Mr & Mrs A W Carroll

The Mill House Care Home

Inspection report

Kington
Flyford Flavell
Worcester
Worcestershire
WR7 4DG

Tel: 01386793110
Website: www.themillhousecarehome.co.uk

Date of inspection visit:
01 September 2022
02 September 2022

Date of publication:
27 September 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
The Mill House is registered to provide accommodation and personal care for up to 31 older people, including people with dementia. At the time of our inspection visit there were 29 people living at the home. Care is provided across two floors. A communal lounge and dining area are located on the ground floor. Not all bedrooms were ensuite but there were further communal bathroom facilities located on each floor. The provider was considering further improvements at the home which included the addition of an ensuite to existing rooms.

People's experience of using this service and what we found
At our last inspection, we found some improvements were required with the risk management of people's health and welfare, medicine management and better oversight of the service. In response to our last inspection, the provider completed their own action plan to ensure improvements were made and sustained.

Since the last inspection there had been changes in registered manager. There was a new registered manager in post who was continuing to make changes to improve outcomes for people. The registered manager was supported by the previous registered manager who was part of the provider's management structure, as well as the owner who is the provider.

At this inspection, we found some improvements to medicines management, care planning and risk assessments. The provider had improved and increased their quality assurance systems and checks which were mostly effective. However, further improvements to some quality assurance systems were needed because some of the issues we found related to medicines, care planning and risk assessments at this visit had not always been identified from completed checks.

Electronic care planning and risk assessments were completed for people however in some cases, where a person had fallen or if people had risks related to certain activity, these were not always completed. However, we were assured people were safe and staff knew people's risks and how to safely manage those identified risks.

Additional checks made sure medicines were administered and stored safely. Better recording of some medicines, such as topical creams and pain patch medicines would help to demonstrate medicines were administered safely. The registered manager took immediate action during our visit to improve medicines administration practices to ensure people continued to receive medicines safely. Positive links with a local GP practice ensured people were reviewed and seen promptly.

Infection control systems ensured the home was clean. Housekeeping staff supported the home in addition to care staff. Maintenance staff completed regular checks on health and safety to ensure the home remained safe for people.

People's overall feedback to us was positive of a service they received that they felt met their needs. People knew how to raise an issue and when they did, they were confident they were listened too. People and relatives could attend meetings to share any feedback about the service. Post pandemic, plans were in place to increase the frequency of these meetings.

People felt the service was responsive to their needs. Staff knew people well and we saw during our visit, staff quickly responded to situations to help maintain an environment that promoted good care.

Staff interacted with people at their pace, unrushed and joked and laughed with each other. Staff in all roles were empowered to involve, engage and to sit and chat to people which helped develop relaxed and genuine relationships. People were involved in pursing their hobbies and interests. Social activities and engagement was a key feature that recognised the importance of promoting people's emotional and physical wellbeing. Day trips, gardening, book clubs, quizzes were just some of the activities people were involved in. Further opportunities were planned with people's involvement to continue to support people's interests.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Visitors were welcomed and there were no restrictions on visiting arrangements. Relatives were able to visit, and they were encouraged to book a visit in advance to help manage any potential risk.

Staff understood their responsibility to report any concerns to protect people from the risk of abuse.

Staff were positive about the management of the home and staff said people received a good quality of care. Staff enjoyed working at the home and staff said it felt like one big family. The provider had their own staff team and did not rely on agency staff so staff who supported people knew them very well. Staff had received training in key areas and staff said they felt supported to pursue additional training and opportunities to increase their knowledge and confidence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 17 January 2020).

At our last inspection we recommended that the provider improved their processes in the management of medicines, risk management and quality assurance. At this inspection we found the provider had acted on those recommendations and they had made improvements, although their quality assurance systems still required some improvements.

Why we inspected
This inspection was prompted by a review of the information we held about this service and to check the provider had improved certain areas identified at our last visit.

This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Mill House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well led. Details are in our well led findings below.	**Requires Improvement**

The Mill House Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector who visited The Mill House on 1 September 2022, and we were supported by an expert by experience. An expert by experience is someone who has experience of using this type of service. One inspector returned on 2 September 2022.

Service and service type
The Mill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection visit was unannounced on 1 September 2022. We announced our visit on 2 September 2022.

What we did before inspection
We reviewed the information we held, such as people and relatives' feedback and statutory notifications, as well as any information shared with us by the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with eight people who received a service to get their experiences about the quality of care received. We spoke with two visiting relatives and asked them for their feedback about the service provided. We spoke with four members of care staff including senior staff and an activity staff member and a maintenance person. We also spoke with the recently appointed registered manager as well as the previous registered manager who was part of the management team and the provider who was the owner.

We reviewed a range of records. This included four people's care records and samples of medicine records and associated records of their care. We looked at records that related to the management and quality assurance of the service, fire safety and environmental risks and records for infection control and risk management. We also reviewed two staff recruitment files.

Good

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 changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last visit we found people at risk of falling who had specialist equipment, were not always kept safe because some equipment's position posed additional trip hazards.
- At this visit we found equipment was better managed, so people were not placed at unnecessary risk.
- Regular maintenance work and health and safety checks were completed to ensure the environment remained safe, for example water quality and fire safety checks.
- Weekly checks of window restrictors were completed; however, the restrictors were not fitted with the tamper proof screws. The registered manager agreed to rectify this.
- People's risks were known and assessed to help keep people safe. Staff knew people well and staff supported people in line with their known risks.
- We saw individual risk assessments were completed for people where required and reviewed. However, we found two risk assessments that required updating to ensure those risks continued to be managed safely.
- Speaking with staff showed us staff were always supporting those people safely, so risks were being managed to protect people.
- The registered manager took action to improve those risk assessments to ensure people continued to be protected as much as possible.

Using medicines safely

- At our last visit we found the recording and storing of some medicines needed improving.
- At this visit we found boxed medicines were recorded correctly and people told us they received their medicines when required.
- Staff administered medicines safely. Some of those medicines included topical creams and pain patch medicines. However, we found two examples where staff's recording of how they applied pain patch medicines and topical creams needed better recording. Staff described to us how they administered these medicines and in these examples, we found no one had come to harm.
- We discussed the recording of these medicines with the registered manager. The registered manager took immediate action to seek GP advice and implemented topical cream charts to indicate where creams where applied. The registered manager also updated their information further to ensure patch medicines were rotated across the body as required.
- We found medicines requiring storage in a refrigerator were kept within safe temperature controls.
- Staff administered medicines safely because they were competent. Staff told us they had been assessed as competent through observed practice and monitoring.

Systems and processes to safeguard people from the risk of abuse

● People we spoke with told us they were happy with their care and support and that they felt safe when staff supported them.

● Staff were aware of how to raise concerns with the registered manager and if needed, information was readily accessible about how to escalate those concerns to external agencies. One staff member told us, "I would escalate to safeguarding team and call Police. I have absolutely not seen anything here to worry me."

● The home operated an extensive CCTV system that the management team used to review any allegations or unexpected events such as falls or injury.

● The provider had referred notifiable incidents to us which was their regulatory responsibility to do so.

Staffing and recruitment

● There were enough staff to meet the needs of the people living at the home.

● Our observations throughout both days showed staff were on hand and attentive to support people's physical and emotional wellbeing.

● The provider and people told us they received support from a consistent staff team who knew them well. The registered manager and provider regularly reviewed staff numbers on shift to ensure they remained sufficient.

● Safe recruitment checks were completed. Checks included obtaining written references from previous employers and checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

● The registered manager kept updated with government guidance. To help keep people safe, a booking system continued to be used to facilitate visits. Some relatives told us they found this difficult to visit with limited or no notice. WE discussed this with the registered manager who told us visitors were always supported and encouraged. They said the booking system helped them to plan and keep people and others who did not have visitors, safe.

Learning lessons when things go wrong

● There were processes to review and look at patterns and trends, for example through incident and accident management.

● The registered manager used staff meetings to cascade important learning and observed practice and unannounced visits to ensure staff put that learning and understanding into practice.

● The provider told us following our last visit they had some changes to their processes to improve and drive up standards throughout the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities, engagement and personalising care through stimulation and support was a strength at the service.
- Important family links were maintained to help enrich people's lives. Important events were celebrated. For example, during our visit, staff held a BBQ in the garden to celebrate a person's milestone birthday. Everyone joined in. Attention to detail in the party decorations focussed on what was important to this person. Photographs of people's enjoyment of these and other events demonstrated the positive impact it had on their well-being.
- Local links with the community were being strengthened.
- Important activities and events included faith visits, sensory sessions, trips out to garden centres and visits from animals. Prior to our visit, a pony visited people at the home.
- People we spoke with praised the activity co-ordinator for their input and the value they brought to the home.
- The activity co-ordinator told us about their approach, recognising people's individual personalities and how they understood what worked for some, may not for others. It was clear there was a strong focus on personalising activities and interests to the individual person, as well providing group sessions.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were satisfied with the quality of care they received.
- People felt involved in how they were supported throughout each day. People's needs and preferred routines were considered and reflected within their care plans. Staff knew people well.
- Individual care files contained a range of person-centred information, including a summary of their care needs, what was important to them and what level of support or intervention people required.
- Regular care reviews took place. A senior staff member told us they were currently updating some care plans to ensure they remained accurate and relevant to people's changing needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people were able to understand any written information used within the service. Any alterations

could be made to those documents, such as large print.
● People's sensory needs to support good communication were recorded in their care plans.
● Some people had limited communication or a cognitive impairment. Staff told us how they spoke more directly to that person, used hand gestures, considered facial cues so they could gauge a person's understand.

Improving care quality in response to complaints or concerns
● The provider had systems for people, relatives and staff to raise any complaints or concerns they had about the service.
● People were involved in day to day choices so when people's actions or signs showed they were unhappy, staff supported people to prevent any concerns escalating.
● Where complaints had been raised, we were told these were dealt with satisfactorily. The registered manager said the learnt from complaints and shared knowledge with staff if needed to prevent a similar complaint happening again. This fed into the provider's lessons learnt programme and informed staff meetings.

End of life care and support
● The provider had systems in place to support people when they came to the end of their life.
● At the time of our visit, no one was receiving end of life care. The registered manager aimed to support people's wishes to remain at the home for end of life care whenever possible, with external healthcare professional support.
● Staff told us they had the skills and experience to ensure people would receive the support they required to have dignified and respectful care at the end of their life.
● Statutory notifications had been received from the provider that showed people received the right care and compassionate care at the end of their life.

Requires Improvement

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 stayed the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- At our last visit areas needing improvement were in relation to the storage of certain medicines and shortfalls with fire alarm testing and risks to people's safety using equipment.
- At this visit we found improvements had been made to these areas, however we found other issues that the provider's audits had not identified.
- We found some of those checks that had been completed, had not always identified where improvement was required. Medicines audits were completed but we found pain patch medicines were not administered in line with manufacturers guidelines. The provider's audit had not identified this.
- Systems to monitor and mitigate risks to people needed further improvement to identify gaps in risk assessments and where some risks had not been assessed or reviewed for accuracy. Associated documents to help provide staff with knowledge and information in the handheld devices about people were conflicting. For example, some people that required thickened fluids, electronic information did not always match the care plan. However, speaking with staff, we were assured staff knew what people required. Before our visit was finished, the registered manager had taken action to rectify those records.
- Audits and checks were completed for clinical tasks and these were completed regularly and focussed on promoting people's health and wellbeing. If needed, health professional advice was sought.
- Regular handovers and staff meetings ensured staff's knowledge remained updated about people's needs.

- The provider had invested in additional electronic systems and there was a clear process for senior staff to check any audits delegated to others.

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

- Staff spoke very positively about the registered manager and the overall care provided at the home. One staff member told us, "It's a home from home." They explained, "The ethos is nothing is too much trouble and we meet the resident's needs." They also told us, "It made me realise how person centred here we were. This is their home and we make it homely."
- People's needs were considered and acted upon. For example, the staff and management team told us how they recognised one person enjoyed a bath but due to their mobility, it was not always possible to arrange as the bath was not suitable for them. The provider has researched and invested in a specialist bath

that will support the person to bathe safely and will help promote their wellbeing.
● Staff told us communication within the home was effective and that staff meetings took place to share any finding or good practice.
● Because staff knew people's likes and dislikes, care and how the service provided, was personalised to people. The culture at the home was an inclusive culture. People's feedback was sought through regular unplanned meetings, scheduled meetings and through surveys. Those results were displayed in the home so people could see positive reactions to their feedback.

Working with others
● The registered manager was establishing better working relationships with other healthcare professionals to improve outcomes for people.
● Staff worked with healthcare professionals to make sure people's health needs were met. We saw evidence in people's records that referrals had been made in a timely way.
● People were able to see GP's, community nurses and advanced nurse practitioners. The GP surgery completed regular visits to the home to check people's health and welfare.

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
● The registered manager understood their responsibility to be open and honest when things had gone wrong. The registered manager and provider were honest with the outstanding actions that had to make from their own improvement action plan post our last visit.
● The provider had met the legal requirements to display the services latest CQC ratings in the home and on their website.