

Catherine Miller House Limited

# Catherine Miller House

## Inspection report

13-17 Old Leigh Road  
Leigh On Sea  
Essex  
SS9 1LB

Tel: 01702713113

Website: [www.catherinemillerhouse.co.uk](http://www.catherinemillerhouse.co.uk)

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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

Catherine Miller House is a residential care home for up to 30 older people some of whom may be living with dementia. When we inspected there were 27 people living in the service.

At the last inspection, the service was rated as good overall. However the manager had not registered with us, therefore the well-led question was rated as requires improvement. At this inspection we found that the manager was now registered with us and the service remains good.

People received a safe service and were protected from the risk of harm. Sufficient staff had been safely recruited to ensure that people's needs were met. Medication management was good and people received their medication as prescribed.

People were cared for by experienced, well trained and supported staff. The service ensured that people had the support they needed to have as much choice and control over their lives as possible. People received sufficient food and drink to meet their needs and preferences and their healthcare needs were met.

Staff knew the people they cared for well and displayed kind, caring and compassionate qualities. People were encouraged and supported to remain as independent as possible. Staff treated people with dignity and respect and maintained their privacy at all times.

People were fully involved in the assessment and care planning process. Their care plans had been reviewed and updated to reflect their changing needs. People were encouraged and supported to take part in a range of activities that suited their individual needs. The service had a pet dog and people enjoyed taking her for a walk in the local park. Complaints and concerns were dealt with appropriately in a timely way.

People were positive about the quality of the service. The registered manager and staff were committed to providing people with good quality person-centred care that met their needs and preferences. There were good systems in place to monitor the quality of the service and to drive improvements. The service met all relevant fundamental standards.

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 service remains good.

### 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 was well-led.

There was a registered manager in post. Staff had confidence in the registered manager and shared their vision to improve the quality of the service that people received.

There was an effective quality monitoring system in place to drive improvements.

# Catherine Miller 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 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 February 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information that we hold about the service such as safeguarding reports and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection 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 spoke with seven people who used the service, five of their relatives, the registered manager, and seven staff. We reviewed four people's care files, four staff recruitment and support files, training records and quality assurance information.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating continues to be good.

People told us they felt safe living at the service, one person said, "I am very happy here, I feel safe and well looked after." Relatives told us they felt their loved ones were kept safe and secure. Staff displayed a good understanding of how to protect people from the risk of harm. There were clear policies, procedures and guidelines for staff to refer to when needed and safeguarding issues had been dealt with appropriately. There were risk assessments and management plans in place to minimise any risks to people's health, safety and welfare. People told us that they were supported with their mobility and we saw this during our visit.

There were sufficient numbers of skilled and experienced staff to meet people's assessed needs. Staff told us, and the duty rotas confirmed that there were enough staff to provide people with safe care. The recruitment process was thorough and included all of the appropriate checks before staff started work to ensure that people were cared for by suitable staff.

There was a safe system in place for managing medication. People told us that they received their medication in good time and that staff never rushed them. We saw this in practice during our visit. We carried out a random check of the medication system and observed a medication round. We found that the records were to a good standard and we saw that medication was administered appropriately. Staff had been trained and their competence to administer medication had been regularly assessed. People received their medication as prescribed.

The service was clean and hygienic and regular checks had been carried out to ensure that infection control practices were adhered to.

## Is the service effective?

### Our findings

At this inspection we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating continues to be good.

People received their care from staff who felt supported and valued. Staff told us, and the records confirmed that they had regular supervision. One staff member said, "I feel well supported by the manager, they are always available to provide advice and guidance when I need it." Staff had the knowledge and skills to care for people effectively. People told us they felt that staff were well trained. One person said, "All of the staff here know what they are doing. They are all very good." Visiting relatives told us that staff were very knowledgeable and were good at communicating with them. Staff told us, and the records confirmed that they had received a wide range of training appropriate for their role which had been regularly updated. They said they had been encouraged and supported to attain a qualification in care. People were cared for by well trained staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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. Staff had been trained in MCA and DoLS and they had a good understanding of how to support people in making decisions. One staff member said, "It is important to assess people's capacity to make decisions for themselves. Things change and they may be able to make decisions at times but not at other times. Decisions always need to be made in the people's best interests. Where necessary appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. The lunchtime experience was pleasant and we observed friendly banter between residents and staff throughout the meal. One person told us, "The food is very good, it is home cooked and we get as much as we want." Another person said, "I do enjoy my food here as it is always very nice." Where people needed support to eat their meal staff supported them in a sensitive and respectful way. Where necessary people's dietary intake had been recorded and their weight monitored to ensure that they had enough food and drink to keep them healthy.

People told us that staff supported them to remain healthy and the records viewed showed that people had attended routine health appointments as required.

## Is the service caring?

### Our findings

At this inspection we found that people were still cared for by kind, caring and compassionate staff and the rating continues to be good.

People told us that all of the staff were kind and caring. We observed kind, compassionate, caring interaction throughout our visit. Relatives had nothing but praise for the way staff treated people. One relative said, "This home is lovely, the staff are so kind and caring and look after my relative really well." Staff provided people with a supportive and caring place to live. People and their relatives were actively involved in making decisions about their care and support. Relatives told us they were kept fully involved and the home's staff were excellent at communicating with them. People's care plans provided detailed information about their likes and dislikes and described how they wanted to be cared for.

People had a named key worker who made sure they had everything they needed and that their diverse needs were met by the staff team. Staff respected people's privacy and made sure they had consent before entering their rooms. Staff promoted people's independence and people told us they were encouraged and supported to retain this as much as possible. We observed people moving around the service independently and heard staff supporting them appropriately when needed.

People were supported and encouraged to maintain relationships with their families. We spoke with many visitors throughout our visits and they told us they were always made to feel welcome when visiting. Where people did not have family members to support them to have a voice, they had access to advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

At this inspection we found that people still received personalised, responsive care that met their individual needs and the rating continues to be good.

People's needs had been fully assessed and their care plans had been developed from their initial assessment. The care plan had been regularly updated to reflect people's changing needs. People told us that they had a thorough assessment before the service started. Relatives said they had been fully involved with their loved one's assessment, care plan and review. The care plans viewed described people's likes and dislikes, a history of people's background and clear information about how to care for them. This included all areas of identified risk and how to manage them. One staff member said, "The care plans are detailed enough to explain what I need to do to care for people properly." Another staff member told us, "There is a lot of information in the care plans about people's interests, hobbies and past life and their family background which is great for getting to know them better."

The service offered people a range of activities to suit people's individual preferences. We observed arts and crafts and a game of bingo and several people went to visit a local care home for a cup of tea and a chat with others. People told us that they had enjoyed this outing. The service had a pet dog and people told us how they enjoyed petting the dog and watching her walking around the home. One person told us they had been out with staff in their wheelchair to take the dog for a walk in a nearby park. Staff said that they thoroughly enjoyed sharing activities with people and the records showed that people enjoyed a full and varied choice of activities to keep them occupied.

People were confident that their concerns would be listened to and acted upon quickly. One person said, "I would tell the manager or staff if I had any concerns and I know they would sort them out." Relatives told us they were confident about raising any concerns, if they had any, and they said they felt that the registered manager would deal with them appropriately. There was a good complaints process in place and complaints had been fully investigated and responded to in a timely way. The service monitored complaints and looked for any trends to enable them to take appropriate action to rectify the issue.



## Is the service well-led?

### Our findings

At our last inspection on 11 December 2014 we said the service was well led. However, the manager was not registered with us so we rated this question as requires improvement. At this inspection we found that the service still provided people with a well led good quality service and the manager was now registered with us. 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 positive person-centred culture. Staff shared their vision to provide people with the best possible care. There was an open and inclusive culture where people, their relatives and staff felt they could raise any issues with the registered manager.

There was an effective quality monitoring system in place. People's views had been sought and analysed and regular audits of systems and processes had taken place. The registered manager and provider regularly checked the quality of care in the service using their 'compliance declaration audit tool'. The tool identified where actions were needed for improvement and showed the target date for the actions to be carried out. People and their relatives told us that the registered manager held regular meetings and was accessible at other times to discuss any issues as they arose. Meeting notes showed that meetings had been held at the weekend to enable more relatives to have the opportunity to attend.

People's personal records had been stored safely in locked offices when not in use but they were readily accessible to staff, when needed. The registered manager shared up to date information with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.