

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## The Mill House

Mill Road, Horstead, Norwich, NR12 7AT

Tel: 01603737107

Date of Inspection: 17 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Runwood Homes Limited
Registered Manager	Miss Anita Jayne Brain
Overview of the service	The Mill House is registered to provide care and accommodation for up to 45 people who may require nursing care or are living with dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

## Contents

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 17 April 2014, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We reviewed the evidence we had obtained during our inspection and used this to answer five key questions we always ask: Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

This is a summary of our findings. If you would like to see the evidence supporting this summary please read the full report.

Is the service safe?

We found the premises to be clean which meant that the risks of infection were being effectively minimised. It was also well maintained. We noted systems in place to ensure the safety of people living, working and visiting the home.

People told us they felt safe with the staff. Many of the staff had worked at the home for several years. One person told us, "They know exactly what they're doing when they help me."

We spoke with the acting manager about the Deprivation of Liberty Safeguards. They told us they had no concerns about anyone in the home coming under the criteria which would necessitate an application to deprive someone of their liberty. They were aware of what action they would need to take should such a circumstance arise. This demonstrated to us that where there were concerns that the appropriate action would be taken.

Is the service effective?

Most people told us that they were happy with the care and support that they received. A few mentioned that calls bells could be answered more promptly on occasion. We were satisfied that staff knew people well and that this enabled them to provide a good level of care to people. One person's relative said, "To be honest, [their family member] has a

much better standard of life here than when they were at home."

Is the service caring?

The service was encouraging people to spend more time in communal areas. Easter egg hunts and an Easter bonnet competition had been arranged for the coming Easter weekend. It was clear that a lot of thought and attention to detail had been put in to the design of 'The Mardle', a traditionally styled tea room, which had been very attractively decorated and furnished.

We observed that staff were kind and attentive. People were not being rushed when tasks were carried out. One person pointed out one member of staff to us, smiled broadly and told us, "They're all pretty good, but [person's name] is my favourite!"

Is the service responsive?

We found that people's needs were met. Where staff required input from external health professionals referrals and advice were sought promptly. Improvements had been made since our last inspection in December 2013 which meant that assessments were carried out promptly and life and social history information was available for staff to enable them to better understand and support people.

Is the service well led?

We were satisfied that the service was well managed. Staff told us that the new management arrangements had taken a while to adjust to but that the change was for the better. They felt that the service was improving. This view was supported by the substantial reduction in the numbers of complaints the service received. The acting manager was aware that improvements were required in certain areas, for example the catering arrangements, but were confident that the service would continue to improve.

Substantial systems were in place to review the quality of the service delivery on a regular basis.

In this report the name of a registered manager appears who was not in post and not managing the regulated activities at this location at the time of our inspection. Their name appears because the de-registration process had not been completed at the time of this inspection.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Most people living in The Mill House were able to consent about day to day matters. We noted mental capacity assessments in place which demonstrated that, where necessary, day to day decisions were being made in people's best interests. However, the provider may find it helpful to note that for one person we found two conflicting assessments. One assessment found that they were unable to consent to participate in activities. A second assessment, dated ten days later, showed that they could consent to day to day care planning.

We were told that where more significant decisions needed to be made that people's families and the relevant health professionals would be contacted. We spoke with the acting manager about the Deprivation of Liberty Safeguards (DoLs). They were satisfied that no-one currently living in the home met the criteria where an application to the local authority would be required.

Whilst reviewing people's care records we noted that people, or their relatives, had consented to various sections of the documentation. We saw that a series of photographs had been taken, with the person's permission, to show how the treatment of a pressure area had progressed. We also saw documentation in people's care records that showed how people's representatives were asked to be involved with the care planning process and confirm that the care and support planned had been agreed with.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We asked people whether they agreed with the support and care they received. One person said, "Oh yes. They always check I'm okay with it." Another person told us, "They look after me by the book here." One person's relative told us how they had been concerned that their family member told them they often didn't have a bath. A staff member subsequently explained that their family member did not want a bath because they found the process of being hoisted too much for them and preferred to receive personal care whilst in bed. We found records to confirm this and

to show that the person was still offered baths which they accepted occasionally. This demonstrated that people were asked for their consent. It also showed that where people declined an offer on one occasion it wasn't assumed that they would similarly decline on future occasions.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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Our previous inspection of 13 December 2013 identified that the content of people's care plans required improvement. During this inspection we checked to make sure that improvements had been made. We found that appropriate action had been taken in these areas.

Previously we had found that some care plans had gaps where family contact details had not been recorded. This had meant that if staff needed to contact people's family or representatives for any reason it would not have been immediately clear to staff whom they should contact. During this inspection we reviewed four care plans and found that these contact details had been recorded in each of them.

The December 2013 inspection identified that assessments of need were not always completed in a timely way and an assessment was not always made about whether people had the mental capacity to make their own decisions. At this inspection we found that needs assessments were evaluated on a regular basis. We found that three of the four care plans we reviewed had mental capacity assessments in place. The fourth care plan related to a person who had recently moved in to the home. The acting manager was aware that this was still outstanding in respect of this individual.

Life and social history information had been found to be missing in two of the four care plans reviewed during the December 2013 inspection. At this inspection we found that 'My Day' information was present in all care plans reviewed. This was comprehensive and included people's preferences in respect of how they liked to spend their time, their preferred routines and what was important to them in relation to their care. We also noted family trees had been completed which included information about people's life histories. This meant that staff knew about important people and events in people's lives and this information could be utilised to understand and support people, particularly those living with dementia.

At the time of this inspection 39 people were living at The Mill House. We spoke with six people living here and relatives of another three people. People living at The Mill House were mainly positive about the care and support they received. One person who had a

cough told us that staff were, "...always popping in to see if I'm okay, particularly when I cough." One person living with a visual impairment told us, "Staff take time to help me do things." Another person told us that the care they received was, "...absolutely brilliant." However, two people said that sometimes it took a while for their call bell to be answered. One of these people told us they had recently had to wait 20 minutes for someone to assist them to the bathroom.

The relatives we spoke with were supportive of the home. One relative told us that they were impressed that their family member had been encouraged to try foods that they had not previously eaten and had been enjoying them. Another relative, whose family member had lived in the home for a few years, told us that things had improved in the last few months since the acting manager took over. A cafe styled in a traditional tea room design had been opened called 'The Mardle.' People and their guests were able to enjoy drinks and snacks here.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care records we reviewed were well organised and detailed. They showed what people could do as well as identifying when they required support. People's independence and dignity was promoted. One person's care plan showed that they required a plate guard and a spoon to eat their meals. We spoke with them over the lunchtime and found that they had these aids in place. "This [indicating the plate guard] has made meals so much better for me" they told us.

We noted that people had access to health professionals when required. We reviewed the records of one person who was living with several complex health conditions. We found this person had been appropriately supported by a range of GPs, hospital consultants, physiotherapists and specialist nurses.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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The premises comprised of two floors which provided accommodation. Most people's rooms were located in the newer part of the premises with fewer rooms in the older part of the building. There was a spacious lounge/conservatory, a dining room and 'The Mardle'. We walked around the premises at the beginning of our inspection and found it to be clean and free from unpleasant odours. People's rooms and bathrooms we also found to be clean. The provider may find it helpful to note that on the Douglas Bader wing we found two storerooms were unlocked.

We noted that there were few shower facilities currently at the home. One room was currently vacant that did have a shower so people were able to shower at present if this was their preference. Contractors had been out to survey the building in respect of adding further showers and quotes for the necessary work were expected.

The garden area was well tended. A few people living in the home had begun painting a summer house. Their intention was ultimately to give it a 'seaside' stripe theme. We spoke with one of them who told us how much they had enjoyed doing this. The Bure dining room looked out on to a substantial wood cladded retaining wall. This made the dining room quite dark. We spoke with the acting manager about how this could be brightened up to make the dining room a more attractive environment for people.

In January 2014 the kitchen had been inspected by the local authority's environmental health department and had been awarded a score of '4' under the food hygiene rating scheme. The food hygiene rating scheme measured whether food was prepared, cooked, cooled and stored correctly and whether the kitchen environment was clean. The acting manager advised us that remedial work had been undertaken and once some kitchen tiling had been completed it was anticipated that the top score of '5' would be achieved upon a further inspection.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. A gas safety inspection had been satisfactorily carried out earlier in April 2014. A risk assessment was in place for legionella. We were advised that the next inspection in relation to the water systems was due in the next four weeks. The

primary method of controlling the risk from legionella is water temperature control. We found a detailed system in place to record this to ensure water was operated at temperatures to prevent legionella growth.

We viewed records of fire drills, fire alarm testing and noted weekly maintenance checks which ensured that fire extinguishers had not been discharged or lost pressure. Night staff were also included in the fire drills. Of the 53 staff employed by the service nine were due to undertake Fire Safety training at the end of May. The service had appropriate systems in place to ensure the risk of fire was minimised and evacuation plans were in place.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

At the time of this inspection 39 people were living in The Mill House. The acting manager told us that staffing numbers were determined by people's needs. Approximately 50% of people were assessed as having a medium level of need, 25% with a high level of need and 25% with a low level of need.

The staffing arrangement was that two nurses were on duty at all times. On the morning shift seven care staff were on duty and on the afternoon shift there were five care staff. The care staff numbers had recently increased due to an increase in admittances in to the home. Overnight two nurses and two care staff were on shift.

We spoke with three care staff members and one nurse. They were all in agreement that when fully staffed they could ensure people's needs were met. However, they felt that when they were short of one care staff member that they noticed an immediate drop in the level of service they were able to provide to people.

We reviewed the staffing rotas for the period 30 March 2014 up to the date of our inspection, 17 April 2014. This period spanned 19 days. We found that there was the odd occasion when there were four care staff on duty on the afternoon shift. However, the provider may find it helpful to note that there were 11 occasions when only six staff were working on the morning shift. The acting manager advised us that they were in the process of recruiting one bank staff member and two nursing staff.

The staff we spoke with had each worked at The Mill House for several years. They told us they were kept up to date with training. From our observations it was clear that they knew the people they supported well, were familiar with their individual preferences and were confident in the way they carried out their duties.

At the time of this inspection the acting manager had been in place since February. However, they were a peripatetic manager and would not be taking on the role permanently. The provider will need to ensure that in accordance with the Health & Social Care Act 2008 that a registered manager is in place at the service.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We asked the acting manager about the progress of the satisfaction questionnaires that had been sent out at the time of our previous inspection in December 2013. At this time two had been completed and returned which showed mixed views about the service. The acting manager was aware that questionnaires had been sent out towards the end of last year but couldn't locate any further responses. They had undertaken the management of the service in February and were aware that some records had not subsequently been located. Consequently it had been decided to issue new surveys. These had been sent to relatives in the week of this inspection, with surveys due to go to people living in The Mill House the week commencing 22 April 2014.

A catering survey was underway. We reviewed, in brief, the 15 responses that had been received so far. We were advised that when more responses had come in that an action plan would be drawn up to address any concerns that had arisen. Our brief review of these surveys showed that a significant proportion of people mentioned that the food was not always hot enough. One person we spoke with told us that they preferred to have their meals in their room because they found meals served here were hotter than when served in the dining room. The acting manager was aware of these concerns and we were advised this issue would be resolved.

The provider took account of complaints and comments to improve the service. We had been concerned about the high number of complaints the service had received in the six months prior to the December 2013 inspection. We were advised that since this inspection only one complaint had been received. We looked at the details for this. This had been investigated in detail and appropriate responses made in accordance with the service's complaints policy.

We were given a copy of the provider's monthly compliance visit which had taken place two days before this inspection. We noted several audits had been completed in relation to staff files, recruitment, training and supervision. We saw that the service's finances had been audited and spot checks made where the service was looking after cash held securely on people's behalf.

The external and internal environments had been reviewed and minor health and safety issues brought to the attention of the acting manager. For example, some hoists had been stored in a corridor.

We spoke with the manager about the audit checks they completed. These included repositioning chart audits, pressure relieving equipment audits and pressure area analysis. We noted the random daily call bell response time checks the acting manager carried out and what action had been taken if the responses were not satisfactory.

We asked for and were provided with minutes from recent staff and nursing meetings. We also spoke with staff. Staff we spoke with told us that the service had improved in recent months. Each staff member told us that they felt free to raise concerns with the service managers or make suggestions. We were told how all staff 'mucked in' when necessary. For example, staff told us that nurses assisted them when necessary and that the service managers were prepared to work the odd care shift if required. A residents meeting was due the week after our inspection. People we spoke with told us that they would raise concerns if they had them.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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