

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

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 with needs related to old age.
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

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with five people and three people's relatives. We also spoke with four care workers and one nurse. At the time of our visit 34 people lived at Mill House.

We looked at five people's care files and noted that the provider sought the consent of people and their relatives regarding care. One person told us, "Staff are lovely, they don't do anything I don't want them to, if I say no they respect me".

During our observations we observed that people benefited from meaningful engagement. We saw staff providing people with regular drinks and assisting them to move in a caring and reassuring manner. People and their relatives were complimentary about the care they received. One person told us, "They are fantastic, very dedicated".

We observed the home to be clean on the day of our visit. The provider audited the cleanliness of the home on a daily basis. We saw that hand hygiene procedures were clearly documented in staff areas and that all hand gel dispensers and soap dispensers were working. One member of care staff told us, "It's important we look after the home as much as the people, it's where they live" and One relative told us, "it's always clean, that is something my mum always comments on".

All care staff we spoke with felt supported. One care worker told us, "I like working here. I feel very supported". Another care worker told us, "If we have any worries we can talk to the manager anytime, she always around and interested in what we have to say". Appropriate training was offered for all staff.

People and people's relatives we spoke with told us they felt able to raise concerns. One relative told us, "The manager has always been happy to hear what we have to say, and always get back to us" another relative told us, "Communication is very good, they are happy to receive our thoughts and keep up to date".

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

More information about the provider

Please see our website 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

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.

Reasons for our judgement

We spoke with five people and three people's relatives about consent to care and treatment. One person told us, "They always ask before they do something". Another person told us, "They don't do anything if I don't want them to". We spoke with three care workers who told us they always asked for consent before assisting anyone. One member of care staff told us, "it's important we ask permission to do things and explain, it would be very disrespectful and scary for them if we didn't".

We noted that the reason for care and the care assessment was explained to people. All files contained care plans and documents that clearly identified consent from people and had been signed by the people themselves. For example, one person's file we observed stated bed rails were needed to prevent falls. Records in this person's file clearly showed consent for these had been asked for and given.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. For example, we saw one person being asked if they would like to be moved from their wheel chair to a chair, to watch a film. When the person said they would, but only when they had finished their drink, staff respected this.

We looked at people's care files which showed us people were consistently being asked for their consent for the care they received. Consent was also sought in all files to use photos throughout the care files. Clear guidance to staff was in place where consent was necessary. This included the procedure to take with regards to Mental Capacity to ensure that those who were assessed to not have the capacity to make decision were able to have decisions made in their best interests.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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. We looked at five care plans, all contained relevant information to enable staff to support people in the way they preferred. A relative told us "The carers are wonderful" another relative told us "They couldn't try harder for my mum, they're wonderful". One person told us, "I often ring my bell late at night and don't even need to ask anything, they know what I need is a nice cup of tea, and it feels lovely to be understood like that". Another person told us "I am looked after very well".

Care and treatment was delivered in a way that ensured people's health, safety and welfare. Risk assessments were seen alongside care plans, which detailed how to minimise risks for the individual. Individual risk assessments included areas such as choking, nutrition and mobility and where risk was high the service acted appropriately. For example, one person had been to see a dietician due to concerns around their weight. A recommendation had been made to fortify food and monitor weight. We observed records to demonstrate that this person's weight had been monitored and their weight had increased. Another person had been assessed as having a high risk of developing pressure sores. We saw that this person had the mattress recommended through accredited tools to assess people needs relating to pressure sores. This person was also being supported to reposition themselves regularly to prevent pressure areas from developing. This person told me, "Staff are very aware what I need and when, I feel respected and understood I care immensely for every one of them".

The service responded appropriately when people's needs changed. People were supported to maintain as much independence as they could. We observed in one person's care plan that their needs varied daily and the service responded to this. This person told us, "I told them I want to walk by myself, but on days I feel less confident I want support, and that's what they do". These needs were clearly documented and staff we spoke with were aware of these needs. One staff member told us, "The risk assessment shows a high risk of falls so we keep a close eye, but he wants to keep his independence and that's important for all residents".

We saw that the care plans and risk assessment reviews were completed monthly and actions taken according to the outcome of these, which meant people received care and treatment that met their changing needs. People were also supported to maintain their basic needs; we saw records of regular visits to dentists and chiropodists and physiotherapist visited the service regularly.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We observed the home to be clean and tidy on the day of our visit. There were processes in place to maintain a clean environment.

We observed a system to separate soiled and dirty washing from people's personal items to prevent cross-contamination. People had their own moving and handling supports and people's rooms were cleaned daily and deep cleaned once a month. One member of the cleaning staff told us, "Standards are very high here; we make sure all rooms are cleaned thoroughly". We looked at a number of commodes and saw that they had all been cleaned. People told us, "It's always very clean, that's important to me and one of the reasons I wanted to come here". A relative told us, "It's always clean, no problems there, my mum's room gets a very deep clean every 5 weeks or so, even the curtains".

The manager told us that housekeepers ensured every room was cleaned on a daily basis. We saw that the provider had an audit which showed that they checked the cleanliness of the home on a daily basis. We saw that hand hygiene procedures were clearly documented in staff areas and that all hand gel dispensers and soap dispensers were working. We also saw that the laundry and sluice areas were clean and tidy with appropriate flooring in place.

The provider had an infection control policy and procedure. The policy and procedures were stored in the office and was available to all staff. The document included information on cleaning commodes, cleaning routines, food preparation and blood borne diseases. The provider also had documents related to advice on cleanliness and infection control which included the code of practice on the prevention and control of infections.

We observed throughout the day that people had their own moving and handling supports and staff regularly washing their hands and using gel dispensers. Visitors were encouraged to do the same. We spoke to care workers about infection control. One care worker told us, "It's important for the home to be clean and tidy these people can be very vulnerable to dirt".

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

Our judgement

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.

Reasons for our judgement

Staff received appropriate professional development. We looked at the training records which detailed individual staff, training undertaken and dates. 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 good; if we need something the manager is very good at making sure we get it". One person told us "the staff here are very professional, they know their stuff". A relative said, "I have been to many care homes in my time, the staff here are excellent and the manager leads by example".

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 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.

Staff we spoke with said they had regular staff meetings. We saw records for staff meetings that showed that monthly meetings were being conducted. 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".

Training records showed that staff were given opportunities to raise issues and for the manager to share information. The meetings were regular and well attended. One staff member told us, "I've worked in places where meetings are just a tick box exercise, but here they are used very well".

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People and relatives we spoke with told us they felt able to raise concerns. One person told us, "I can't fault it here". A relative told us, "I have had nothing to complain about, I mentioned a while back that my mums clothes were getting mixed up, but I think they changed the system and it hasn't been a problem". This meant that people's and their relatives concerns were acknowledged and acted upon.

The provider had clear evidence of how the views of people, their representatives, staff and external stakeholders had been sought. We saw records of the home's last quality assurance survey conducted in 2012. We saw that people and their relatives stated they were happy and the audits showed that feedback was positive. Due to this system being centralised it wasn't clear where the manager was implementing changes to improve the service as a result of feedback. We discussed this with the manager who told us, "we have implemented a 'resident of the day' system, all relatives and people themselves are invited to use that as a space to share concerns and adjust their care". We observed records of these meeting to support this approach. For example, one person stated in their meeting that they wished to have more towels in their room. The manager made sure this happened.

The provider responded to complaints and compliments. For example, we saw a record of two complaints the provider had received. We saw that both complaints were acknowledged and responded to according to the provider's complaints procedure. We saw that one concern was made regarding the care a relative received whilst at the home on respite. The complaint was about the equipment and access to fluids. We saw that the manager took appropriate action with regards to the complaint. The manager raised the issue as safeguarding and investigated the issue and sought input from local authority adult safeguarding team and CQC. The findings of the investigation were clearly and respectfully communicated to the complainant.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and visitors. We saw that all accidents, incidents and concerns were reported and recorded. We identified that the

manager was aware of accidents involving falls and that appropriate action had been taken. The manager made referrals to the local tissue viability team when they had concerns regarding one person's skin integrity.

The provider monitored the quality of the service frequently. We saw that monthly quality checks were conducted by a regional manager. These checks looked at all areas of the home, including people's care, care plans and kitchen arrangements. We saw that where actions were noted that these were followed up through a remedial action plan (RAP). The manager showed us examples of actions that were allocated, which included concerns that some people's care plans required updating. We saw that the provider had an electronic system to monitor that actions were completed.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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