Review of compliance

Millingdale House Limited Millingdale House	
Region:	Yorkshire & Humberside
Location address:	34 High Street Nafferton Driffield East Yorkshire YO25 4JR
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	Millingdale House is a care home that is registered to provide personal care and accommodation for older people, including those with dementia related conditions. It is situated in the village of Nafferton, in the East Riding of Yorkshire. The home is in the centre of the village and is close to shops and other local

	amenities. Communal accommodation is provided in three lounge areas and a dining area. Most bedrooms are for single occupancy and some have en-suite facilities.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Millingdale House was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 08 - Cleanliness and infection control
Outcome 10 - Safety and suitability of premises
Outcome 12 - Requirements relating to workers
Outcome 14 - Supporting staff

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 October 2011, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We were not able to communicate effectively with people who lived at the home.

We spoke to two relatives who said that they were happy with the care provided at the home and that staff were caring and kind. They said that they were kept informed about their relative's health and well-being.

The relatives that we spoke with told us that they had always found the home to be clean.

What we found about the standards we reviewed and how well Millingdale House was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Care plans were personalised and included the information that staff needed to provide individualised support for the person concerned. People experienced effective, safe and appropriate care and support.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The home was clean but there was an increased risk of infection due to care staff undertaking both care and domestic tasks. This was exacerbated by the lack of staff training.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People who lived and worked at the home were in safe, accessible surroundings that promoted their well being.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Recruitment practices were not sufficiently robust to evidence that the people employed were considered suitable to work with vulnerable people.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People received support from staff that had not undertaken essential training and this could mean that they did not have the necessary skills to deliver care safely and competently.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We were not able to communicate effectively with people who lived at the home.

We spoke to two relatives who said that they were happy with the care provided at the home and that staff were caring and kind. They said that they were kept informed about their relative's health and well-being.

Other evidence
We looked at the care records for three people who lived at the home. These contained all of the necessary information to enable staff to support people and meet their needs. We saw that care planning information had been produced in a person-centred format.

Each topic covered in the care plan, for example, medication, physical well-being and mental capacity, was accompanied by a relevant risk assessment. There were specific assessments in place to identify a person's risk of developing pressure sores and malnutrition, and people were also weighed as part of nutritional screening.

Care plans contained a record of when health care professionals had been contacted, with the reason for the contact and the outcome. This evidenced that advice had been sought from appropriate professionals about people's physical and mental well-being.

We saw that care plans had been reviewed on a monthly basis and updated as needed. In addition to this, annual reviews of care plans had been arranged by the local authority. People living at the home and their relatives had been invited and/or

attended.

We observed the interaction between people living at the home and staff on the day of our visit. We found that staff listened to people and gave them time to make their views known and that people were provided with information to resolve their concerns.

Our judgement
Care plans were personalised and included the information that staff needed to provide individualised support for the person concerned. People experienced effective, safe and appropriate care and support.

Outcome 08:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
The relatives that we spoke with told us that they had always found the home to be clean.

Other evidence
We had received some information prior to our site visit that the home was dirty and poorly maintained.

We toured the premises and found that, although some rooms were provided with basic furniture and fittings, they were all clean. Bathrooms and toilets were also found to be clean.

There were slight odours in two bedrooms but it was evident from discussion with the manager that every effort had been made to keep rooms free from unpleasant odours.

The manager told us that no domestic staff were employed at the home and that care staff undertook cleaning as well as caring duties. Particular attention must be paid to infection control when care staff undertake domestic duties. We saw that sanitising fluid was situated at the entrance to the home and in other key areas and that protective clothing was made available to staff.

The manager explained to us the action that she would take if there was an outbreak of an infectious illness at the home and this showed an understanding of safe infection control practices.

Staff training records evidenced that staff had not had training on infection control and

we advised the manager this was an area that needed to be addressed.

Our judgement
The home was clean but there was an increased risk of infection due to care staff undertaking both care and domestic tasks. This was exacerbated by the lack of staff training.

Outcome 10:
Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
We did not speak to people living at the home about this outcome.

Other evidence
During our site visit we checked maintenance certificates for gas appliances, the passenger lift and mobility and bath hoists and found these to be up to date. A portable appliance test had taken place in April 2011 and the fire alarm system and emergency lighting had been serviced in June 2011.

There was a maintenance book in place where staff recorded repairs that needed to be undertaken. Minor repairs, such as replacing light bulbs, were carried out by staff but the manager said that she had contacted a local contractor to undertake other repairs.

We toured the premises and found them to be in a good state of repair. The only issue we found was a loose ceiling light in one bedroom. The room had a low ceiling and the occupant had knocked the light fitting and caused it to become loose. The manager agreed to change the light fitting to one that fitted close to the ceiling.

Our judgement
People who lived and worked at the home were in safe, accessible surroundings that promoted their well being.

Outcome 12:
Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are moderate concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
We did not speak to people living at the home about this outcome.

Other evidence
We checked the recruitment records for five members of staff who worked at the home. We saw that most staff had completed an application form but an application form could not be found for one employee.

Application forms recorded the name of two employment referees, a person's employment history and a criminal conviction declaration: this had not been signed by one person. A photograph and ID had been obtained from the applicants and a record of the interview questions and responses had been retained in some instances.

The date that people started work at the home had been recorded and we saw that care staff 'shadowed' experienced staff for a number of days before they worked unsupervised – this varied from person to person. The manager told us that new staff 'shadowed' until their Criminal Records Bureau (CRB) check had been received.

The manager had recorded a CRB disclosure number for the people employed but this was not dated so it was not possible to determine if CRB checks had been in place prior to staff commencing work at the home. We noted that two written references had not been obtained for most of the staff whose records we checked. This provided insufficient evidence that staff employed at the home were considered suitable to work with vulnerable people.

Our judgement
Recruitment practices were not sufficiently robust to evidence that the people employed were considered suitable to work with vulnerable people.

Outcome 14:
Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
We did not speak to people living at the home about this outcome.

Other evidence
The manager told us that all staff who had responsibility for the administration of medication had undertaken refresher training during 2011. We saw evidence that seven staff had undertaken fire training in June 2011 and some staff had started an eight week course on safeguarding adults from abuse and on food hygiene during 2011.

We checked the training records for five care workers. For three of these people, there was no information about moving and handling training on record; one had completed the training in 2003 and another in 2010. The manager told us that staff had undertaken this training in December 2010 but the trainer had not sent the certificates to the home. The manager had undertaken this training in March 2009 and training was booked for the full staff team at the end of November 2011.

No staff had undertaken training during the last five years on first aid, health and safety or infection control although the manager had attended First Aid (Appointed Person) training in February 2009. The manager had also completed training on safeguarding adults from abuse and the deprivation of liberty safeguards.

Some care staff at the home had achieved National Vocational Qualification (NVQ) Level 2 or 3 in Care.

None of the staff records we viewed contained information about induction training and the manager acknowledged that new staff did not undertake induction training that met Skills for Care requirements.

Records did not contain information about staff supervision and the manager told us that staff had not had any supervision meetings in 2011. However, the manager did work alongside staff on a day to day basis and it was evident that they discussed work practices, training needs and service user issues on a day to day basis.

Our judgement
People received support from staff that had not undertaken essential training and this could mean that they did not have the necessary skills to deliver care safely and competently.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: The home was clean but there was an increased risk of infection due to care staff undertaking both care and domestic tasks. This was exacerbated by the lack of staff training.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: Recruitment practices were not sufficiently robust to evidence that the people employed were considered suitable to work with vulnerable people.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: People received support from staff that had not undertaken essential training and this could mean that they did not have the necessary skills to deliver care safely and competently.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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