

Dalesview Partnership Limited

Old 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?

Good ●

Summary of findings

Overall summary

About the service:

Old Mill House is a residential care home that was providing personal care to 5 people with learning disabilities at the time of the inspection. The service can support up to 6 people. Old Mill House accommodates people across two separate floors. The home is situated close to the centre of Chorley.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found:

Most people using the service could not speak to tell us they felt safe but some indicated they were safe by gestures such as putting their thumbs up. A relative said their relative was safe. We also noted that people were supported to be safe. Staff received robust safeguarding training and had a good understanding of the principals involved in taking action when abuse was suspected. There was an open and transparent culture in relation to accidents and incidents. Medicines were managed safely. The provider had a robust recruitment process.

People's needs were met through robust assessments and support planning. The service worked with healthcare and social professionals to achieve positive outcomes for people. Staff had good knowledge and skills and this ensured people's needs were well met. We saw good examples of when people had been supported to maintain a healthy and balanced diet.

People's relatives indicated that staff were compassionate and kind and during the inspection, we observed this to be the case. The manager and staff knew people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care and support that was person-centred. We saw good examples of how the care and support people received enriched their lives through meaningful activities. People were supported properly to access the community. The service had a robust complaints policy. There was an end of life policy that could be used if appropriate.

The values and culture embedded in the service ensured people were at the heart of the care and support they received. The manager and provider planned and promoted holistic, person-centred, high-quality care resulting in good outcomes for people. People knew how to feedback their experiences and this was considered and acted upon by the manager and provider. Staff told us they received good support from management.

The outcomes for people using the service also reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection and update:

At the last inspection, the service was rated requires improvement (published 14 December 2016). This was because there had been a breach of the regulations around a safety issue. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

We carried out this inspection based on the previous rating of the service.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good 

Old 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector.

Service and service type:

Old Mill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied for registration with the Care Quality Commission. Registered managers and providers are legally responsible for how a service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a provider representative or manager would be in the office to support the inspection.

Inspection site visit activity started on 18 June 2019 and ended on 19 June 2019.

What we did before the inspection:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and health care professionals.

Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We obtained

information from the local authority commissioners and safeguarding team and other professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

We visited the home and met people. We also saw the manager, deputy, a representative of the provider and care staff. We contacted a relative on the phone. We reviewed care records and policies and procedures. We reviewed three people's care records, three staff recruitment and personnel files, staff training documents and other records about the management of the service.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence we found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has improved to 'good'.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This related to structural concerns that were putting people at risk of injury. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of Regulation 12.

- The service managed other risks to people's safety including risks to people's health and well-being. Regular checks were made to ensure fire equipment, including alarms, were safe. Mock evacuations took place, which included people who were physically able to participate. This was so people could leave the home safely in an emergency. We found personal emergency evacuation plans were in place for all people who used the service and had been updated when people's needs had changed.
- People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, medicines, falls, behaviours, cognition, communication, mobility, nutrition, continence and medicines. Staff were aware of people's risks and knew how to support people in a safe way, while maintaining their freedom.
- The provider had a comprehensive contingency plan to safely maintain the business and continuation of support to people in the event of an emergency. This involved using other services operated by the provider.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and other types of harm. The service had a safeguarding and whistleblowing policy which set out the types of abuse, how to raise referrals and the expectations of staff. Staff were well trained in safeguarding and had good skills to ensure people remained safe.
- A relative told us their loved one felt safe using the service. They said, "I'd know if my relative was unhappy and I'm confident that everyone is safe in the home."

Staffing and recruitment

- The provider had a robust recruitment system. Sufficient checks had been made prior to the staff members starting work and these included criminal records and identity checks.
- We received positive responses from a relative in relation to staffing levels. Staff rotas supported there were enough staff members available to manage and support people's needs. Records supported there

were sufficient staff and their shifts were covered when they were on sick and annual leave. We noted a good staff presence during the inspection.

Using medicines safely

- People's medicines were administered safely. The service had a medicines policy which covered the recording, storage and administration of medicines. Records showed staff were up to date with medicines training.
- People were supported with medicines and had a medication administration record. These were accurately completed and showed that people received their medicines as prescribed. Where there were issues, we noted action was taken quickly to ensure people were safe.

Preventing and controlling infection

- People were protected against the risk of infection. We noted the home was clean and tidy and there were systems in place to ensure that all areas of the home were clean. People's bedrooms were clean and tidy, and we noted that people were encouraged to clean their own rooms.
- We noted staff wore personal protection equipment (PPE). The kitchen was clean, and staff had been trained in food hygiene.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things went wrong and make improvements. Staff recorded incidents and these were reviewed by the manager and formed part of the provider representative's monthly checks. We noted these were discussed in meetings and supervision sessions.

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 the last inspection this key question was rated as 'good'. At this inspection this key question remained the same.

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

- People's physical, mental and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and guidance.
- The manager and provider representatives carried out assessments. These also included and took account of views and advice from relatives and health and social care professionals. Regular reviews of care records were completed and information in them was up to date.
- People were given choices in their daily life. We saw people were asked what they wanted to do and were given a choice of what activity they preferred.
- Staff knew people's preferences, likes and dislikes. Information within care records included meal choices and sleep and personal hygiene routines.

Staff support: induction, training, skills and experience

- Staff were well trained and supported. When new staff joined the service, they completed an induction programme which included shadowing the manager or experienced staff. Staff new to care had to complete the Care Certificate. This is a recognised programme of quality training and supervision that covers essential elements of the provision of social care.
- Training was provided in areas including medicines, dementia care, fire safety, moving and handling, safeguarding adults, infection control, first aid, equality and diversity and the Mental Capacity Act 2005. The provider representative advised us of a programme of training that included senior staff completing a course in end of life care.
- Staff told us they had received positive support through supervision, appraisal and development. They particularly praised the manager for the input they had in this area and how they felt supported and integral part of the team of support to people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. People had choice and access to sufficient food and drink throughout the day and although people could not verbally explain, they looked as though they enjoyed mealtimes.
- We noted people were encouraged to help preparing meals and snacks and one person enthusiastically indicated how they enjoyed this and proudly provided us with a selection of their freshly baked biscuits.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals.

- If people required their food to be prepared differently because of medical need or problems with swallowing, this could be catered for. Staff supported people safely and with care at mealtimes and people were not rushed.

Staff working with other agencies to provide consistent, effective, timely care

- The manager and provider worked with other agencies and professionals to ensure people received good care. Where people required support from healthcare professionals, this was organised and staff followed guidance that was provided. We noted information was available to other agencies if people needed to access other services such as the hospital.
- In one case, we noted the service regularly assessed a person's changing condition and were providing updates to healthcare professionals. This had resulted in healthcare professionals acting quickly to support the person in question.

Adapting service, design, decoration to meet people's needs

- The home is a traditional building that has been adapted around people's needs. All of the people who used the service had some form of disability and consideration had been made around this with the decoration and design of individual bedrooms and communal areas.
- The home was homely and people could set out their bedrooms with their personal items including photographs and possessions. The communal lounge and dining area were bright and spacious. People looked relaxed and comfortable in the environment.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be healthy. Care records showed people were referred to the relevant professionals when there was a health need such as occupational therapists and specialist nurses
- Records supported that people saw other healthcare professionals regularly; for example, dentists or GPs. Staff were also aware of what action to take if people were unwell or had an accident.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The manager told us all of the people who lived at the home did not have capacity to make their own decisions in relation to complex issues such as those relating to finances and activities in the community. Mental capacity assessment forms had been complete during people's needs and support assessments to find out whether they had capacity to make decisions related to their care and treatment.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, people were encouraged to have a degree of independence in the home including personal hygiene, cleaning and helping with preparation of cooking and baking.

- At the time of the inspection, applications had been made with the local authority for everyone to have restrictions to keep them safe. These applications were in the process of consideration. We considered one application and were satisfied that it had been properly raised.
- The manager said if a new person came to live at the service, and there were concerns about whether the person's liberty may need to be restricted, they would work with the local authority and any authorised people. This would also include the next of kin to ensure decisions made on behalf of the person were lawful and in their best interest.

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 the last inspection this key question was rated as 'good'. At this inspection this key question remained the same.

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

- People were well supported and cared for. A person's relative told us staff were compassionate and kind. They said, "They are caring staff. My relative tells me they always listen and help."
- Training records showed staff had completed equality and diversity training. The provider also had a comprehensive policy on equality and diversity that was available for staff to consider.
- Staff carers knew people well. During the inspection, we observed positive interactions between people and staff. We noted people were comfortable in each other's presence.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were supported to make decisions about people's care. Where needed, staff sought external professional help to support decision making for people. For example, each person in the service had an appointed advocate. This can help when a person needs an 'independent voice' and relatives may be unavailable.
- Records supported that people's relatives were involved in care planning and reviews. A relative said, "I am regularly consulted about my relative's care and support requirements. They are very good at keeping me informed."
- People were given choice and control in their day to day lives. We saw people were offered the choice to do things they enjoyed and make decisions about when to do tasks such as household chores including tidying their bedrooms.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff treated people well and had an understanding of their needs. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against.
- We noted people's care plans were written encouraging staff to support people to be as independent as possible. During the inspection, we noted staff provided the appropriate degree of support that enabled people to do as much as possible themselves. This included helping to prepare food and promoting people's continence routines.
- Confidential records were locked away and could only be accessed by authorised staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question remained the same.

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

- Care planning was person-centred and reflected people's needs. The theme of feedback we received was that the service and carers were passionate about meeting people's needs, providing a good service to people and changing people's lives for the better. A relative told us, "It is a good place. Staff make a difference and they and the manager really have an eye on meeting my relative's needs."
- Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One member of staff said, "We all know our clients well and what they like and aren't so keen on."
- People's relatives were involved with people in making choices and were consulted around care planning and reviews. A relative said, "I am regularly contacted about my relative's care. I can have as much input as I want about reviews and care planning."
- People had access to planned activities most days of the week. We noted that prior to the inspection, people had participated in a series of parties to celebrate events. We saw that one of these was a 'gold theme' which followed the home recently receiving an award in recognition for good service. We saw photographs of people participating enthusiastically in this event dressed in gold coloured outfits. Other activities occurring at the home were reptile participation sessions, craft and arts and support to people in attending events at other homes run by the provider.
- People were supported to maintain and develop relationships with those close to them, including family members. This also included meeting with friends at other homes operated by the provider.

Meeting people's communication needs

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

- Reasonable adjustments were made to meet people's information and communication needs, as required by the AIS. This included providing important documentation in accessible formats including easy to read and braille. We noted important information was often provided to people's relatives. The manager told us pictorial aids had recently been used with people in planning for a trip to the seaside. Other important information could be provided in formats such as 'easy to read'.
- The service used technology to improve the lives of people. For example, we noted that there was wi-fi people could access and staff assisted them to use computer tablets.

Improving care quality in response to complaints or concerns

- The manager and provider responded to people's concerns and suggestions. People's relatives knew how to raise a concern or provide feedback about their relative's experiences of care and the service. One said, "I know how to raise issues and I am confident that I would be listened to."
- The service had not received a complaint since the last inspection in April 2018.

End of life care and support

- The service had a policy about end of life care but no one was receiving this support at the time of the inspection. The policy incorporated extensive involvement with family members and local GPs.
- Senior staff members were to complete training in end of life care and support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has improved to 'good'.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, we made a recommendation the provider make improvements around checks and audits so they were more effective in picking up issues.

At this inspection, we found this recommendation had been acted upon and further recommendations or action were not required.

- There was effective management oversight in the service and the manager, provider and staff understood their roles. The manager said they had worked hard with the provider to improve checks but accepted that this piece of work had not been concluded.
- The service had complied with regulatory requirements such as submitting formal notifications. This meant CQC had the opportunity of monitoring situations whilst a safety concern was under consideration by the local authority.
- There was an on-call system that provided support to people and staff.

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

- The service was committed to providing person-centred and high-quality care. They did this by engaging with everyone connected to the service, including people using the service, their relatives, staff and health care professionals. A member of staff said, "There have been continuing improvements since the last inspection. We all feel as though we are included and have an essential role in obtaining good outcomes."
- Staff and a relative told us they had regular communication with the office. The relative said staff were accessible and they knew who the manager and staff members were. A member of staff said, "We all have regular contact with the manager and provider."
- There was an openness and transparency about the way the service was run to enhance the care and support that was provided. A member of staff said, "Everything within the staff team is out in the open. The way we work means that we all feel that we are responsible and have an important role in the organisation."

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 provider, manager and deputy understood their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements providers must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology.
- Records relating to the care and support of people who used the service were accurate, up to date and complete. Where issues were found, such as when there had been a recording error on a medicine's chart, all relevant people were involved in the issue and any apologies were provided. However, we noted in one case, these records were fragmented and had not allowed a provider led check to establish an issue that should have been raised with CQC. All other matters related to this issue had been addressed. On this, the manager said they were working with the provider to establish a better system of administration but accepted this piece of work had not been concluded at the time of the inspection.
- Comprehensive policies and procedures were available to support staff in care delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People could not tell us how they were engaged by the service but we noted there was a positive culture during the inspection. Management engaged with staff and people's relatives to provide care that promoted positive outcomes and support.
- Staff members we spoke with were complimentary about the manager and representatives of the provider and said they were approachable and supportive. They said that they could provide feedback at any time and were regularly consulted about aspects of the service. One said, "We now have a full-time manager and this has helped considerably. They are very approachable and always on hand to guide and encourage."
- Records showed regular staff meetings were being held. At the last meeting in May 2019, staff discussed concerns about a person's health and activities that were to be planned at the home.
- We noted formal feedback from relatives which contained positive comments about staff and the manager.

Continuous learning and improving care

- There was an emphasis on continuous learning and development within the service. The success of the service and staff members were celebrated in provider wide publications and events staff, and people using the service, could access. We noted a person using the service was appointed to the provider's 'Service User Council' that met quarterly to discuss improvements.
- The service had quality assurance processes and systems to monitor and improve the service. We noted the manager discussed this with staff at team meetings.
- Annual surveys were sent out to people who used the service and their relatives. We noted that the results from the 2018 survey were positive.

Working in partnership with others

- The service worked in partnership with key organisations and partners to support the delivery of quality care. For example, the manager told us the service were currently working with two local health services in relation to a person's changing health condition. We noted management and staff had consulted and made representations on the person's behalf to ensure all practical measures were in place to improve their life.
- The deputy manager said, "We work hard to engage with other services and our client's families. We all want what's best for them."

