department and adjusted, as needed.

We noted that some shifts had been constructively organised, to ensure adequate cover at key times. For example, some staff worked ‘split shifts’ when needed. We also saw evidence of staff being drafted in from other homes that were also owned by the provider, to cover when required. The acting manager and regional director both confirmed that the recruitment of staff was ongoing and that some further prospective employees were currently ‘in the system’ pending satisfactory checks.

Discussions with the acting manager and regional director, plus staff records we looked at, assured us that safe recruitment practices were followed. We saw that appropriate checks such as clearance from the Disclosure

Is the service safe?

and Barring Service (DBS) and references were obtained before people started working in Mill House and Cottages. We also saw information and examples, which confirmed to us that appropriate disciplinary measures were taken promptly by the manager and provider, as and when necessary.

We observed a senior member of staff administering medication during the first day of our inspection and we saw that this member of staff was careful and thorough with their administration. Medication administration records were checked, the medicine trolley was closed securely when unattended and people's medication was administered individually and not rushed.

We saw that, when not in use, the medicine trolleys were stored in a secure designated room. This room also contained a fridge, lockable cupboards and secure storage

facilities for controlled medicines. We saw that appropriate records were being maintained in respect of fridge and room temperatures and that audits of medication were carried out regularly. At the time of our inspection we saw that this room was clean, tidy and well organised.

The acting manager told us how one particular person had originally been prescribed a level of medication that was proving to be 'too much' and that they were becoming over sedated. The manager explained that this person's medication had been reviewed and their prescribed amount adjusted. They said that the person was, "...so much calmer and happier now." They added that the revised medication had stabilised them, whilst still enabling them to have a good quality of life. This assured us that medication was not being used inappropriately for behaviour management.

Is the service effective?

Our findings

Staff we spoke with told us that they received appropriate support, supervision and appraisals from senior staff or management. However, one member of staff told us that things hadn't been easy during the last year and said, "We've had four managers this year already, though I'm confident that [new manager]'s got things under control now and will get things sorted."

During a group discussion, the staff we spoke with said they all felt that a lot of the previous problems were because the 'right' manager for Mill House & Cottages hadn't been found. They all also said that they felt that the acting manager was supporting the seniors much more now.

We looked at the 'Learning Register' for three members of staff and noted that work-book training had been completed in subjects such as safeguarding vulnerable adults, infection control and 'Dignity in Care'. This training helped staff to understand how to meet people's needs more effectively. Two of the three personnel files we looked at contained a number of certificates in respect of training courses attended and we saw that these were still 'in date' and relevant to the staff's work roles. The third personnel file was for a newly employed person who was in the process of commencing their induction.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The DoLS are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.

We looked at whether Mill House and Cottages was applying the DoLS appropriately. These safeguards protect the rights of adults using the services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed.

The acting manager told us that they had recently needed to make an application for one particular person and that the relevant professional had assessed and accepted the application. However, the acting manager went on to explain that, since this person's medication had been

reviewed, they were so much happier and more settled and that the application had since been withdrawn. This assured us that the acting manager understood when and how to make an application if needed.

We saw in people's care plans, that where there was uncertainty regarding people's capacity to make some decisions, mental capacity assessments had been completed appropriately.

When we spoke with one person about whether they felt the staff met their needs properly, they replied, without hesitation, "Well, you're wasting your time coming here, everything's fine..." Another person told us, "...definitely, they're all very good here..."

We noted from a discussion with the acting manager, and the minutes of a recent staff meeting, that the shift patterns for care staff were currently under review. The aim of this was to enable people's needs to be met more specifically, particularly by having continuity of staff supporting people to rise and retire to bed.

All the people we spoke with told us that the meals were always nice, although some people said they couldn't remember what they had chosen for dinner that day. Some of the comments people made when we asked them about the food provided included, "...lovely dinner today..." "...always is good..." "...good food, no complaints at all..."

We saw a comment in a letter that had been sent to the acting manager from a relative that said the food provided was, "Excellent".

One relative that we spoke with told us how their family member needed support, which they received appropriately, from staff during mealtimes.

Another relative we spoke with told us that their family member was, "...very comfortable there. [Name] loves their breakfast!"

We saw that people's individual dietary needs were being catered for. For example, some people were diabetic, one person was vegetarian and another person required a gluten free diet. The cook told us that they knew people really well and would cater for whatever they needed. We saw that clear information of people's needs, preferences, likes, dislikes and allergies was available to the cook and other staff preparing meals.

Is the service effective?

We saw that food and fluid charts were being maintained for people, whose levels were being monitored. These charts were informative and showed clear measures of the amounts people had actually eaten, drank, or refused.

People living in Mill House and Cottages had good access to external healthcare services and we noted that referrals were made appropriately and in a timely fashion.

Daily hand-over sheets were being completed and Team Leader Meetings were carried out each morning to discuss the general wellbeing of residents plus any appointments

that were in the diary for the day ahead. For example, staffing issues and rota, GP requests, notifiable events, resident issues, care plans, charts, activities and any other relevant issues.

Each of the care plans we looked at contained appropriately completed MUST (Malnutrition Universal Screening Tool) assessments in respect of people's weights, nutrition and hydration. Where concerns were identified regarding weights, eating or drinking, we saw that appropriate and timely referrals were made and advice was promptly sought from the dietician or the SALT (Speech and Language Therapy) team.

Is the service caring?

Our findings

People we spoke with all said they were happy and comfortable living in Mill House and Cottages and that they felt the staff were very caring. One person said to us, "If it wasn't for them, I don't know where I'd be – it's wonderful!" Another person said, "Everybody is very kind here."

One relative we spoke with told us, "I feel it is very good there. Earlier this year [name] was ok, now [name] is more difficult to care for, as they've become more confused, but the staff have been very good with [name]."

Another relative said, "[name] has been in Millhouse for six to seven years and I have never had any qualms, the care is exemplary." They also stated that their family member was looked after well and said that the regular staff knew them very well. This person also described how a previous member of staff still visited the home to see their family member every week. They also added, "...very content. [Name] never seems worried about anything."

During our inspection we observed that one person became distressed whilst sitting in one of the lounges and we observed caring and prompt staff interaction. We noted that staff sat with the person, showed concern and compassion and took time to reassure them.

We also noted that staff spoke pleasantly and interacted naturally with people, in passing as well as during the course of their duties. We observed throughout the

duration of our inspection that when people required any personal assistance, staff acted promptly and supported people discreetly and ensured their privacy and dignity was consistently maintained.

Our observations during the lunch period also showed staff treating people respectfully and, where people required assistance to eat or drink, this was done in a caring and dignified manner.

The six care plans we looked at all contained individual 'pen pictures' which gave a good insight to each person's personal history, as well as their hobbies, likes and dislikes. We saw that people had been actively involved in compiling their care plans and, where people had been unable to do this, we saw that their relatives or other appropriate people had contributed either with them or on their behalf.

We saw one particular example of where a staff member had spent time with a person compiling their personal 'pen picture' and it was evident that the person had been actively involved. Although this person didn't have capacity to make certain decisions and experienced considerable periods of confusion, they were still able to communicate elements about their life and the 'pen picture' gave a very real insight to the person as a unique individual.

Although none of the people living in Mill House and Cottages were accessing the advocacy service at the time of our inspection, we saw that information regarding this service was available for people on the noticeboard in both Mill House and the Mallard unit.

Is the service responsive?

Our findings

Throughout the duration of our inspection we saw that people were able to choose where they wanted to be in the home and activities were available if people wished to join in with these. We noted that the activities were adaptable and inclusive, in order that people with or without dementia could take part. We heard how some people had recently made some home-made lemonade with the activities coordinator and one person said, "...that was great and it was lovely – you didn't need to add any water to it afterwards..."

The cook told us how they had recently arranged for a friend of theirs to come in and provide some musical entertainment. They said that everyone had loved it, so they would be doing it again and on a more regular basis. Two people we spoke with confirmed that this was the case and one person said, "...he was brilliant, really enjoyed that..."

The cook also told us how one person living in the home regularly assisted them in the kitchen, which worked really well. An appropriate assessment had been completed and this person told us, "I do like to help [staff name] in the kitchen - I like to do my bit..."

Other comments from people we spoke with included, "...we're going for tea and biscuits at the church this afternoon..." "...they have some good stuff on here sometimes, some really good shows..." "...people sometimes come in and play music and we all sing along..."

During our observations in the Mallard unit, we noted that 'old-time' music was playing at an audible level, though not too loud, and we saw that people were aware of music, with some people singing along now and then. We observed one person interacting cheerfully with the person beside them and singing along to the music. Both people were relaxed and content.

We spoke with two relatives about people's care plans and the care that their family member received. One relative said that they could not recall being invited in to review their family member's care plan. However, they also said that they had been "the driving force" behind agreeing with staff what was suitable for their family member, due to

recent confusion. This person also told us that they had no issues with regard to communicating with the staff if there were any concerns or they felt that something needed to be addressed.

This relative described an example of other residents being able to access their family member's property during the previous summers, when doors were opened to let fresh air in. They stated that this had caused their family member some anxiety in the past but that they felt confident in addressing this with the management team if it occurred again this summer.

This relative also said that the home were very good at making contact if there were any changes to their family member's care. For example, falls or discussions regarding medication.

A second relative told us that they recalled being invited in to review their family member's care approximately two years ago but that this had not happened since. However, they went on to say, "That's probably because [name]'s care hasn't changed dramatically. If there are any sudden changes that happen, the staff let me know straight away by calling me."

This person also said, "I am pretty pleased with how [name] is looked after. I don't have any concerns. If I did, they wouldn't be there anymore. You only have one [family member]."

The second relative we spoke with also stated that they had no issues with raising any concerns with the staff or management as they were all, "Very approachable".

We saw that staff were working hard to ensure people's needs were consistently met appropriately and there were records in place to help evidence how this was achieved. For example, we saw that night checks were recorded at the intervals, assessed as required, for each person living in the main house and those who were living in the cottages.

We discussed people's care plans with the acting manager, who told us that they were currently in the process of revising everyone's plans, so that all relevant information was kept together. They explained that it would be more efficient for everything relating to a person to be in their own care plans, rather than in separate folders for various aspects such as GP visits and interventions, falls, accidents & incidents and daily notes etc.

Is the service responsive?

We also saw that audits of care plans were being carried out monthly and that individual assessments in respect of

areas such as falls, pressure care, weights and nutrition and hydration, were also being consistently reviewed and updated on a regular basis. This ensured that people's need continued to be met appropriately and consistently.

Is the service well-led?

Our findings

Mill House and Cottages had a registered manager in post until May 2014. The provider initially had some difficulty appointing a suitable replacement manager but this was resolved in August 2014. At the time of this inspection, the provider had taken appropriate steps to ensure the home continued to be effectively managed by way of an experienced senior staff member. The acting manager confirmed that they had submitted an application to become the registered manager of the service. We verified that this application had been received by CQC and was currently being processed.

In addition to the acting manager, a regional director of the organisation visited the home on a regular basis and 'on-call' management was available by telephone, to provide any additional support that was needed.

Reportable incidents or issues had been notified to CQC appropriately.

Two relatives we spoke with both made positive comments about the running of the home. One person described the manager as "a very sound person. Active and very capable. [Name] is ideal. Very outgoing and always has a smile on their face."

The second relative we spoke with said they didn't have any examples of any concerns that they had felt the need to raise. They added, "[current manager] has taken off where [previous registered manager] left off and it is still really homely." They also told us that Mill House and Cottages had been chosen, based on recommendation in addition to the fact that they were very pleased with the home when they visited, prior to admission.

We saw a personal letter that had recently been sent to the acting manager from another relative, which we noted was also very complimentary. This relative stated that they had noticed a vast improvement in the standard of care since the new manager had been in post. They said that their family member was now always neat, tidy and well groomed, that there was a lot more entertainment and that, all-in-all, Mill House was extremely well run.

We noted that since the acting manager had been in post, staff meetings were being held monthly. We saw from the

minutes of the meetings held in October and November that there had been a good attendance from staff and that the meetings were very comprehensive, with clear involvement of staff.

Some of the areas we noted that were raised and discussed during these meetings included reminders for staff to maintain accurate and properly completed care records for people, guidance on clearer report writing, safeguarding issues, communication, training, cleaning duties and maintenance.

Two relatives' meetings had also been held since the appointment of the new acting manager. We noted that, whilst the first meeting had a reasonably good attendance, the manager told us that hardly anyone had turned up for the most recent one. However, the manager went on to say that they were in regular contact with people's relatives. They also felt that it may be that the relatives were happy enough with how things were currently running and preferred to speak to them directly if they had any concerns or issues.

We looked at the notes from the residents' meetings that had been held in Mill House and the Mallard unit in September 2014. We noted that people had made some positive comments such as: 'Happy with the care', 'get the care needed', 'staff are always friendly', 'enjoy the meals here', 'room is cleaned well' and that people enjoyed the singers & performers.

Some other comments we noted, included that some people would like a cooked breakfast, such as egg and bacon, to be on the menu once a week. Some people said that they would like to do more activities - watch movies, play more bingo, go for a walk in their wheelchair to see the countryside and for things to be more lively.

We also noted that some people had commented that some staff didn't have 'good attitudes', although people had also stated that staff were 'friendly most of the time'.

We saw that Quality Assurance questionnaires had been sent out during 2014 to people using the service as well as visitors and relatives. In most cases we saw that the results were either excellent or good. Some comments had been made regarding 'poor staff attitudes and lack of courtesy'. One outcome was 100% poor and referred to the lack of activities.

Is the service well-led?

We saw that the provider had compiled an action plan and stated that it would endeavour to make improvements in the areas highlighted as not being good enough.

Meanwhile, we made enquiries into how the less positive comments had been addressed and looked to see what action had been taken in respect of the requests that people had raised. The manager told us that the menus were currently being reviewed and that a cooked breakfast would be included in the choices for people. People living in the home and the relatives we spoke with confirmed to us that, since the Quality Assurance survey and the residents' meetings, improvements had been made in respect of more activities, staff morale and staff attitudes.

Overall, we saw that Mill House and Cottages had a number of systems in place in order to ensure the service provided was regularly monitored. For example, The manager completed a 'daily walk-around' during which they noted, and acted upon, any issues regarding residents, required safety adjustments, maintenance issues and staffing issues.

In addition, we saw that care plans and people's individual assessments in respect of risk, were reviewed and updated regularly. Further audits in respect of areas such as medication, people's finances and health and safety were also carried out on a regular basis.

This confirmed to us that the service was being well run and that people's needs were being met appropriately.