

Care View Services Limited

# Mill Hayes Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Mill Hayes is a residential care home providing personal care to five people under 65 at the time of the inspection. The service can support up to seven people with diagnosed learning disabilities, autistic spectrum disorder and mental health needs. The building has been configured to meet the needs of people with complex behaviour. People at the home have their own bedroom with additional lounge space. As well as access to a shared lounge, conservatory and large kitchen. People have access to outside space and the building is close to local amenities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Risks to people's safety were assessed and no areas of concern were identified within the environment. People were protected from the risk of infection and the building was being repaired when damaged.

People were protected from harm by staff who understood and felt confident to speak up. People were supported by enough staff and who when recruited were subject to a probationary period.

People's medicine was stored securely and administered by trained staff. Medicine errors were investigated and action taken where necessary

Lessons were learnt when things went wrong, and information shared as required. The service tried to continually improve and work in partnership with others.

People were supported to achieve positive outcomes and have new experiences. People accessed the community and were supported to build new relationships.

Staff were clear about their role and responsibilities and worked well as a team. People were engaged with and helped to develop a service that was less restrictive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 June 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted in part by a notification of a specific incident. Following which a person using the service could have experienced significant harm. This incident is subject to further investigation by other parties. As a result, the inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about unsafe medicine management.

We undertook a focused inspection to review the Key Questions of Safe and Well-led only. We reviewed the information we held about the service and no areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. We found the service has improved. However, the overall rating for the service has remained as requires improvement. This is based on the findings from the previous inspection being included.

We found no evidence during this inspection that people were at risk of harm.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mill Hayes Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Mill Hayes Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Mill Hayes is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with one person and we observed the interactions between staff and people throughout the day. We reviewed two people's care plans and looked at the medicine records for all five people. We spoke with six members of staff including the registered manager, operations manager, support staff and the maintenance person. We looked at one staff file and various other records the home used on a regular basis to assist them in managing the service. These include audit reports, checklists, and training records

#### After the inspection

After the inspection we spoke with the local authority and the mental health trust which supports the service. We discussed evidence found on the day and the incident which triggered this inspection to take place.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection the provider failed to ensure the health, safety and welfare of people. This was a breach of Regulation 12, Safe care and treatment of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety were assessed and discussed on a regular basis both in house and with the wider multi-disciplinary teams.
- People had Personal Emergency Evacuation Plans (PEEP) which advised staff how to support them exit the building in an emergency.
- People had positive behaviour support plans in place that guided staff on how to support people with complex needs and associated behaviours. Staff were aware of how to mitigate the risk of a person's behaviour impacting on others in the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm by staff who had received training in recognising and responding to allegations of abuse.
- Staff were given a copy of the whistleblowing policy on commencement of their employment which instructed them on what to do if they were concerned. All the staff we spoke to said they felt people were safe and the staff would be confident raising concerns if necessary. One staff member told us, "Staff all know how to whistle blow and they would speak up if they were concerned especially, as we work so well together and feel well supported."

Staffing and recruitment

- People were supported by sufficient numbers of staff who were recruited following the use of safe recruitment procedures. Staff background, experience and qualifications were assessed prior to a position being offered.
- The provider used their human resource processes to ensure the right calibre of staff had been employed and were able to support the people in the correct way. All new staff were subject to a probationary period where they were given relevant training and their practice was observed to ensure they were suitable to work with people with complex needs.
- Staff were supported by the provider to manage the pressures of working in what can be a challenging environment. Debrief sessions were held after an incident to ensure any actions taken were reflected upon

and that staff felt supported and able to discuss freely how they felt and what changes they felt were required.

#### Using medicines safely

- People received their medicine on time by staff who had been trained to administer them. People's medicine was stored in their room however the security of the medicine keys remained with the staff team. We observed staff throughout the day accessing the keys from a secure location in the home, that people living in the home could not access.
- The home had a process in place in case staff made a medicine error which included gaining advice from a health professional. However, the records showed us several people had missed taking their medicine due to their own actions. For example, by being asleep when their medicine was due. We discussed this with the registered manager and recommended they speak with people's GP to see if the medicine regime in place could be reviewed to include advice on what staff should do in these circumstances to hopefully increase the level of medicine compliance and therapeutic benefit.

#### Preventing and controlling infection

- People were protected from the risk of infection by effective infection control procedures being in place. Staff had access to personal and protective clothing (PPE) which they could use if needed.
- There were areas of the building that required redecoration however these did not present a risk to people's wellbeing. We spoke with the maintenance person who advised. "I am now in this role full time and have prioritised my work. I will be adjusting my hours to ensure all redecoration can be completed in the areas highlighted without causing disruption to people in the home. Some areas are not safe to work on while people are up and about."

#### Learning lessons when things go wrong

- The provider was able to evidence lessons had been learnt when something went wrong.
- Accident and incident forms were reviewed and summarised on a weekly basis by the registered manager who then shared the information with their line manager to see if anything additional could be identified. Care plans were updated as required and changes made in the home as needed.
- Any increase or decrease in incidents were shared with the relevant professionals to ensure people's progress was monitored.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others  
at our last inspection the provider had failed to demonstrate effective governance.

- At our last inspection the provider had failed to demonstrate effective governance and a number of concerns had not been addressed. This was a breach of Regulation 17 Good Governance, of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service worked in close partnership with the local authority and multidisciplinary health teams to ensure the service was able to succeed. Concerns or incidents that impacted on the care provision were fully explored and information shared as necessary. The registered manager told us, "When incidents occur they are recorded by staff and analysed by myself. I then share the incidents with my line manager who also reviews the detail and makes further recommendations if necessary."

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

- People were achieving positive outcomes. One person told us, "I can now do things I was not allowed to do in hospital, I am much happier here." We saw people accessing the community and maintaining easier relationships with friends and family.
- People were able to choose the activities they wished to engage with, personal space was respected, and new opportunities sourced on a regular basis.
- Staff told us that they felt well supported, trained and supervised and were gaining in confidence the more they got to know people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Information was shared with the relevant parties when something went wrong. We found that due to the nature of the service there was close scrutiny carried out by the local authority and mental health trust, around the potential risks to people's safety and wellbeing.

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

- Managers and staff were clear about their roles and responsibilities and we observed several conversations where quality, risk and requirements were discussed.
- One staff member told us "The managers monitor the service effectively, they have a visible presence in the home and will take over an incident if necessary and de-escalate." Another member of staff told us "The service is improving all the time. Repairs get sorted, we have enough staff, we de-brief after incidents and really do work well as a team."
- Actions identified from governance checks and audit reports were followed up in a timely manner.

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

- People were engaged in regular conversation with the staff about their day and things they did and did not want to happen. We saw people sharing their opinion with the management team regarding how they wanted their future to be less restrictive than the past.
- People and staff maintained regular conversations with families and professionals and made changes where appropriate.