

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

## Mill House

30-32 Bridge Street, Witney, OX28 1HY

Tel: 01993775907

Date of Inspection: 20 March 2013

Date of Publication: May 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Four Seasons 2000 Limited
Registered Manager	Ms. Stephanie Julian
Overview of the service	The Mill House is registered to provide accommodation for up to 35 people who require personal care and support.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 20 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We found people were involved in decisions about their care and made sure they could make choices about their daily life. One person told us "I had lots of discussion with them and social workers, I came to stay, then I tried being back at home we had another meeting and I chose to come here".

We found people were treated with dignity and respect. A relative told us "the carers are fabulous" another relative told us "they couldn't take more care of her". One person told us "I am looked after very well"; another person told us "the staff here are fantastic".

We found care was delivered safely and people felt safe. One person said "safe, definitely safe". A relative we spoke with said I know she is very safe; they couldn't take more care of her".

People were supported by experienced and skilled staff. One member of staff told us "the induction is good and support from the seniors and nurses is really good".

We found staff were supported and trained to deliver good care. One member of staff said the training is fine, we have in-house and external training here". One person told us "the staff here are excellent, very professional".

People we spoke with were happy with the service they received and knew how to complain if they had a concern. One person said "If I wanted to complain I would go to the person in charge".

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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People who used the service, where able, expressed their views and were involved in making decisions about their care. We spoke with seven people who used the service. One person told us "I had lots of discussion with them and social workers, I came to stay then I tried being back at home at home, we had another meeting and I chose to come here". Another person told us "I was seen in hospital before admission". We spoke with eight relatives who told us they had discussed their relatives care before admission. One relative told us "we were fully involved in the choice; I visited six places and made a positive choice, this one stood out".

People who lived in the home told us staff treated them with dignity and respect. We observed staff knocking on peoples' doors before entering rooms. Staff were seen speaking to people respectfully, giving them a choice of activities and where they would like to sit. Staff we spoke with gave examples of how they ensured people's privacy and dignity was maintained. One person we spoke with said "staff are excellent they always treat me with respect and dignity".

People's diversity, values and human rights were respected. We looked at four care plans. Any individual support needs, religious beliefs or physical needs were noted on care plans, along with the action needed to meet those needs. Examples were seen of end of life care choices and speciality equipment provided for people with mobility conditions. Likes, dislikes and preferred daily routines were included in care plans.

Individual care plans included how staff were to ensure people could make choices and decisions. Staff were observed giving people time to make decisions themselves for example we observed one staff member sat with a person while they decided what they wanted to do that morning. One person we spoke with said "I went to town with a carer; I only stayed an hour because it was too cold". Another person told us. "I choose my clothes and I prefer to wear my earrings rather than my hearing aid ". A copy of the notes from a meeting of the people who use the service was handed to us. The meeting was held in June 2012. We saw that requests made by people for more outings and activities had been listened to and action taken. For example, people had asked for an outing to

Cotswold Wildlife Park and this had taken place.

Staff we spoke with told us that a local church comes in to the home for a service once a month for those people who wish to participate. A minibus shared with another service close by is available for planned trips out, for example a trip to town.

**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.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment were planned and delivered in line with their individual care plan. A pre-admission assessment had been completed for each individual prior to admission to the service four care plans we looked at contained relevant information to enable staff to support people in the way they preferred. A relative told us "the carers are fabulous" another relative told us "they couldn't take more care of her". Staff were observed providing care as described in individual care plans. One person told us "I am looked after very well"; another person told us "the staff here are fantastic".

Care and treatment was delivered in a way that ensured people's health, safety and welfare. Risk assessments were seen alongside care plans and detailed how to minimise risk for the individual. Individual risk assessments included areas such as nutrition and mobility. Care plans included an assessment of individual's mental capacity. We saw that the care plans and risk assessment reviews were completed monthly.

Care files seen included health care records. Records of other professional's visits were recorded on the each individual person's file. Evidence of, podiatrist, physiotherapist and G.P. visits were seen.



**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. The five staff we spoke with told us they had undertaken safeguarding training. Training records showed that all care staff had undertaken safeguarding training. Staff described to us how they would deal with a safeguarding concern.

There were safeguarding policies and procedures in place including whistle blowing, definitions of abuse and information on how to contact external agencies if required. We looked at the safeguarding records on the computer. These were accessible, included details of the safeguarding concern and investigation and were sent to the local authority.

We spoke with seven people who told us they "felt safe" in the home. One person said "safe, definitely safe". A relative we spoke with said I know she is very safe; they couldn't take more care of her".

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. Staff received an induction which included training that ensured they had the right skills to provide care for example manual handling. The induction included a 1 week period of shadowing experienced staff members. One member of staff told us "the induction is good and support from the seniors and nurses is really good".

Staff that we spoke with said there was always an experienced staff member on-call who they could contact for advice and support.

The staffing ratios were 8 carers during the day, and 4 at night. The care staff included the appropriate number of registered nurses. The care team were supported by a team of ancillary and administration staff. An analysis had been done to determine staffing levels.

Staffing shortfalls were covered by staff working extra hours or by bank staff. Staff we spoke with told us they were busy but there were enough staff to ensure people were cared for safely.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. We looked at the training matrix which detailed individual staff, training undertaken and dates. The system maintained on the computer was audited monthly and training percentage scores were given. Training required was identified by the system and staff were booked on relevant training. Training records showed that staff had completed training in areas such as dementia care, safeguarding and equality and diversity. Staff we spoke with told us they had undertaken e-learning refresher training. One member of staff said "the training is fine, we have in-house and external training here". One person told us "the staff here are excellent, very professional".

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We spoke with five members of staff who said they received regular individual supervision meetings with their line manager, these meetings included discussions about issues arising and training needs. We saw records of supervision meetings which detailed actions and discussions. Supervision records were signed by both parties.

Staff we spoke with said they have regular staff meetings. We saw records for staff meetings. One member of staff told us "staff meetings are good it gives us all a chance to speak. You can be open in this place ".The nursing staff recently introduced additional separate clinical meetings, records were seen for the last clinical meeting held on 13 March 2012.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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There was an effective complaints system available. We saw a copy of the complaints policy and procedure. This had been written in 2010. Correspondence we saw from the provider to the registered manager stated that the policy was to be reviewed and updated in 2013. The letter confirmed the 2010 policy remained in force until the review was completed.

We spoke with two people who used the service. They both told us that they knew how to make a complaint because the senior staff had told them how to do so. One person told us "I was told we can't put it right if you don't tell us". Another person said "If I wanted to complain I would go to the person in charge". Two relatives told us that they had received a leaflet about how to make a complaint and that the registered manager had told them the process.

The summary of how to make a complaint was displayed in the entrance hall. The manager told us that the names of contacts were up to date and we saw correspondence confirming the name of the area manager.

Comments and complaints people made were responded to appropriately. We reviewed the complaints log. The one complaint received in 2012 had been thoroughly investigated in accordance with the policy. A full and detailed response had been sent to the complainant. Notes of a staff meeting contained reference to the complaint and actions arising from it.

We saw the compliments book. This contained over 20 pages of letters and cards from both relatives and people who used the service thanking staff for their care and support.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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