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

Summary of findings

Overall summary

Mill House and Cottages is a residential care home for 44 people, some of whom may be living with dementia. The service also supports some people who have mental health support needs. This accommodation is provided in rooms within the main house on the site, and in 7 purpose built individual cottages. At the time of our inspection, 36 people were living at the service.

Rating at last inspection

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated Good

People received support to take their medicines safely. Staff knew how to keep people safe from the risk of harm. Actions had been taken to reduce risks to people's safety. There was enough staff to keep people safe and meet their needs.

Staff were competent to carry out their roles effectively and had received training that supported them to do so. People were supported to eat freshly prepared meals, and their individual dietary needs were met. People were able to access and receive healthcare, with support, if needed.

Although improvements had been made to the environment to help the people who lived there to orientate themselves around the service, some areas were in need of redecoration and refurbishment. Improvements had been made by the home's management team to address this and an action plan put into place. Sufficient progress had been made, with a timescale for completion of the outstanding work to be done.

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 supported this practice.

Staff were kind and compassionate in the way they delivered support to people. People were treated with dignity and respect. Staff ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and friends who did not live nearby.

People and their relatives were confident that they could raise concerns if they needed to and that these would be addressed.

The registered manager ensured that the home was well run. Staff were committed to the welfare of people living in the home. The registered manager ensured they kept links within the local community and people were part of regular events.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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 inspection took place on 5 and 6 December 2017 and was unannounced. The inspection team on the first day consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of our inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events, which the provider is required to send us by law.

Before the inspection, we asked the local authority safeguarding and quality performance teams for their views about the service. We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to complete detailing key information about the service, what the service does well and what improvements they plan to make.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We used our 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 spoke with four people living at the service, two relatives, and a healthcare professional. We also spoke with eight members of staff including care workers, senior care workers, a cook, the registered manager and the provider's regional director. We checked six people's care and medicines administration records (MARs). We also looked at records and audits relating to how the service is run and monitored, including recruitment, training and health and safety records.

Good

Is the service safe?

Our findings

The service remains safe. People told us they felt safe with one person saying, "I feel safe here and I have somebody to talk to which is what I need." A relative told us, "I definitely know my [relative] is safe here, they fall a lot so there is an alarm in her bedroom and one attached to her clothes to alert the staff if she moves. The staff give her tablets, there hasn't been any problems as far as I am aware".

There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. When we spoke with staff, they all demonstrated they understood their role in safeguarding people from the risk of harm. They described the different types of abuse that people could be exposed to and told us of appropriate actions they would take if they became aware of any incidents.

The risks involved in delivering people's care had been assessed to help keep them safe without impacting their lifestyle. Guidance had been provided to staff on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included people's mobility, nutrition, hydration, and medication. Records showed the risk assessments had been reviewed and updated on a yearly basis or in line with a person's changing needs. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out in relation to the home environment. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments had been reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from the risks of any unnecessary hazards.

There were enough staff to meet people's needs and people we spoke with confirmed this. We did observe however, that staff did not always have time to stop and sit with people, as they were always busy. This meant that support to people was task orientated at times. Records we reviewed showed that staff had undergone an interview process and checks to ensure that they were safe to work at the home.

People received their medicines when they needed them from staff who were competent to provide this. Staff completed daily audits of stock and daily checks of records. These records showed that people had received their medicines when they needed them. We saw that staff ensured people had a drink to take their medicines with if required. Staff checked with people before giving them their medicines, to ensure that they were ready and happy to do so.

People living at the service and their relatives told us the home was clean and tidy. We saw the home was clean in the majority or areas, but did note that some less frequently used areas needed attention. The registered manager told us that they would address this with the company that provided the cleaning staff. Cleaning staff had the required equipment to clean the home effectively. We saw staff use gloves and aprons

where appropriate to help reduce the risk of infection. The registered manager had procedures and checks in place to maintain infection control.

The registered manager told us that when things went wrong, this was discussed supportively with staff, and used as a learning opportunity. The registered manager showed us how they had a system in place to learn from any accidents or incidents, to minimise the risk of reoccurrence. This information was also shared with the provider so that learning could be shared across all of their registered locations. This meant the feedback and analysis of where things went wrong was used to make improvements to people's care.

Good

Is the service effective?

Our findings

The service remains effective.

People and their relatives told us needs were assessed when they began using the service. Staff told us they received guidance and information about people's needs. For example, when supporting someone with diabetes they received guidance on how to help the person make choices about their diet. The registered manager told us they sought information about people's needs from relevant sources. For example, one person had a specific type of dementia and the registered manager had ensured additional guidance from health practitioners was available for staff. This information was used to inform their care plans. We found where people needed health professionals involved in their assessments this was in place.

Technology to support people with their needs was in place. For example, we saw sensors used to alert staff when people were getting out of bed to prevent the risk of falls. We found the service had implemented systems to enable people with limited communication to make choices. For example, picture menus were in place to help people choose their meals. This meant people had their needs assessed and were supported to make choices about their care.

People and their relatives told us they received care from staff that knew how to support them. One relative told us, "Yes, I think they know what they're doing." Staff had undertaken training in areas such as, but not limited to, fire safety, risk assessments and safeguarding. Staff confirmed that they received enough training, supervision, guidance and support to provide people with effective care. Records we saw confirmed this.

We looked at how staff supported people with eating and drinking. Most people told us they enjoyed the food and were given a choice of meals and drinks. One person told us, "The food is good. There is a fridge in the lounge that has sandwiches in you can help yourself, we have biscuits with our cups of tea. They try to keep cups of tea to a set time otherwise they would be making tea all day, there is juice about if you want that." Another person said, "I come in to the main house for dinner and tea, the food is nice." We spoke with catering staff and it was clear they knew the likes, dislikes, choices preferences and needs of each person. Changes were communicated at daily meetings.

Senior care staff told us they had regular discussions with staff and had meetings with the registered manager. Staff told us they had a handover at the start and end of a shift to enable them to discuss how people were. We found there were communications with other agencies involved in peoples care and these were documented in peoples care plans. This meant people received consistent care and support.

People told us they had good access to healthcare and the staff often liaised with district nurses, chiropodists, mental health professionals and GPs when needed. The staff we spoke with confirmed this and records showed various professionals' advice was sought and followed when needed.

The registered manager told us they had an on-going programme to redecorate the service. We saw that some areas had benefitted from re painting and new furniture, but some areas had become very worn. We

saw there were specially adapted facilities in place to support people. For example, there were assisted bathrooms and shower rooms. This meant people could have their needs for personal care met safely. We saw toilets were spacious and included adapted seating, handrails and low level sinks for people to use when in a wheelchair. We observed people were able to access different areas within the home independently

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. Consent to care and treatment was sought in line with legislation and guidance. People had been assessed for their capacity to consent to specific aspects of their care. When people lacked capacity to consent, best interest decisions were made in consultation with relevant others, such as relatives or GP's.

Good

Is the service caring?

Our findings

The service remains caring. One relative said, "The staff are very kind and caring, they speak to me, call me by my first name when I visit, always asking me if I want a drink.." Another person told us, "The staff are very good and look after me well." A relative we spoke to said, "[Relative] settled in here straight away. I visited once and she was still in bed. The staff explained that she did not want to get up and that if they do not want to get up the staff do not make them. Sometimes she is up during the night so wants to sleep in in the morning. I feel the staff that have been here a while really know [relative].They encourage [relative] to get up on her frame"

People were consulted about the care they needed and how they wished to receive it. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

We saw that staff were thoughtful and kind in their approach to people, although at busy times of the day, this was limited to when staff were providing direct support, as they did not have the time to sit and talk with people. Staff also acted appropriately to maintain people's privacy, especially when discussing confidential matters or supporting people. People told us staff supported them sensitively with personal care, which ensured they did not feel embarrassed. We observed humour and warmth from staff towards people living at the home. People were comfortable in the company of staff and had developed positive relationships with them.

Staff spoken with understood their role in providing people with compassionate care and support, which included promoting people's dignity. Some people chose to spend time alone in their room and staff respected this choice. We observed staff knocking on doors and waiting to enter during the inspection, which demonstrated respectful practice.

Good

Is the service responsive?

Our findings

The service remains responsive. People were able to have a bath or shower when they wished, and they were able to eat and drink at a time of their choosing. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was important to each person.

We received mixed feedback about the amount of and quality of activities on offer to people living at the service. Some people living at the home told us that they often got bored and that the activities on offer could be improved. One person told us that the activities that took place in the past were better than there were now. However, other people were satisfied. One relative told us, "They have always got people coming in to do music, there are things about they can hold like a ball. They took everyone to the garden centre, they look after [relatives] nails and polish them, and they had a fete in the summer. All the family visit and we had [relatives] 90th birthday party here. The staff were very good and let us have a lounge and kept bringing us cups of tea in." On the day of our inspection, we saw that there were no planned activities arranged on the notice board , however, we did see that staff arrange for people to play board games. We discussed this with the registered manager who agreed that this was an area of development and had been included in the service's continuous improvement plan.

We looked at six people's support plans and other associated documentation. These showed that a comprehensive assessment of people's needs had been conducted. The plans were split into sections according to people's needs and were easy to follow and read. All files contained details about people's life history and their likes and dislikes. The profile set out what was important to people and how staff should support them.

We saw the support plans were reviewed if new areas of support were identified, or changes had occurred. The plans were sufficiently detailed to guide staffs' care practice. Staff recorded the advice and input of other care professionals, within the support plans, so their guidance could be incorporated. People had been consulted and involved in developing and reviewing their support plan where they were able to do so. Daily records provided evidence to show people had received care and support in line with their individual needs.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint. A person told us, "The manager is lovely, if I had a problem I go to see her." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. We saw records of complaints that had been made. All of these had been dealt with in accordance with the providers procedures and time frames, and resolved appropriately.

We spoke with the registered manager about how they supported people with planning for end of life care. They told us they were not currently supporting anyone with this but could share how this took place when the service was. Staff could describe to us how plans were put in place when people were at the end of their

life. Staff told us and the registered manager confirmed these plans would include how the person should be supported with their hydration and nutrition, how their pain would be managed, what other services and health professionals would be involved and guidance for staff on how to offer reassurance and any special wishes would be recorded. This meant the registered manager had a system and plans in place to ensure people could have a dignified and comfortable death in line with their wishes.

Good

Is the service well-led?

Our findings

The service remains well-led. People told us that the home was run well, one person said, "The manager is very approachable." A relative told us, "They have looked after [relative] and she has lots of company during the day. Things have improved in the last two years. [Relative] has got a new bed , the place is a lot cleaner, they have decorated, the quiet lounge has been done very nicely now, it wasn't before it was full of wheelchairs. They care , always offer you a drink even if they are not doing a drink round, and I can knock on the office door if I want to speak to anyone."

The service had a manager who recently registered with the Care Quality Commission. 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.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of an emergency or with concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. We saw that the rating of the last inspection was on display and could be accessed by people and visitors to the home. Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The registered manager was open and transparent in sharing information about these incidents.

The registered manager was visible throughout the home and accessible to staff. The staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. Staff told us they were part of a strong team, who supported each other. We found there to be a culture of good teamwork and morale amongst staff was positive.

We saw there were policies and procedures, which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.

The registered manager told us that forging community links was important, and they arranged for people to be able to attend community events. For example, a number of people had recently attended a Christmas tree festival at the local church.

The registered manager used various ways to monitor the quality of the service. For example, they checked on peoples care plans and daily records to ensure they were completed accurately. They also checked people's weights monthly to look for any signs of weight loss and enable immediate action. This meant they could be assured people were receiving the care they needed. The registered manager completed monthly

checks on a range of areas within the home. These included monthly infection control audits, checks on the kitchen and health and safety. We saw these audits were identifying areas for actions and these were taken promptly.

The registered manager told us about how they had made improvements following the last inspection. They told us they had changed the way medicines were managed following the last inspection. A new medicines management system had been implemented which allowed quicker identification of any anomalies with stock control and ordering.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, nurses, physiotherapists and hospital departments. The staff team had regular opportunities to discuss peoples care and they had handover meetings at the start of each shirt. This meant staff provided consistent care and had support from other professionals to improve outcomes for people.