Caring Homes Healthcare Group Limited

Mill House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Mill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Mill House accommodates up to 45 people in one building. At the time of our inspection there were 27 people living at the care home.

At the time of our inspection Mill House did not have a registered manager in post. An application for registration had been submitted by the current manager. 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.

At our previous inspection in October 2015 the service was rated "Good". At this inspection we found the service remained "Good".

At our previous inspection we found people were not protected against the appointment of unsuitable staff because robust recruitment practices were not always followed. Attention had not been given to some aspects of recording how people should be given their medicines. At this inspection we found improvements had been made to staff recruitment procedures and the management of people's medicines.

We heard positive comments from people using the service at Mill House such as, "We feel very comfortable here". "I looked at several homes so that I could choose the right place and I am very pleased with this place".

People were protected from harm and abuse through the knowledge of staff and management. Risks in respect of people's daily lives or their specific health needs were assessed and appropriately managed with plans in place to reduce or eliminate those risks. Sufficient staff were deployed and robust staff recruitment procedures were used. We home was clean and had been well maintained.

Staff were supported to maintain their skills and knowledge to support people. People were assisted 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. People were consulted about meal preferences and enjoyed a varied diet. People's health care needs were met through on-going guidance and liaison with healthcare professionals.

People received support from caring staff who respected their privacy, dignity and the importance of their independence. People received personalised care and had opportunities to take part in activities both in the care home and in the wider community. People were supported to maintain contact with their relatives. Care was provided for people at the end of their life. There were arrangements in place for people and their representatives to raise concerns about the service. Effective quality monitoring systems were in operation.

The current manager was approachable to people using the service, their representatives and staff.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The safety of the service had improved and the service was safe.

We found improvements to the management of people's medicines and staff recruitment procedures.

People were safeguarded from the risk of abuse and from risks in the care home environment.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Mill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 26 and 30 April 2018 and was unannounced. The inspection was carried out by a lead inspector and a bank inspector. We spoke with three people using the service, the manager, the regional manager the restaurant supervisor, the activities coordinator and two members of care staff, the dementia link worker, an agency nurse and a domestic assistant. We also spoke with three relatives and a volunteer.

We reviewed records for three people using the service and looked over the premises of the care home. We examined records relating to staff recruitment and the management of the service. We used the Short Observational Framework for Inspection (SOFI) for people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

We carried out a comprehensive inspection in October 2015 where we found People were not fully protected against the risk of being cared for by unsuitable staff because robust recruitment procedures were not always applied. At this inspection we found improvements to staff recruitment procedures. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Appropriate checks were made on the registration of nurses employed by the service.

At our previous inspection although we found medicines were stored and managed safely although we found the policy had not always been followed for counter-checking hand written directions for giving people their medicines. At this inspection We found improvements to people's medicine records. We found accurate records had been kept of the administration of people's medicines. Handwritten directions for giving people their medicines had been checked for accuracy and signed by a second member of staff. Detailed individual protocols were in place to guide staff when giving medicines prescribed to be given 'as required' such as topical creams or medicines for pain relief. Checks were in place to ensure staff were aware of the expiry dates of people's medicines once they were opened. There were records of medicines received and of medicines disposed of. Domestic medicines known as homely remedies were approved by people's GPs. Medicines were being stored securely at the correct temperature and storage temperatures were being monitored. Regular audits were completed on the management of people's medicines to ensure safe medicine systems remained effective.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. They told us "We know what to do if there is a safeguarding incident. The number to telephone is in the care manual". Staff were confident any safeguarding concerns reported to the manager would be dealt with correctly. One person told us, "The staff make sure everything is alright, we feel safe here".

People had individual risk management plans in place. For example, people's risks in relation to nutrition, the use of bed rails, moving and handling, falls, pressure area care and the risk of choking had been assessed. These identified the potential risks to each person and described the measures in place to manage and minimise these risks and had been reviewed on a regular basis. People were protected from risks associated with the environment of the care home such as legionella, fire and electrical equipment through checks and the management of identified risks.

Sufficient staff were deployed. Some staff had recently left and recruitment was underway to fill vacant posts. A relative told us "New staff have arrived and agency staff have been employed to fill gaps". Throughout our inspection we found staff responded promptly to people's requests for assistance. Nursing and care staff were supported by domestic, catering, administrative and maintenance staff.

We found the environment of the care home was clean and people told us it was kept clean. We heard, "The home is kept exceptionally clean". The latest inspection of food hygiene by the local authority for the care home in February 2018 had resulted in the highest score possible. Regular infection control audits were completed. Staff received training in infection control and food hygiene.

Clinical monitoring was used to highlight any clinical issues people may have, such as weight loss, hospital admissions and accidents or infections. Accidents and incidents were analysed for any lessons that may be learnt in terms of how the staff team responded and any revisions to support plans and risk assessments. An agency nurse told us about how an incident was dealt with, "Today there has been an incident of someone falling out of bed. The response from staff was very quick. The person was made safe, checked for injuries. As a follow up a relative was contacted and consideration is going to be given to changes such as bed rails and bumpers. The risk assessment will be changed and a management strategy put in place".

Good

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they moved in to Mill House. We saw an example of an assessment of a person's needs who had recently moved in to the service. On-going assessments were in operation using recognised assessment tools relating to areas such as nutrition and pressure sore prevention.

People using the service were supported by staff who had received training for their role. Staff received training in subjects including people moving, fire safety, first aid and health and safety. Staff had also achieved nationally recognised vocational qualifications in social care. Staff new to the role of caring for people had completed the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. One person told us, "The staff have the right knowledge and skills to help us". The manager had drawn up a plan for staff supervision sessions and annual appraisals for the year ahead. Supervision took the form of regular individual meetings with senior staff. One member of staff told us, "I see my supervisor on a one-to-one basis. I am very happy with the supervision I receive".

People were supported to eat and drink enough and enjoyed a varied diet. The restaurant supervisor told us, "I ensure that I understand individual preferences for food and drink and try and meet people's requests. We help people choose their meals by showing them samples of the food that is on offer so they can decide for themselves. I liaise with the nurses on a weekly basis so that we know if people's nutritional needs are changing". We heard comments such as "The food is lovely". "The food is restaurant standard". Menus changed on a four weekly basis and included a choice of main course and dessert. During an activity session staff offered and gave people drinks, they were aware of the needs of one person's need for regular fluid intake.

Staff teams worked well together. A member of care staff told us, "Staff teams work together, we find the nursing team very willing to help. We all get along as a team" and "Communication between staff is very good".

People's healthcare needs were met through regular healthcare visits and appointments. A member of care staff told us, "If people's health is deteriorating we discuss straightaway with the nurses and discuss whether a referral to a GP is necessary." A GP visited the home on a weekly basis. People also received input from healthcare professionals such as occupational therapists and speech and language therapists.

People had access to communal areas used for sitting, watching television and a dining area. There was also a dedicated activities room. There was also a courtyard at the centre of the building which people could access in fine weather. Small wall mounted boxes containing familiar objects provided some personalisation outside people's rooms and helped people to identify their individual rooms.

The 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. Care plans reflected people's ability to consent to receiving personal care and support. Assessments had been made of people's capacity to consent to more complex decisions about aspects of their care and support such as where to live. Where decisions had been made about resuscitation these were prominently displayed in people's care plan folders. A member of care staff told us, "I have had training on the Mental Capacity Act so understand that it is about decision making. The information is included in the care plans".

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for authorisation to deprive 14 people of their liberty had been made. One application had been approved, we checked the conditions with this approval and they were being met.

Good

Is the service caring?

Our findings

People had developed positive relationships with the staff that cared for them. We heard comments from people such as, "Staff are lovely, they get you things if you want them". "If you want anything they help you straight away", "The staff get me dressed in the morning and put me to bed at night, they do it very well and are very kind to me". People's relatives commented, "Staff are very patient and take time to understand (the person)", "My wife is being very well looked after", "The staff they have here are remarkable, very caring" and "My husband is flourishing here".

During our observations we saw staff checking on people's well-being and responding appropriately to requests for help and were observant to people's needs. Staff responded quickly when a call bell was activated. During an activity session we observed staff showing concern and taking action to re-position a person so they could take a more active role in the activity. Staff maintained a good rapport when communicating with people.

People's care needs and care plans were reviewed through a 'resident of the day' system where all of a person's needs were reviewed on one day on a monthly basis. This was audited to ensure reviews were taking place. We saw evidence of people's care plans being reviewed through consultation with them and their representatives where appropriate.

One person used the services of a lay advocate. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs).

People's privacy and dignity was respected. Staff described how they would act to maintain people's privacy, dignity. Such as "When delivering personal care we maintain people's dignity by discussing their needs for how care is delivered to find out what their preferences are. We always use towels to cover people appropriately, make sure curtains are closed and doors are shut so that privacy is maintained". We saw staff respond with sensitivity when one person became distressed. They also responded promptly when another person complained of being cold.

People were supported to maintain their independence. Care records contained information for staff to support people to maintain their independence. For example, staff were aware that one person needed checking and supervision to maintain their independence with personal care tasks. One member of staff told us, "I am passionate about people retaining independence to the extent that people are encouraged to self-care and help with everyday tasks such as the tea trolley." A person's relative told us, "The staff meet all my wife's needs she has poor mobility and staff are able to facilitate her to move around". Another relative commented, "The staff assist him to walk with a walking frame. Suitable adaptations had been made in the toilets to enable those people living with dementia to use them independently."

Good

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. People's care plans described important information and the actions staff should take to meet people's individual care needs. A member of care staff said, "The care plans explain people's care needs well so that we can deliver the right care". People's life histories were included in care plans for staff to reference. Staff told us, "We learn about people's history as well as care needs so that we know them better as people" and "Personalised care means care delivered according to individual preferences. People are different and have different requests". People's personal choices were recorded for staff action such as one person who preferred to have their clothes washed at home.

People took part in a range of appropriate activities. For example people enjoyed a resident's gardening club, musical entertainment, crafts such as pottery, a visit by a magician. The activities co-ordinator told us, "I try to tailor the activities to the interests of individuals, for example a local farmer brought some lambs to the garden as one person was brought up on a farm". National events were marked and incorporated into activities. During our inspection jazz music was being played during an activity session to mark national jazz day. The activities co-ordinator explained how events were being planned to celebrate the forthcoming royal wedding.

People told us, "We do very well for activities, we do interesting things", "I am pleased to continue doing things that I used to do before I came here". People's relatives commented, "The activities are now very good. The activities co-ordinator goes out of his way to make sure people are entertained" and "The activities organiser is amazing, throws himself into the work and has lots of ideas". We observed a craft activity taking place and noted people received an appropriate level of explanation and input from staff to facilitate the activity both as a group and individually. We also saw people were clearly enjoying an exercise activity session. People's hobbies and interests were recorded for staff reference.

People were supported to maintain contact with family in response to their wishes. People were able to receive visitors without restrictions. Care plans acknowledged people's relationships with their relatives.

There were arrangements to listen to and respond to any concerns or complaints. Records showed, complaints were recorded, investigated, meetings held with complainants and responses provided. There had been eight complaints recorded in the 12 months prior to our inspection. Appropriate action had been taken and a response provided to the complainants. For example, one person had their care plan updated and had moved rooms. A relative had previously raised issues with the manager about the person's care plan. They told us, "I find that if I do mention something, things get done in response".

People's decisions relating to the end of their life were recorded. Positive comments had been received from a family of a person who had received care at the end of their life.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, Mill House did not have a registered manager in post. The current manager had made an application for registration. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The rating from our previous inspection was displayed at the care home and on the provider's website.

We heard positive comments about the current manager and the way the care home was being managed. Staff told us, "The current manager is approachable, she is always on the floor and knows all the staff well", "Since the change in management the communication with staff has improved enormously and training has increased" and "The manager is approachable and available to talk to and always has a smile on her face, her door is always open". A relative told us, "The manager appears efficient, organised and approachable".

Daily morning meetings were held by the manger with heads of departments within the care home in order to ensure the effective operation of the service on a daily basis. One staff member commented, "Communication through the 11 o'clock meeting is very good for up to date information about residents". Other regular staff meetings ensured staff were aware of planned developments within the service and the expectations of the management and provider.

The registered manager described their vision for the service as, "For residents to feel at home and feel safe. Where people can come and have their needs met". The manager described a commitment to retaining the nursing care provision at Mill House. Current challenges were described as recruiting permanent staff which was progressing with a drop in the use of agency care and nursing staff. Planned developments included improvements to the meals provided to include suitable meal provision for people living with dementia. A comprehensive improvement plan was in place for 2018 which included action in areas such as housekeeping and laundry, care planning and staff training.

Links had been made with the local community. The manager described plans for an event to promote Chipping Campden as a dementia friendly town. Mill House was involved with this alongside the local community, other local businesses and local health care services. The care home was providing the car park for holding a fete to promote the occasion.

People benefitted from quality assurance checks which ensured a consistent service was being provided. A clinical management trending system had been developed. This collected clinical data and information regarding accidents and incidents in the home. This enabled the manager to identify any trends for action identifying areas of clinical risk. The system could be used to take action for people with an identified clinical risk such as from falls or poor nutrition.

The views of people using the service, their representatives, staff and stakeholders had been sought through surveys with the results recorded and any areas for action identified. An electronic device had recently been placed in the reception area to allow people using the service, their representatives, staff and visiting health professionals to leave feedback or comments about the service.