Care Quality Commission

Mr & Mrs N Frances
Millhouse

Inspection report

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Ratings

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

Overall summary

The inspection was carried out on 12 November 2014.

Our inspection was unannounced. Millhouse is located on the outskirts of Faversham and provides care and support for up to 24 older people who are living with dementia. Some people had sensory impairments, limited mobility and one person received care in bed. Accommodation is set out over two floors with lift access to the first floor. On the day of our inspection there were 18 people living at the home.

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

People gave us complimentary comments about the service they received. People felt happy and well looked after and safe. However, our own observations and the records we looked at did not always match the positive descriptions people and relatives had given us.

Risks to people's safety had not been properly managed. There were no risk assessments in people's care records to determine the steps that needed to be taken to reduce or control risks of a health care related infection. The home was not clean, areas of the home were visibly dirty;

Summary of findings

and systems for managing waste did not ensure that people were protected from the risk of infection. We informed the local environmental health office about the risks to people's safety.

There were risks to people due to the environment. The fire escape was dangerous because of plant growth. We informed the Fire and Rescue Service about the risks to people's safety. Maintenance of the premises and servicing of equipment had not been carried out effectively to ensure people were comfortable and safe.

There were not always enough staff to ensure that people were safe when they spent time in communal areas. People's needs had not been assessed to ensure sufficient staff were employed at all times. Safe recruitment procedures were not always followed to ensure the staff employed were suitable to work with people.

The medicine cupboard was not clean and some medicines were stored inappropriately in a damp cellar. We have made a recommendation about the storage of medicines.

People living with dementia were not supported to access different areas of the home independently or to orientate themselves as to time and place. The environment had not been adapted or signs provided to help people find important places, such as toilets and bedrooms. The home's clock was broken and showed the wrong date and time.

The home did not have an activities schedule, and the only planned activities were the ones arranged through 'Friends of Millhouse', a group of relatives. One person told us that they do "Nothing much" in the day, and one relative was not aware of any activities that took place in the home.

There were no formal processes to make sure people and their relatives views were taken into account in how the home was run. People and their relatives' views had been sought informally and usually these had been acted on.

Staff all said that the owners were slow to sort things out if there was a financial cost involved. Repeated requests for repairs, staff training and activities had been made but not responded to or acted on. The management team failed to monitor or assess the safety or quality of the home and services and failed to identify shortfalls or take action to make improvements. This meant that the home was not well led because any quality assurance systems were not effective.

Records relating to people's care and the management of the home were not well organised or adequately maintained. Records were not securely kept.

Staff had not been supported to undertake training relevant to their job roles to enable them to understand and meet people's needs and protect them from harm. Staff had received appropriate induction and support when they were new in post.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had limited understanding of the Mental Capacity Act 2005 (MCA) and had no MCA or DoLS training. The registered manager had taken action to ensure that where needed referrals had been made to the local authority. The registered manager recognised that other people in the home required a DoLS application as people were restricted from leaving the home and were provided constant supervision and care for their own safety. These applications were being submitted in line with guidance from the local authority.

People told us that they felt safe living in the home. One person told us, "I feel very safe here". Relatives told us, "I never have any fears about abuse here".

Staff understood the various types of abuse to look out for to make sure people were protected. They knew who to report any concerns to and had access to the whistleblowing policy. Staff told us that they had completed safeguarding adults training.

Individual risks to people were assessed and managed effectively to make sure risks to their safety were minimised.

People had enough to eat and drink and were offered their choice of drinks throughout the day. They told us that they had a good choice of quality food. The atmosphere was relaxed and calm during meal times.

People told us "It's lovely here, they look after me'; "They [the staff] are happy and friendly here". All the relatives we spoke with said they found the staff "Very kind and caring". Staff communicated well with people. Staff were respectful and kind and used people's preferred names.

Summary of findings

One person told us "I can go to bed when I like". People were enabled to follow their preferred routines. Relatives told us that they had been involved with developing care and support plans. They told us that they had been consulted about their family member's likes and dislikes when they moved in. Staff were caring and patient in their approach and had a good rapport with people. They gave people plenty of time to communicate their needs. Care plans detailed people's preferences and staff made sure people's choices were respected.

Staff supported people to do as much for themselves as possible to help them maintain their independence.

People were treated with dignity and cared for in the privacy of their own rooms.

Visitors were welcomed at the home at any reasonable time and people were able to spend time with family or friends in their own rooms or in the communal areas of the home.

One staff member told us that us that feedback was sought from people in an informal way rather than during formal meetings. We saw staff asking people for their views and offering choices.

Staff understood how to help people to make complaints and how to direct these to the right person. People had access to the complaints procedure and one relative who had complained told us that the issue "Had been dealt with straight away, the source identified and things changed".

Staff understood their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to. Staff told us that they were able to make suggestions and where possible their ideas would be implemented, however if there was a cost involved it would not always be implemented.

Staff were encouraged to come forward with any concerns and they felt able to do so.

Staff told us that the home had an open culture and communication was good. Staff told us the home provided a flexible, caring and safe environment where people could have independence choice and dignity respected. Our findings were not consistent with those of the staff regarding the safety of the environment.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Inadequate

The home was not safe.

Areas of the home were dirty and people were not protected against the risk of infection.

The home had not been suitably maintained to safely meet the needs of people living there. Equipment had not been suitably maintained.

No system had been used to ensure enough staff were available to care for people at all times.

The registered manager did not follow safe recruitment practices.

Is the service effective?

Requires Improvement

The home was not consistently effective.

Staff had not received the training and guidance they needed to provide suitable and effective care for people.

The home had not been adapted in a way that enabled people living with dementia to find important areas of the home independently such as their own rooms and toilets.

People were helped to maintain good health and to access health care.

Is the service caring?

Good

Staff in the home were caring.

Staff were respectful and kind when they communicated with people.

Staff knew about people's likes and dislikes and histories. Staff treated people's private information confidentially.

Staff supported people in a calm and relaxed manner.

Is the service responsive?

Requires Improvement

The home was not consistently responsive.

People's choices were respected.

The registered manager had not made arrangements to enable people to take part in activities that met their needs or choices. Unless relatives organised activities none took place.

Complaints had been dealt with quickly and efficiently except where these related to repairs, activities or staff training.

Is the service well-led?

Requires Improvement

The home was not consistently well led.

Summary of findings

The provider had not always identified shortfalls in the service, care or environment. Where these shortfalls had been identified action had not been taken to make improvements.

Records relating to people's care and the management of the home were not well organised or adequately maintained.

Staff understood their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to.

Millhouse

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 home, and to provide a rating for the home under the Care Act 2014.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

The inspection took place on the 12 November 2014, it was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law. The previous inspection was carried out on 05 October 2013 and no concerns were identified.

We spent time chatting with 15 people who lived in the home. Some people were not able to verbally express their experiences of living in the home. 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 observed staff interactions with people and observed care and support in communal areas. We interviewed five staff and the registered manager. We spoke with six relatives and one visitor.

We contacted health and social care professionals to obtain feedback about their experience of the home. These professionals included GPs, local authority care managers and nurses.

We looked at records in the home. These included three people's personal records and care plans, a sample of the home's audits, risk assessments, surveys, four weeks of staff rotas, and four staff recruitment records, meting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for copies of the audit conducted by the third party contractor, staff training records, gas safety certificate, menus, staff meeting minutes, records of meetings between the registered manager and the owners and action plans. The information we requested was sent to us in a timely manner.

Inadequate

Is the service safe?

Our findings

People told us that they felt safe living in the home. One person told us, "I feel very safe here". Relatives told us, "I never have any fears about abuse here"; "I've never had cause for concern (about safety) and he [their family member] would tell me". We found that the practices within the home were not always consistent with people's positive views about their safety.

Millhouse had a safeguarding policy that was dated 2014. The policy set out responsibilities of the manager and staff. The policy detailed that all staff will carry out safeguarding training every two years. It did not describe the types of abuse and signs and symptoms of abuse and did not provide a link to the local authorities safeguarding vulnerable adult's policy, protocols and guidance'. Staff understood the various types of abuse and how to report any concerns about abuse to make sure people were protected. Staff told us that they had completed safeguarding adults training. The staff training records showed that 13 out of 23 staff had attended safeguarding adults training. This meant that ten staff had not received training and they did not have access to the most relevant guidance to refer to if required in order to keep people safe.

Risks to people's safety had not been properly managed. There had been an outbreak of a health related sickness recently. There were no risk assessments in people's care records to determine the steps that needed to be taken to reduce or control risks of infection. The Health Protection Agency had not been notified of the outbreak.

The home was not clean. Areas of the home were visibly dirty; walls and paintwork were marked and sticky to the touch. The laundry room was dirty and it was clear that this had not been cleaned for some time. The cleaning schedule did not list who was responsible for cleaning the laundry room. We found a selection of stained bed pans and urine bottles in the laundry room. Some bins within the home were not suitable. To reduce the risk of infection, bins should be foot operated. We found one bin that was not foot operated and one bin which had no bin liner but had been used to dispose of used continence pads. We informed the local environmental health office.

The kitchen did not have suitable window coverings to keep out flies and other insects. The food standards agency had inspected the home in February 2014 and given the home a rating of '3 generally satisfactory'.

This failing to protect people from the risk of infection or to maintain a clean environment was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were risks to people due to the environment. One window on the ground floor did not have a window restrictor. A fire door leading from one of the lounges to the car park had been letting in water and towels were placed in front of the door to soak up water. This was a trip hazard. The fire escape leading from the first floor to the garden was dangerous to anyone using it. The fire escape was covered in wet, slimy leaves and a vine plant had grown round the hand rails. We informed the Fire and Rescue Service.

The home had not been maintained to a suitable standard. Some of the walls in the home were chipped and marked and in some places back to bare plaster, the hall carpet was worn and stained. Some taps did not work, and meant that people had to wash their hands in cold water. The registered manager told us that the handyperson only worked once a week and when they were not available to work, jobs didn't get done. The repairs and maintenance records indicated that no maintenance work had been carried out since 13 October 2014. The maintenance record showed that light bulbs and hot water taps had been required since October 2014 as none were in stock.

This failure to maintain the premises was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Equipment had not been serviced and maintained. Hoist equipment had not been serviced since October 2013. The equipment should have been serviced in April 2014. The registered manager and staff told us that the hoist had been in use. Fire extinguishers had last been serviced in March 2013; some of these required replacing in 2014. The extinguishers had not been replaced or refilled when we inspected.

The registered manager provided us a copy of the gas safety certificate for the premises which had expired. The registered manager then provided us with a copy of a

gas safety certificate after the inspection which was dated 23 November 2014 this meant that the mandatory annual gas safety check had taken place 11 days after this inspection.

This failure to ensure that equipment had been serviced and maintained safely was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was no system in place to assess the amount of staff needed to provide safe care and support to people based on the assessed needs of individuals. Staff rotas for the four weeks before our inspection visit showed that four staff had been always on duty during the day. Three staff had been allocated on shift each night. We noted that at some points during the day there were not always enough staff in communal areas to keep people safe. Ten people were sitting in the lounge for a period of up to 20 minutes without staff support. During these unsupervised times people were at risk. One person who was upset took themselves out to the garden. We alerted staff that they were outside and they provided reassurance and support to the person and assisted them to return to the home. Another person left the lounge area. They told us they couldn't remember if they used the stairs on their own or not. The person climbed the stairs to the first floor. We had been told that this person wasn't able to safely climb the stairs alone. We alerted staff and they checked on the person's safety.

The failure to ensure that enough staff were employed at all times was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us that robust recruitment procedures were followed to make sure that only suitable staff were employed. All staff were vetted through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. Staff employment files showed that references had not been checked for one staff member. One application form did not show a full employment history or dates of previous employment. Another application form contained an error with a staff member's date of birth which had not been picked up by the manager. This meant that the home did not follow safe recruitment procedures.

The failure to carry out safe recruitment practices was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Each person's care plan contained individual risk assessments in which risks to people's safety were identified such as assisting people to move using equipment bathing, use of equipment such as Zimmer frames and risks of developing pressure ulcers. Clear directions were in place to minimise risks. The assessments had been reviewed regularly and updated when required. Staff were encouraged to sign a form to evidence that they had read and understood each person's risk assessment. Staff were delivering care that was consistent with this guidance.

The storage of medicines was not suitable. New medicines were stored in the cellar in plastic boxes until they were required. We found that the cellar was dirty, damp and mouldy and was not a suitable for storing medicines. The medicine cupboard was well ordered but not clean. The medicines fridge was not locked. The registered manager explained that the lock had broken and a new one had been ordered.

We recommend that the provider seeks and follows guidance related to the safe and appropriate storage of medicines.

Medicines for disposal were kept separately from medicines in use and clearly labelled. Medicines were in date and stored securely. The temperature of the medicines storage cabinet and medicines fridge had been monitored and recorded daily. We checked the medication administration records (MAR) charts. These had been completed appropriately. Photographs of each person had been stored with the MAR charts to minimise the risk of staff giving people the wrong medicine.

Clear PRN 'as required medicines' guidelines were in place which detailed why each person needed PRN medicines, when they needed them and what to do if the medicines were not effective. For example, guidance was in place which described when a person required their medicine and what to do if this hadn't been effective.

Staff administered medicines safely. Staff prompted people to swallow their tablets with a drink and medicines were

Inadequate

Is the service safe?

administered as prescribed by the GP. Staff checked with people to see if they wanted medicines for relieving pain before they dispensed them from the pharmacy blister packs.

The home had contacted people's G.P's to seek advice and treatment and any advice was being followed to make sure people recovered or received any treatment they needed.

Requires Improvement

Is the service effective?

Our findings

People told us that they had the care they needed at a time that suited their routines. They enjoyed the food and were given choices about what and when they ate and drank. We found that although, the staff knew people well, communicated with people effectively and helped people to maintain their health they had not been trained to meet people's needs.

Staff training records showed that some staff had not attended training relevant to their job roles and others had not updated their training within the timescales set by the provider. For example, the training plan showed that only 10 out of 23 staff had attended first aid training, eight staff out of 23 had attended infection control training, 14 out 23 staff had attended moving and handling training. Ten staff had not attended any training. Eight staff in total had completed dementia training. This meant that staff had not had the necessary training and guidance to support them in their job roles, which meant that people were at risk of receiving care and support that was not effective.

The home had a policy on restraint dated 2014 which stated that physical restraint would be bad practice and restraint should only be used as a last resort or in exceptional circumstances. The policy detailed that staff would be provided with training on restraint and managing aggression and violence. All of the staff we spoke with told us that they had not attended this training. One member of staff told us that they had been slapped by people who were anxious and distressed several times whilst they were providing care and support. We saw care records that showed there had been incidents in the home where people had become anxious and aggressive. The training record showed that none of the staff had attended the training. The staff managed these situations because of the care they showed towards people rather than in a way that followed the policy or because they had received appropriate training.

Staff showed they had limited understanding of the Mental Capacity Act 2005 (MCA). One staff member told us, "It's not up to us if someone has capacity; it has to be proven by others". Another staff member said, "Seniors would make decisions if a person was unable to make a decision". These statements showed that staff did not understand the principles of the MCA or how they were involved in encouraging people to make every day decisions related to their care. The training record showed that no staff had attended MCA training. One member of staff did have an MCA training certificate dated 2013.

The registered manager told us that the training was difficult to arrange when funding for courses was limited. One staff member told us that they had undertaken some training in their own time and outside of work to help them to carry out their roles, such as training on diabetes, Parkinson's disease and strokes.

This failure to provide staff with training to effectively meet the needs of people they cared for was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities)Regulations 2010.

The home had not been decorated or adapted in a way that enabled people living with dementia to access different areas of the home independently. All the corridors in the home were decorated in the same way and signs and symbols had not been used to inform people of where important places, such as toilets and bedrooms, were. Some bedrooms had a paper sign on the door which showed a picture of the person and their name. Most bedrooms did not have this and all the doors looked the same. People were visibly confused by this. For example, one person had entered another person's room believing it to be their own. Another person urinated in the lounge believing it to be the toilet.

The care plans showed that many people were confused and would not be able to understand what time it was or where they were. This meant that people needed reassurance and support to remind them of where they were and what time and day it was. There was a large clock in the dining room which was intended for this purpose and visible to people using the lounge and dining area. The clock displayed the incorrect time and date. The clock had stopped working 16 days before we visited, which meant that people may have been disorientated during this time.

Staff had not ensured that this aspect of the environment suited the needs of people who were being cared for. This failure to provide premises that were suitable for the needs of the people who were being cared for was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff received appropriate induction and support when they were new in post. The registered manager showed us

Is the service effective?

a new induction plan that had been put together as they had recognised that the previous induction plan required updating and amending. The amended induction included getting to know people, working with experienced staff and getting to know the home layout and fire exits. This had not started to be implemented yet but it was ready to be used when new staff started in post.

Staff were supported to gain qualifications relevant to their role. Some staff had completed National Vocational Qualifications (NVQ's) in health and social care and a cleaner had completed an NVQ in housekeeping. One staff member said that the manager had supported them with completing the course when they had struggled.

Staff communicated well with people. Staff were respectful and kind when they communicated with people and they used people's preferred names. We observed staff talking with people who had a hearing impairment; staff crouched down and spoke to each person in their good ear. Staff gave extra time to people who took longer to communicate.

The registered manager said that one Deprivation of Liberty Safeguards (DoLS) application had been approved by the local authority. The registered manager knew that other people in the home required a DoLS application as people were restricted from leaving the home and were provided constant supervision and care for their own safety. They were following guidance from the local authority regarding when these further applications should be made.

A relative told us that they had been involved in a best interest decision to decide if their family member required continence aids. The best interests meeting had taken place because their family member had lacked the capacity to make the decision themselves. The relative told us that they were happy with the way staff were managing their family members care.

People had enough to eat and drink. One person said, "They ask me, do I fancy trying this, or that". Another person said, "You can have whatever you want". Drinks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals. The cook explained that they cooked breakfast for whoever wanted it at whatever time they wanted it. We saw the cook serve a person their breakfast at 11:00 because this person had chosen to get up late that morning. The cook told us that people are asked what they would like on the menu.

People were offered choices of food including on one day chicken curry, chicken casserole or pie. The food looked and smelled appetising and people were not rushed to sit down or rushed with their food. People who didn't want to eat the meal that they had chosen were offered other meals. Relatives were able to eat with their family member.

The atmosphere was relaxed and calm during meal times, music played and people chatted amongst themselves. Staff discreetly helped people who needed assistance with cutting up their food and we observed staff gently prompting one person to eat their meal.

People were supported and helped to maintain their health and to access health services when they needed them. They said they had access to healthcare when they needed it. We received positive feedback from people's GP's. One GP told us that people seemed well cared for. Another GP told us that "The staff are good at communicating with people". The home had contacted the ambulance service on the night before our inspection as a person had complained of chest pain; paramedics that attended had given advice to the home to contact the GP in the morning as they suspected that the person had a chest infection. The home had done this and a GP visited whilst we were at the home. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. A nurse who visited the home regularly told us that staff knew people very well. Staff had noticed when people had become unwell and they had dealt with this appropriately. Staff had contacted the GP, mental health services, social services and relatives when necessary.

Some people had 'Do not attempt resuscitation' (DNAR) forms on their files. We checked these and found that they had been completed by authorised persons. The registered manager explained that they had successfully challenged two DNAR forms when two people had returned to the home from hospital. The registered manager explained that the two people had capacity to decide if they wanted to be resuscitated and had been unaware that a DNAR had been signed. This meant that people's consent relating these DNAR forms had been sought and acted upon.

Good

Is the service caring?

Our findings

People told us, “It’s lovely here, they look after me’; “They [the staff] are happy and friendly here”; “Most are very friendly here. Oh yes. I’ve never had any bother at all” and “They are my family now”.

All the relatives we spoke with said they found the staff“Very kind and caring”; “The ladies [staff] look after her well. Such nice people, they’re like a family here” and one relative told us, “I know 100% that all the staff are very caring”.

All the staff acted in caring and respectful ways. They showed that they knew people well, for example by knowing what music people liked. Staff knew what people had done earlier in their lives, and brought these facts into conversation as they talked with people. One person said that they preferred their door to be open, and we saw that this was respected. Staff knocked on doors before entering people’s rooms. Staff referred to people by their preferred names.

People’s information was treated confidentially. Personal records were stored in the office.

Staff supported people in a relaxed and calm manner when people were confused about where their bedroom was. For example, when people had entered another person’s bedroom thinking it was their own, staff distracted them and explained where their room was and helped them find their own room.

Staff were kind, caring and patient in their approach and had a good rapport with people. They gave people plenty of time to communicate their needs. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying.

We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. A GP told us that staff were friendly and good at communicating with people living in the home.

Care plans detailed people’s preferences and one care plan had used quotes from the person’s diaries and memoires which had been supplied by relatives. This showed us that people and their relatives had been involved in making decisions about their care. This had enabled staff to get to know the person and understand why the person wanted things done it a certain way. For example, making sure plates were not cleared from the table until the last person on that table had finished eating. Staff did this to respect this person’s wishes.

People were supported to do tasks for themselves to help them maintain independence. For example, some care plans detailed that people could wash themselves with a flannel but they sometimes became confused and didn’t know what to do with the flannel. The care plans detailed that staff needed to prompt and encourage people rather than doing the task for them. This helped people to retain their daily living skills.

Staff demonstrated respect for people’s dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people’s privacy and dignity. People told us they were treated with dignity and respect, for example, staff made sure that doors were closed when personal care was given. Staff told us that they helped people to choose their clothes each day.

Visitors were welcomed at the home at any reasonable time and people were able to spend time with family or friends in their own rooms. There was also a choice of communal areas where visitors could spend time with people other than in their rooms. One person spent time each day in the community with their relatives.

Is the service responsive?

Our findings

People's choices were respected. One person told us "I can go to bed when I like". We saw that several people chose to get up later in the morning. People appeared contented. One person told us "I don't want to move".

Relatives told us that they had approached the providers to request that activities take place as they were concerned that their loved ones were not getting the stimulation they needed. The providers had not responded to their requests or ensured that activities were planned and delivered to support people's mental wellbeing. In the absence of organised activities a relative had arranged a 'Friends of Millhouse' group which carried out fund raising in order to pay for an activity every two to three weeks. We observed one music event that had been arranged by the 'Friends of Millhouse'. The majority of people who lived in the home joined in and we saw people smiling and dancing. Staff ensured that people could see the singers and were comfortable. They did their best to make the show interactive, encouraging singing and comments. We saw that there were photographs and posters to remind people of what activities had happened and how much money had been raised.

The home did not have an activities schedule, therefore the only planned activities were the ones arranged through relatives and friends. One person told us that they did "Nothing much" in the day, and one relative was not aware of any activities that took place in the home. There was a TV in the lounge which was also used for music. Staff told us activities don't often happen but sometimes people were able to take part in a quiz or bingo.

This meant that the home was failing to meet people's individual needs, which was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Relatives told us that they had been involved with developing care and support plans. They told us that they had been consulted about likes and dislikes when their family member moved in. One relative had provided a 'This is Me' document about their mother in law. They said "They [staff] know her well. She wouldn't have been comfortable in a larger place".

People's care had been planned and their care plans were detailed and showed what people could do for themselves. The care plans had been updated regularly but there was no record to show whether people and their relatives had been involved in these reviews.

Staff knew people well and engaged in conversations with them about their families, activities and interests. People were offered choices, for example about where they wanted to spend their time, and staff respected their decisions. People were offered choices about what they wanted to eat and drink. Most people were able to express their wishes. Staff described how they communicated with people who had communication difficulties through observing people's body language and expressions so that they knew what people liked and did not like. At lunch time people who were unable to verbalise their needs were shown two plates of food so that they were able to point to the food of their choice.

People were supported to maintain their relationships with people who mattered to them. Visitors were welcomed at Millhouse at any reasonable time and people were able to spend time with family or friends in their own rooms. There was also a choice of communal areas where visitors could spend time with people other than in their rooms. There were seating areas in the garden which could be used by people and their relatives during the summer months.

Staff understood that people had the right to make complaints if they were unhappy about any aspect of the home. A staff member told us that they had helped people to complain in the past. Staff were aware that there were processes available to people if they wanted to make a complaint. This meant they could direct people to the right person. The complaints policy was displayed in the dining area near to the back door.

The complaints people or relatives had made had been dealt with quickly and appropriately. We spoke with one relative who had complained and they told us that the issue "Had been dealt with straight away, the source identified and things changed".

The registered manager told us that surveys were usually sent out to relatives every six months. These surveys had not been sent out since our previous inspection which had taken place over a year ago. Relatives and residents meetings had not been held. The registered manager said

Is the service responsive?

"It is something I have thought about and should do, but we don't do it". The registered manager went on to say that some relatives were involved with the home and do come in and chat and some relatives choose not to be involved.

One staff member told us that us that feedback was sought from people in an informal way. They gave an example of sitting with people in the lounge and starting a conversation about food. They said they might say "I don't like eggs" and this started a discussion between people and often this led people to tell others what things they don't like such as "I don't like cabbage". The menu was varied and showed that feedback had been listened to. We saw staff seeking the views of people and offering them choices which showed people's opinions were sought informally.

Requires Improvement

Is the service well-led?

Our findings

People said they knew the registered manager by name or description, and liked her. All the visitors we spoke with knew the registered manager and felt they could speak to her whenever they wanted. All of the relatives commented on the "family feel" of the home, and felt that the homes relatively small size meant that people were known well.

The positive views people and visitors had about the care and management contrasted with some of our findings. We found that staff were caring and kind but there were not always enough trained staff and action had not been taken to make sure people received the care they needed at all times.

The management team at the home included the assistant manager and the registered manager. The provider's representative visited the home once a week and was available by telephone should the registered manager need help or support. The registered manager and staff told us that the provider had "Taken a back seat" and the provider's representative was now their direct point of contact. They all said that the provider and their representative had been slow to sort things out if there was a financial cost involved. Repeated requests had been made by staff and relatives for repairs, staff training and activities. These requests had not been responded to or acted on.

The providers had arranged for an external contractor to visit the home and undertake a thorough quality audit. This audit had taken place on 04 August 2014. The action plan for this audit detailed concerns with regards to 'lack of foot operated pedal bin in the kitchen, bins could be cleaner, no fly screen in the kitchen'. The audit also highlighted that staff had not all received training relevant to their job roles. The audit had also highlighted the need for the home to review the auditing activities and quality assurance practices. No action had been taken to act on or resolve these aspects of the care and service. We found the same concerns, which showed that necessary improvements had not been made in a timely manner to make sure people were safe and their wellbeing was promoted.

The provider had not monitored the operation of the home. Infection control audits had not taken place. The management team had not recognised that areas of the home were dirty or in need of decoration. Equipment and fittings had not been audited to check they were suitably maintained for staff to use.

Before this inspection we sent a provider information return (PIR) to the provider to complete and return to us. This would have enabled us to review what the provider did well and where improvements could be made. The provider failed to return this evidence without a reasonable excuse.

This failure to operate and effective quality assurance system and the failure to supply the evidence we requested was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Records relating to people's care and the management of the home were not well organised or adequately maintained. Records did not show that the care and support people needed was being provided. Although there were documents in place in each person's file for staff to record this, there were gaps in these records. Records to monitor people's health had not been completed and in one instance a daily record had not been used since the 28 October 2014. This meant that the staff were unable to use these specific records to assess whether people's health was changing or whether they needed prescribed medicines.

The majority of policies and procedures had been purchased from an organisation. Whilst most of them had been tailored to reflect the service provided at Millhouse, others had not. This meant that staff did not have up to date guidance and support to follow while delivering care.

Records were not securely kept. People's care files and personal information had been stored on shelving in the office. We observed a number of periods when the office was unmanned and not locked which meant that visitors, relatives and people could access files.

This failure to maintain accurate records securely was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff understood their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to. Staff meetings were held frequently. There were records of one staff meeting that had taken place on 14 October 2014. 16 staff members had

Requires Improvement

Is the service well-led?

attended including the assistant manager, registered manager and the provider's representative. Staff told us that they were able to make suggestions and where possible their ideas would be implemented, however they said, if there was a cost involved it would not always be implemented.

The home had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. Staff were encouraged to come forward and were reassured that they would not experience harassment or victimisation if they did raise concerns. Staff had felt confident to use this policy and they had reported concerns. Staff told us that the home had an open culture and communication was good "But can always be improved". One staff member told us that they make sure that they treated Millhouse as people's home rather than a place of work. Everyone we spoke with said that it was a friendly and welcoming home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable equipment because equipment had not been maintained Regulation 16 (1) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: There was a lack of activities for people who use services which meant people's individual needs had not been met. Regulation 9 (b) (I)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers How the regulation was not being met: People who use services and others were not protected against the risks associated of inappropriate or unsafe care and treatment because the quality of the service had not been regularly assessed and monitored. Regulation 10 (1) (a).

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: Effective recruitment procedures were not in place. Information specified in schedule 3 was not available. Regulation 21(a) (i) (ii) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing How the regulation was not being met: Steps had not been taken to ensure that enough staff were employed at all times to meet people's needs. Regulation 22.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: Persons employed had not received suitable training. Regulation 23 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records How the regulation was not being met: Accurate records had not been maintained. Records had not been kept securely. Regulation 20 (1) (a) (2) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).

The enforcement action we took:
We served a warning notice on the provider requiring them to meet this regulation by 23 January 2015.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control How the regulation was not being met: Service users, persons employed and visitors were at risk because the home was not suitably clean. Regulation 12 (1) (a) (b) (c) 2 (a) (b) (c) (i)

The enforcement action we took:
We served a warning notice on the provider requiring them to meet this regulation by 26 December 2014.