# 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? | Requires Improvement |

# Summary of findings

## Overall summary

About the service
Mill House is a care home providing personal and nursing care for up to 45 people aged 65 and over. At the time of the inspection there were 24 people living at Mill House across two floors, each of which had separate adapted facilities.

People's experience of using this service and what we found
A new manager had been appointed and planned to register with CQC. The existing interim manager had a clear vision for the service and spoke positively about the changes they needed to make. This was being handed over to the new manager who was taking over the service. The provider had organised additional support for the service whilst the new management team settled, and they were working together to complete their service improvement plan.

We found some improvements were needed to ensure some people's risk assessments and risk management plans were accurate and updated; for example, people's risk of choking needed to be reviewed and updated as their needs changed. This would ensure that staff had up to date care records to refer to when supporting people. The provider had identified this as an area that required improvement through their own quality monitoring. Some time was needed for the manager to settle within the role and to complete their improvement plan before we could judge it to be effective in bringing about the required improvements.

People's relatives told us people felt safe living at Mill House. The provider was monitoring and reviewing the staffing levels to ensure sufficient numbers of staff remained deployed to meet people's needs.

People were supported to receive their medicines safely and as prescribed.

Staff understood their responsibility to report concerns and poor practices.

We observed staff were kind and caring and treated people with dignity and respect.

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.

People had access to a range of activities and events organised by the service's activities team.

Staff provided mixed feedback about the service and felt the changes in management over time had a detrimental impact on the moral of the team.

The service had infection control processes and systems in place to reduce the risk of people contracting

COVID-19.

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

Rating at last inspection
The last rating for this service was Good (report published 23 July 2019).

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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?**<br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-Led findings below. | **Requires Improvement** |

# Mill House

**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 Health and Social Care Act 2008.

Inspection team
This inspection was carried out by two inspectors 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.

Service and service type
Mill House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mill House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there was not a registered manager in post. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our

inspection.

During the inspection
We spoke with four relatives about their experience of the care provided. We spoke with 15 members of staff including the director of quality, regional manager, interim home manager, newly appointed home manager, clinical lead, head of hospitality, activity co-ordinator, care assistants, a chef, agency care workers, maintenance person, head housekeeper and administrator.

We reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the site visit we reviewed the information the provider sent to us via e-mail and we continued to seek clarification from the provider to validate evidence found.

Good

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People's relatives told us they felt safe using the service. One relative said: "Very safe. The change in [person] was unbelievable since we moved [person]. [Person] is a ray of sunshine there. I know [person] is cared for, I can't fault it'."
- Staff understood their role to report any concerns and were confident to report any concerns or allegations of abuse. Safeguarding was discussed in staff meeting.
- The provider had a safeguarding policy in place to guide staff and supplemented the staff safeguarding training.

Assessing risk, safety monitoring and management
- Risks associated with people's care had been assessed, this included risks in relation to choking, falls, and people's skin health.
- Most risk assessments informed staff how to manage these risks to keep people safe. However, some people's risk management plans did not have up to date information, for example in relation to their eating and drinking. Staff we spoke with could describe how they would keep people safe. The home manager took immediate action to review and update people's records. The service has an improvement plan in place which included the update of all care documentation which was prioritised according to the level of risk. The service had a handover document in place which included all current identified risks and measures in place to mitigate those risks.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks.
- Fire evacuation drills were undertaken to ensure staff knew how to respond to protect people in the event of an emergency and to review the effectiveness of people's personal evacuation plans.

Staffing and recruitment
- The provider followed safe recruitment practices, following pre-employment checks to ensure people were cared for by staff who were suitable.
- The provider and home manager are working in a sector with significant work force challenges. The provider told us that in addition to this, the geographical location of the service has presented challenges in recruitment. Recruitment was ongoing to fill staff vacancies and in the interim agency staff were used to maintain the assessed staffing levels.
- Consistent agency staff were used, and they received the information they required to meet people's

needs
● Feedback from staff and relatives varied in relation to staffing levels in the home. One relative told us: "They have had problems recruiting staff…It hasn't had a detrimental effect on [person's] care." Another relative told us: 'Sometimes they could do with more staff. There doesn't always seem enough staff to help people, they are rushed off their feet but [person's] care isn't affected."
●The service had a system in place to assess required staffing levels.
●The interim home manager explained to us that they have been working at a higher capacity to ensure adequate supervision of the communal areas and to carry out work on the service improvement plan.
● We observed people being assisted in a timely manner by staff with their meals and other support needs. The service carries out a regular call bell audit. Any issues around longer waiting times following audits were discussed in staff team meetings and measures had been implemented to better monitor the call bell system, for example, people with a higher risk of falls are kept safe.
●We did not find any evidence to suggest that people's needs were not being met.

Using medicines safely
●People's medicines were kept secure. There were some inconsistencies with medicine administration records, however an audit recently completed had identified these, as well as a number of areas for improvement around the management of people's medicines. Following our feedback, the clinical lead took immediate action to rectify some of the inconsistencies.
●Staff responsible for administering medicines received training and practice assessments were completed to ensure they remained competent to carry out this task.
●Arrangements were in place for obtaining medicines. This ensured people's medicines were available when required.
●Medicine audits were undertaken to ensure people received their medicines as prescribed.

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 meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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.

People were supported to see their families in accordance with their preferences and in line with government guidance.

Learning lessons when things go wrong
● Staff were aware of how to report accidents or incidents so action could be taken.
● A system was in place to analyse falls to identify patterns and trends to minimise the risk of a reoccurrence and to learn lessons. This analysis led to improvements in measures to mitigate risk.
● Lessons learnt from accidents and incidents were discussed in staff meetings.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●The interim home manager described how people's needs were assessed prior to admission to determine whether the home was suitable and could meet their needs fully.
●The person's admission into the home was monitored for the first month after coming into the home, which enabled staff to generate a full care plan and risk assessments.

Staff support: induction, training, skills and experience
●The interim home manager described to us the staff induction programme which consisted of training, shadowing and testing of staff competencies.
●Staff we spoke with were positive about the training and support they received. One staff member told us that they receive: "Very good training" and regular supervisions.
●Agency staff spoke positively about the induction they received into the service.
●One relative told us: "The staff are definitely well trained" and another relative's comments included: "They [staff] are competent".

Supporting people to eat and drink enough to maintain a balanced diet
● We received positive feedback about the food available. People's relatives told us: "[person] enjoys the food, [person] would say if [person] wasn't. They keep [person] well hydrated. If they don't want a drink, they give them ice lollies. I'm happy with the nutrition." and "I've tasted what [person] is eating, I sit and eat with [person]. The nutrition is very good. They make sure [person] has plenty of fluids."
● We observed people being supported at lunchtime. People could choose where they wanted to eat. Some people were supported to eat in their rooms while others were having their meal in the dining area. The food was well presented.
● People were supported to eat and drink safely and staff were aware of this information. Staff including catering staff, could describe the support people needed to reduce the risk of them choking or to manage risk of malnutrition.
●The clinical lead and head of hospitality kept the catering team informed of people's nutritional and dietary requirements and updated them of any changes.
●The head of hospitality told us that people are involved in choosing their meals and that testing sessions are organised so people can sample new dishes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
●People's support plans included information about their medical conditions and the support they required to promote their health.
●The clinical lead told us that people's health was being monitored through a range of charts according to people's needs which are being completed by staff on an electronic system. The service used nationally recognised tools to record any deterioration in people's health. The GP carried out a weekly ward round and weekly clinical meetings were taking place. This enable the service to determine any change in people's health and address them.
●People were registered with a local GP practice and were supported to make appointments and access health care professionals. This included speech and language therapists and specialist consultants when needed.
● People were also supported to arrange appointments with opticians, dentists and chiropodists if required and visiting services could be arranged for those with poor mobility or dementia.
●People had specific oral hygiene assessments in place and care plans stated details of the support people required to maintain their oral health. Staff received training in supporting people with oral health needs.

Adapting service, design, decoration to meet people's needs
● The environment supported people living with dementia. Easy read signage was observed around the home, for example to indicate a bedroom. The environment was painted in soft colours. Memory boxes were in place for people who required them.
●Relatives comments about the environment included: "It's clean, [person's] room is nice and [person] likes it." and "Pretty much nice and clean. [person] is happy with [person's] room'
● One of the chefs told us that they have implemented mould for food which required modified texture so this resembles what the food looked like before it was modified as it was recognised that: "people eat with they eyes"

Ensuring consent to care and treatment in line with law and guidance
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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA <, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.>

● The interim home manager ensured Deprivation of Liberty Safeguards (DoLS) were applied for people whose liberties were being restricted. DoLS applications had been supported by mental capacity assessments and best interest assessments. Where conditions were attached to people's DoLS and they could not be met due to circumstantial changes, the interim home manager took action to inform the relevant authorities or to involve healthcare professionals to support people achieve the outcomes.

● People's representatives were included in decisions regarding the person's care. One relative said: "They ring me in advance to discuss decisions on medication and day to day care."
● Assessments had been made of people's ability to consent to the care and support provided to them and when people lacked mental capacity to make decisions about their care and treatment, best interests decisions were made on their behalf.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- We observed people being treated with kindness and respect. Staff spoke softly and politely to people.
- The home had an Equality and Diversity policy in place and staff had received Equality and Diversity training.
- Staff knew people well and understood the things they liked and made them happy. One staff told us that they treated people in the same way they would like to be treated.
- Comments from relatives included: "They are very kind, I think they are lovely, they talk to [person] all the time. Everything is going well for [person]." and "The care staff are so kind, very listening".

Supporting people to express their views and be involved in making decisions about their care
- Staff and managers worked with people and their families to decide and review how they received care.
- The care documentation we looked at reflected people's wishes and preferences.
- The service had a system in place called "Resident of the day" which involves an overall review of the care provided to each person. The interim home manager told us that this system was being improved by introducing a holistic approach where the relatives were invited in.

Respecting and promoting people's privacy, dignity and independence
- The provider had a privacy, dignity and respect policy in place and discussions were held in staff meetings around how to support people with dignity and respect.
- People had goals identified in their support plans relating to various areas of their care, such as maintaining wellbeing and independence in aspects of personal care. Care plans prompted staff to deliver care in the least restrictive way, in person's best interest and in a dignified manner.
- Staff were able to describe how they would promote dignity and privacy. One agency staff member talked to us about how they gained consent from people and described how they would support a person who refused their support. Another agency staff member described how they supported people who have a gender preference when it comes to support around their personal care needs.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR) to keep people's personal information private. GDPR is a legal framework that sets guidelines for the selection and processing of personal information of individuals. Records were stored safely in paper form which maintained people's confidentiality and in an online care planning system.

Good

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

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

- People's care was planned around their individual needs, choices and preferences.
- People's care records were stored both electronically and in paper format and included information about how they would like to be supported and about their likes and dislikes.
- Staff were aware of people's support needs and were able to talk about the support people required. One agency staff told us where they would find information related to people's risk. Another agency staff could describe how they supported people with dietary needs and people with a risk of skin breakdown.
- The service had identified through their improvement plan the changes required to people's documentation and had a robust plan in place around how this was going to be achieved.
- The service had a comprehensive handover sheet in place which included information such as medical history, mobility requirements, communication and dietary needs, risks and the measures in place to mitigate the risks identified.
- Staff told us they have daily handover meetings which they found very useful. These were accompanied by daily heads of department meetings and weekly clinical risk meetings which were attended by a representative of the provider.
- Comments from relatives included: "If [person] needs anything they look after [person]." And "yes they are very responsive."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and assessed. The care documentation described ways in which to support people's communication needs.
- In their PIR submission, the service described how the staff would support someone who is non-verbal, through observation of facial expressions in order to establish their needs and wishes.

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

- The head of hospitality and the activities coordinator spoke extensity to us the range of activities on they

had to offer people. They were very proud of their achievements in supporting people get involved in meaningful activities and build connections with the local community. The provider recognised and celebrated the achievements of the team in this area.

●Relatives were complimentary of the activities people were offered at Mill House. Comments included: "They do plenty of activities, [person] does gardening. They do a good range of activities."; "There's loads of activities, there's a monthly schedule. There's a singer, music is the thing there. They sit with them and do flower arranging. [Person] enjoys the activities." and "Daily activities are going on. We get pictures of [person's] activities, gardening club, physio, Chinese New Year, exercise classes. There's always some-thing on."

●The activities team have won the Great British Care awards in 2019 and 2021 for activities and wellbeing and have now become judges for the award. They also won Campden Business Awards and the head of hospitality is the Town ambassadors for dementia. The team were proud to have been shortlisted for Dignity and Respect Care Home award in 2021 and the NAPA awards for activities as well as the activities co-ordinator being awarded a dementia bronze award.

●The team explained how they have moved away from organising big group activities to smaller activities, particularly for people who cannot leave their room.

●Some of the activities offered included gardening, flower arrangements, health housekeeping, themed days as well as an Alice in Wonderland tea party.

●People had been supported to make links with the community by getting involved in activities such as part time work in a local school and supporting a local hotel with fundraising, activities based on the person's life or work experience.

●The service was welcoming Duke of Edinburgh volunteers into the home. They would find out details about the volunteer and pair them up with people living at Mill House according to the persons' interests and hobbies.

●The head of hospitality talked to us about an experience they were able to give to a very elderly person living at Mill House who was care for in bed and who was supported by the town council last Christmas to switch the town's Christmas lights on from her bedroom.

●The head of hospitality and the activities coordinators were part of the town council Jubilee Committee and organised to mirror the events which will be taking place in town for the people at Mill House who are not able to attend the event. They had arranged for the town crier to come to the home and visit each bedroom.

Improving care quality in response to complaints or concerns

●Arrangements were in place for the management of complaints and for these to be investigated and resolved where possible. The provider had processes in place to ensure their complaints policy was followed.

●The service had received some complaints and concerns. These were responded to in line with the providers policies and procedure. The interim home manager discussed with us about some of the lessons learnt from complaints and concerns which have led to the implementation of new systems such as improvements to the laundry and monthly monitoring of people's belongings.

End of life care and support

● The service worked closely with the GP to ensure people were pain free when receiving end of life care. They had all the information they needed to make a decision where they would like to receive care at the end of their life

●People had palliative care plans in place, and we saw an example of an advanced care plan.

●Staff were receiving online end of life training and the service was organising further face to face internal training.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

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

- The home had a new management team which included an interim manager who was in the process of handing over to the newly appointed home manager and interim clinical lead.
- At the time of the inspection the service did not have a registered manager. Following the site visit, the provider submitted evidence that the newly appointed manager had commenced their registration process with CQC.
- The interim home manager alongside the provider had identified through their own audits that action was needed to improve for example; people's care records, medicines management, some nursing staff skills and the management of some of people's needs.
- The home had faced some challenges lately due to Covid-19 outbreaks which had delayed some of the planned improvement work. The provider had taken action to reduce the impact of staffing pressure by recruiting staff from overseas.
- The interim home manager, the newly appointed manager and the interim clinical lead were being supported by the provider through the presence of different representatives from the senior management team to complete their service improvement plan. Some further time was needed to complete the planned actions before we could judge whether the provider's improvement plan had been effective in making and embedding the required improvements in relation to for example, people's care records, the systems in place for monitoring people's care needs and medicines management identified action.

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

- The interim home manager described the morale of the staff as good. They told us that the team had come together, were good and that: "there is more laughter now".
- The management and provider representatives carried out audits to monitor performance and support the service to meet the regulations. These included audits in relation to people's care records, medicines and the environment. The interim home management had invested time to support in coaching the heads of department to complete effective and comprehensive audits.
- Staff we spoke to offered us positive feedback about the interim home manager and the interim clinical lead.

●Relatives offered positive feedback about the care people receive at Mill House and were complimentary about the staffing team. Comments included: "I'm very pleased with the service. [Person] is happy no doubt about that"; 'The service is very good. I'm very happy with how they look after [person]." and "The service is really good, I'm very happy with them".
●However, people's relatives gave varied feedback in relation to the changes in management of Mill House. Comments included: 'It is well managed at the moment, but they haven't got a manager" and 'It's really hard to say, the manager has only been there 4/5 weeks."
●Feedback from staff and relatives relating to the management changes was discussed with the representatives of the provider who discussed plans for the newly appointed home manager to take registration with CQC.
●Staff told us they enjoyed working at Mill House and felt listened to when they made suggestions. Staff meetings evidenced some changes made following suggestions from staff such as changes related to management of people's nutrition and hydration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●Staff told us that they were involved in regular team meetings. The service held various other meetings such as daily handovers, clinical risk meetings and head of department meetings.
●Meetings were being organised involving the people living at Mill House and a relatives meeting had been rescheduled due to an outbreak of Covid- 19 in the service.
●The service had recently carried out a survey to gather feedback from people and their relatives. The results were collated which informed the provider's action plan.
●People's relatives said that communication is generally good, and they are kept informed about their family members.

Working in partnership with others
●The service worked closely with the GP surgery.
●The clinical lead with support from the provider's representative carried out clinical risk meetings to discussed people's healthcare needs.