

Mentor Care Limited

MillerHouse Residential Care Home

Inspection report

615 Burnley Road
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Tel: 01706220988

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18 May 2016

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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

We carried out an unannounced inspection at MillerHouse Residential Care Home on the 17 and 18 May 2016.

MillerHouse Residential Care Home is registered to provide care and accommodation for six adults who have a mental illness. Bedroom accommodation is available on the first floor of the building with two twin rooms and two single rooms. There is a communal lounge, kitchen, dining room area and a bathroom with shower available. MillerHouse Residential Care Home is located in the village of Crawshawbooth within the Lancashire area. There is no car park available; however, there is ample parking in the surrounding streets.

The service was last inspected in June 2014 and was found compliant in all areas inspected.

At the time of this inspection there was a registered manager employed. 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.

During this inspection we received positive feedback from people who used the service and their family members. People who used the service told us they felt happy and content and indicated they had the freedom to independently live their lives and access the community whenever they wished. People expressed satisfaction with the service provided and spoke very highly of the staff team that supported them.

We noted the service had robust processes and procedures in place to maintain a safe environment for people using the service and for staff and visitors. The service had appropriate and detailed risk assessments to cover both inside and outside of the building with additional reference to areas of risk such as smoking and the control of substances such as bleach and cleaning fluids.

Fire audits were up to date and compliant. Fire drills were carried out weekly to ensure people using the service were able to recognise the sound and safely evacuate the building. Staff fire training was in date.

People using the service told us they felt safe living at the home. Family members were also confident that their relatives lived in a safe place. We noted robust safeguarding procedures were in place and staff showed a good understanding around recognising the signs of abuse. Staff had also undertaken safeguarding training.

At the time of inspection we found the service had adequate staffing levels. People we spoke with confirmed this by telling us there was always a staff member present and that they were supported well with day to day living activities. Staff told us they had adequate time to support people effectively and safely. We observed a

good level of staff interaction to support what people were telling us. We looked at a month's staff rotas which showed a sufficient level of staffing was maintained.

We found the service had a good recruitment system in place. The service took appropriate steps to check people's previous employment and conduct, identity and any criminal record before being successfully appointed. Thorough induction processes were in place to ensure the correct amount of training and support was given to new staff. Disciplinary procedures were also in place to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures.

The service had processes in place for appropriate and safe administration of medicines. Staff were adequately trained in medicines administration. Medicines were stored safely and in line with current guidance.

We saw detailed care plans, which gave clear information about people's needs, wishes, feelings and health conditions. These were reviewed monthly and more often when needed by the person's key worker with oversight from the deputy manager.

We saw evidence of detailed training programmes for staff. Training was appropriate to supporting people with a mental health diagnosis and or learning disability. The training records we saw were in date. The deputy manager told us all staff would have completed 'Care Certificate' training in the next twelve months. The 'Care Certificate' is a recognised qualification which aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

We checked whether the service was working within the principles of the Mental Capacity Act and whether any conditions or authorisations to deprive a person of their liberty were being met. These provide legal safeguards for people who may be unable to make their own decisions. We spoke with the deputy and registered manager in relation to a Deprivation of Liberty Safeguards request which had not been submitted. We were provided with evidence from the service that this had been made to the relevant authority shortly following our visit.

Meal times were very relaxed and people could choose what they wished to eat. People freely used the kitchen area to prepare meals, snacks and drinks with the support of staff when required.

We saw appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements.

Over the two days of the inspection we noted positive staff interaction and engagement with people using the service. Staff addressed people in a respectful and caring manner and the service had a calm and warm atmosphere. We observed people enjoying each other's company, conversing, playing games and accessing the community.

We had positive feedback from people using the service, relatives and staff about the registered and deputy manager. People told us they were happy to approach management with any concerns or questions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. They were supported by care staff that were considered to be of good character and had been recruited through a thorough and robust procedure.

The service had adequate internal and external risk assessments covering the building which were reviewed effectively.

Staff showed a good understanding of their duty and responsibility to protect people from abuse. They were aware of procedures to follow if they suspected any abusive or neglectful practice.

Is the service effective?

Good ●

The service was effective.

An adequate amount of training was offered which was appropriate to the needs and requirements of the people using the service.

People's capacity was considered and following our inspection the deputy manager told us she had submitted a DoLS application to the relevant authority.

Staff supervision and appraisal was carried out effectively and in line with the service policy requirements.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

People told us they were treated well and their privacy and dignity was respected by staff.

People's care and support was delivered to reflect their wishes and preferences.

People and their families were involved in the initial care planning process and were invited to annual care reviews.

Staff were knowledgeable about people's individual needs.

Is the service responsive?

Good ●

The service was responsive.

People told us they enjoyed living at the service.

Care records were detailed and tailored to meet people's individual needs and requirements.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

There was a good range of activities offered. People left the service daily to pursue group activities and voluntary work.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager employed who was registered with the Care Quality Commission and was qualified to take on the role.

The registered manager was supported in her role by the deputy manager to effectively monitor the quality of the service by means of thorough audits, observation and gathering feedback from people who used the service, staff and visitors.

Staff told us they felt well supported in their caring role by the registered and deputy manager and felt able to approach them with any issues.

The registered and deputy manager were approachable and responsive. □

MillerHouse Residential Care Home

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 was 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 17 and 18 May 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 5 people receiving care at the service.

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 reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with five people who used the service and one relative. We spoke with three support workers, the registered manager and the deputy manager.

We looked around the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

People we spoke with told us they were happy living at the service and indicated they had the freedom to independently live their lives as they chose to. People who used the service and their relatives told us they did not have any concerns about the way they were cared for and that they felt safe. Comments included, "I think it is nice living here, the staff are lovely and I feel safe" and "I couldn't wish for a better place. I know [my relative] is safe".

During the inspection we did not observe anything that gave us cause for concern around how people were treated. We observed positive staff interaction with people which was caring and patient. People appeared comfortable and happy in staff presence.

We looked at processes in place to maintain a safe environment and protect people using the service, visitors and staff from harm. We noted the service had detailed risk assessments which covered all aspects of the building such as gas, electrical and portable appliances. Additional risk assessments were also seen covering areas such as manual handling, smoking and the control of substances such as cleaning fluids.

Physical and visual checks of the premises were done monthly by staff and external contractors when necessary. Documents relating to this were signed and in date.

We saw MillerHouse Residential Care Home was compliant with fire audits, bedroom doors were numbered and fire door guards were installed. We saw the service had fire risk procedures in place and detailed annual fire risk assessments were followed. These risk assessment covered areas such as monitoring the fire alarm and fire drills. The deputy manager told us fire alarm tests and drills were weekly for both people who used the service and staff. We saw evidence of this.

We saw fire training was up to date. The deputy manager told us individual personal evacuation plans (PEEPS) had been assessed as not being required this was because all the people using the service at the time of inspection were able to evacuate the building unaided and in a prompt manner in the event of an emergency situation; however, should this change PEEPS would be introduced as a matter of priority. People we spoke with showed a good understanding of what they would do in the event of a fire.

Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment. The service also had policies to support these procedures.

We looked at how the service protected people from abuse and the risk of abuse. We discussed safeguarding procedures with staff and the deputy manager. Staff spoken with demonstrated they were aware of the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. Safeguarding training was in date and we noted the service had policies and procedures to support an appropriate approach to safeguarding and protecting people. People we spoke with told us how they would raise any concerns and indicated they felt confident in doing so.

We looked at staff rotas and saw the service had sufficient staffing levels. People living at the service confirmed this. The deputy manager told us if extra staff were required to accommodate any activity then this would be arranged. We looked at rotas for the previous four weeks and noted very little sickness. The deputy manager told us due to the positive relationship between staff they would always try and swap a shift to accommodate any sickness and this worked well. We noted adequate staff presence throughout the inspection which was consistent with the staff rotas we saw.

We looked at how the services recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at three staff recruitments files. We saw evidence that appropriate checks had been carried out prior to employment and references and application forms had been completed appropriately. The three files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

We looked at the way the service supported people with their medicine management. People indicated they received their medicines daily. We observed a lunch time medicines round and noted this was done safely and in line with procedural guidance.

There were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

Medicines were kept securely and only handled by trained support workers who had been assessed as competent to administer medicines. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines.

Medicines records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. Where appropriate, staff had clearly recorded the reason why medicines had not been given.

Is the service effective?

Our findings

People we spoke with indicated staff were good at their job. They felt that the staff had the support they needed and when they needed it. People also told us they were happy with the support they received. Comments included, "I like it here, and I have lived here a long time. The staff are really nice to me. They understand me" and, "The staff are well trained. They are brilliant. They really do know what they are doing". During the inspection we observed appropriate staff interaction with people.

We looked at what processes the service had in place for staff training. Staff members we spoke with indicated they had a suitable amount of training and felt the training contributed to their understanding around working with people with a mental health diagnosis and/or learning disability. Staff also told us they valued the training for their own professional development. We saw the service offered a good range of training which was appropriate to the people using the service and in line with their procedural guidance.

Training records we saw were up to date and a training record was evident in the staff files we examined. The deputy manager told us all staff would have completed the Care Certificate training in the next twelve months. The Care Certificate is a recognised qualification which aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

We looked at the services induction process for new staff. We found this induction process to be adequate. Staff indicated the induction process equipped them to undertake their roles effectively and safely. The induction required staff to familiarise themselves with the services policies and ensured staff were familiar with people using the service by spending time with them and reading care files. A shadowing opportunity would then be required before the person was 'signed off' the induction process by the registered or deputy manager. The deputy manager told us that the people using the service were also heavily involved in the process. People we spoke with confirmed this.

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make 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. The application 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 or authorisations to deprive a person of their liberty were being met. We spoke with the deputy and registered manager in relation to a DoLS request which had not been considered. We were provided with evidence from the service that this had been made to the relevant authority shortly following our visit.

We noted good evidence of management support to staff. We looked at supervision records for three staff members. We found they were structured well and in line with procedural guidance. We saw records of supervision's held and noted plans were in place to schedule supervision and appraisal meetings. Staff spoken with told us they received regular one to one sessions and on-going support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service.

It was evident when walking around the home that people had been encouraged to personalise their own private space and communal rooms. People we spoke with confirmed this. One person proudly showed us their bedroom and spoke with us about some of the items they possessed which were important to them. Another person told us how they had recently been to the shops to buy new items for one of the communal rooms. The deputy manager told us, "We encourage people to choose their own décor. It is also their choice if they make their own bed or not".

Meal times were relaxed and people had the freedom to choose what they wished to eat. We saw people freely using the kitchen to make themselves drinks and snacks and heard lots of discussion between themselves and staff in relation to the menu over the coming days. People indicated that they could choose anything they wished and we saw people leaving the property to go to the supermarket to purchase fresh food.

We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary.

We asked one relative about their involvement with hospital appointments and other aspect of their relatives care. They confirmed they were always kept informed of any health issues and appointments were appropriate.

Is the service caring?

Our findings

The deputy manager told us, "We pride ourselves in being a service that cares for our people". People we spoke with confirmed this. They were very positive about the staff team. People told us that staff were very caring, respectful and understanding of their needs. We saw that each person had a key to their own personal space and staff did not enter unless requested to by the person or in the case of an emergency. People we spoke with told us staff respected this and would always knock and wait for a response before entering. One relative said, "[My relative] loves to live there, they always speak very highly of the staff and other house mates. It is like one big happy family".

During this inspection we saw positive staff interaction with people. We saw staff provided support in a positive way by involving people in routine decisions and offering choices. People told us staff always considered their wishes and feelings. We saw that people were spoken to in a respectful manner and staff were friendly in their approach. Visitors we spoke with were very positive about staff interaction. They told us that staff always had time for their relatives. One relative said, "Oh I can visit any time day or night. They always have time to accommodate me". Staff looked happy in their role and confirmed our observations by telling us they 'loved' working for the service.

We noted that there was a strong emphasis on daily living, domestic and social skills being promoted. All activities were focussed on the person gaining their independence both in the house and in the community.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

We saw all people had a staff member who had been identified as a key worker. The key worker took specific interest in the individual and helped develop opportunities and activities for them. They also supported the person by providing oversight of shopping to ensure maintenance of clothes, food and toiletries. People we spoke to told us they felt this time was useful. Staff spoken with gave positive examples about how they ensured they treated people with dignity and as an individual.

We saw the service had a policy around advocacy. We saw that on admission to the service people were given detailed information covering access to advocacy services. The deputy manager told us there was no one currently accessing advocacy services.

Is the service responsive?

Our findings

People we spoke with indicated their needs were met well whilst living at MillerHouse Residential Care Home. People referred to the service as, "Their home". People told us they were supported well and voiced no concerns. People's body language appeared relaxed and settled around support staff. One person told us how "Nice" it was to live at the service. They explained they had been a resident for many years along with most of the other people using the service. One relative told us how they were confident that staff met their relatives needs and that they lived a, "Fulfilling and happy life".

We looked at the way the service assessed and planned for people's needs, choices and abilities. The deputy manager told us there were processes in place to assess people's needs before they used the service. The assessments included gathering information from the person and other sources such as health and social care professionals involved in people's treatment and care. We noted in some cases additional assessments had been done by the person's social worker and the Home Office. The deputy manager told us that they felt the pre-admission assessment was very important as they did not want to admit someone to the service who may have then needed to be moved on again because this was not fair on the person or the people who were currently living at the service.

Prior to a new admission, a transitional period was followed in line with procedural guidance and best practice. The deputy manager told us that people using the service were heavily involved in the decision around the person moving in and their thoughts and feelings always considered before accepting any new admissions. The deputy manager stated, "It is their home so they should have the final say about somebody new moving in. It is such a happy home and everybody lives together without any incidents. People living here have lived together for many years so we need to ensure any new people to the service will fit in".

People we spoke with told us they were involved in discussions and decisions about the type of activities they might like to take part in. We observed discussions during the two days of inspection. We saw staff spending time talking to people and joining in activities. We saw evidence in care files that people were supported to carry out their weekly shop and domestic/cooking chores. We saw that staff supported people to plan for the week ahead; however, these plans could change should the person decide to do something else. We noted most of the people using the service were very independent and would leave the service alone to pursue voluntary work and attend community groups. The deputy manager stated, "I feel voluntary work and education should be encouraged, promoted and supported, as this maintains normality in a person's life". We noted people would regularly visit family at the weekends for 'home leave'. One family member said, "[My relative] comes home most weekends, but is always happy to return to MillerHouse Residential Care Home". A relative told us how they always felt comfortable when visiting MillerHouse Residential Care Home and how the staff always made them feel welcome.

We looked at three people's care plans and other related records. We found adequate documentation to support the development of the care planning process and support the delivery of care. We saw that each of the plans gave a good picture of the person's likes, dislikes, health concerns and other matters relating to the person's individualised plan of care. People indicated they had been part of their care planning process

and reviews. Relatives also confirmed they had been part of this. The deputy manager told us that health and social care professionals were also part of the review process to ensure the correct amount of support was planned.

We saw evidence of detailed information recorded when the service had liaised effectively with other agencies such as the Home Office and local authority. We also saw evidence of liaison with health care professionals such as doctors and dentists. People told us that the deputy manager and support staff would help them arrange appointments should they feel they needed to see a medical professional.

We looked at how complaints and compliments were managed. We noted the service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Copies of the complaints procedure were evident in the care files we looked at and were signed by the person. People using the service, staff and a relative we spoke with showed a good understanding about how to raise a complaint. The deputy manager told us, "If I see a problem arise I will work with the people concerned to work a way around it".

We noted residents and family meetings were held every three months. We noted holidays, activities, fire drills and birthdays were some of the topics on the agenda. People confirmed these meetings took place but some people informed they did not attend through choice.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The registered manager had responsibility for the day to day operation of the service. She was supported in her role by the deputy manager. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care.

People using the service, relatives and staff all made very positive comments when we asked them about the registered and deputy manager. People told us how they felt able to approach both managers at any time of the day and were confident they would listen. Comments included, "The managers are superb. I cannot fault either of them. They have always been very professional and have dealt with any questions I have had" and "We have a really good manager. Very approachable and will advise and help me with anything. Nothing is too much trouble".

The service had a wide range of policies and procedures. These provided staff with clear and relevant information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the service had effective audit systems in place and these were kept up to date. The deputy manager told us the service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback through quality assurance questionnaires from people using the service their relatives and any professional involved in the persons care. The family and professional questionnaire covered areas such as, "Do you feel welcome when visiting", "Do staff act in a professional manner at all times and "Do staff provide you with privacy to talk to the person". All the questionnaires we looked at indicated that the people were happy with the service provided. We did not observe any negative comments.

We saw evidence that staff meetings were held every three months. These meetings were used to discuss any issues and feedback any complaints or compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate. Staff told us the meetings provided a good arena to discuss any practice issues and concerns.

Staff we spoke with indicated they were happy in their support roles. Comments included, "I love working at MillerHouse Residential Care Home. When I go home I want to come back", "I consider myself to be very lucky to work for the service" and "I cannot say anything bad about the place. I feel it is a really well run home. If I wasn't happy I wouldn't be here".

We found staff members we spoke with to be well informed of what was expected of them and they showed good working knowledge of their role, responsibilities and duty of care to the people they supported and each other. Staff indicated they had received relevant training to enable them to effectively undertake their

roles as support staff.

We found during the two days of inspection both the deputy and registered manager very approachable. The deputy manager considered the service was well led. We noted either the registered manager or deputy manager would be part of the support team on a daily basis making them easily accessible for people using the service, staff and relatives.

We noted the service had a 'statement of purpose' which outlined the underpinning principles of the service and its aims and objectives. These were to, "Provide individualised care for six people who endure a variety of mental health difficulties, by aiming to provide a friendly, secure, structured and conducive environment within a community setting whilst working in participation with people accessing the service and professionals. This is in order that all people using the service may maintain their individual identities and improve their mental health whilst being supported in the community".

We found the service had 'Investors in People' status. Confirmation of this was displayed in a communal room. Investors in People provides a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework. The Investors in People accreditation is known as the sign of a good employer and a high performing place to work.