Inspection Report

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

The Mill House

Mill Road, Horstead, Norwich, NR12 7AT

Tel: 01603737107

Date of Inspection: 13 December 2013

Date of Publication: January 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Runwood Homes Limited
Overview of the service	The Mill House is registered to provide care and accommodation for up to 45 people who may require nursing care or are living with dementia.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care 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'.

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 13 December 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.

What people told us and what we found

We observed the interaction between staff and people using the service and saw that it was warm and friendly. People were treated with respect and in a dignified way. One person told us, "After home this is the next best place to be". Another person said that, "The food is very good and there is always choice".

Care plans were task orientated and did not adequately consider the social and emotional needs of people in an individualised way. The completion of important documents such as agreements to care planning and capacity for people to make decisions for themselves had not always been completed.

The service was clean and tidy, with effective infection control procedures in place although staff were not always following them.

There was a thorough recruitment process in place although previous employment histories needed to be fully explored to ensure only appropriate people were employed by the service.

The service had a quality monitoring and audit process in place, with provider visits occurring each month.

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

What we have told the provider to do

We have asked the provider to send us a report by 29 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

On the day of our visit there were 34 people using this service. Most people remained in their rooms throughout the day of our visit and only six people went to the dining room on the ground floor for lunch. We were told that other people either chose to eat in their room, required assistance to eat, or were too poorly to leave their room. We took the opportunity to speak with two of the people in the dining room and they told us they were happy at The Mill House. One person said, "After home this is the next best place to be". They said they enjoyed each other's company at meal times and enjoyed chatting together. We were told the food was good and there was plenty of variety and choice. Both people said they were well cared for and received the care they needed.

We observed the interaction between people using the service and staff and saw that it was warm and friendly. Staff spoke respectfully and used the person's preferred name. One person was seen in the dining room wearing a dressing gown and we were told this was because they had only recently moved into the home and their own clothes had not yet been brought in. We were assured that the person had chosen to go to the dining room for lunch and they appeared relaxed and happy to be in the company of others. Their clothes arrived later in the afternoon.

The provider may find it useful to note that we looked at four care plans and saw that the consent to care planning form had only been completed in two cases. Where the form had been completed it had been signed by the person's relative. This meant we could not be sure that everyone was receiving the care and support they needed in the way they would wish. We were told that staff were in the process of updating this information.

During our visit we observed practice on the ground floor and saw that three people were sitting in the conservatory, but they were placed so that they were sat so far apart that they could not maintain eye contact or speak with each other if they wished. A further three people were seen in the lounge, two of whom were sitting in wheelchairs in front of the television. Apart from six people who were seen in the dining room at lunchtime, all other people were in their rooms. Two people told us they were able to spend their day as they

wished. They had their own rooms, which they preferred to spend time in. We spoke with family members who told us that they were concerned that their relative was no longer brought out of their room so that they could socialise with others. They said their relative used to enjoy sitting in the conservatory and talking with people, but staff no longer took people to sit there. They said the type of activities that took place were of no interest to their relative.

We were told that a meeting was planned to see if it would be possible to recruit volunteers for up to ten hours per week to spend social time with people using the service. This would be in addition to the activities co-ordinator, who provided activities such as arts and craft, bingo and music sessions.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at four care plans and noted they were task orientated and the information within them was variable in content and detail. For example two of the care plans did not have family contact details recorded so that it would not be immediately clear to staff who they should contact for information or in an emergency.

Assessments of need were not always completed in a timely way. For example for one person who had been admitted to the service in early November 2013, the assessment of their needs had not been evaluated to ensure they were receiving the care and support they needed. Another care plan contained a completed pre-admission assessment that had not been dated or signed meaning that it was not possible to assess their progress over time. Only one care plan contained a completed form to assess whether the person had the mental capacity to make decisions for themselves. We were told that, where relevant, these assessments had been carried out but had not yet been filed into the individuals care plans. Other care plans contained assessments of risk about falls, malnutrition and skin integrity. These were reviewed monthly.

We were able to see that people received the healthcare they needed and referrals were made as appropriate to health professionals such as the GP, dentist and the speech and language therapy (SALT) team. Daily notes cross referred to each intervention although the outcome was not always recorded.

Two of the four care plans seen did not have any life or social history information within them. This meant that staff would not know about the important people and events in the person's life or the social activities that were meaningful to them. As a result it was not possible to be sure that the activities care plans were appropriate to the individual.

Cleanliness and infection control ✓ Met this standard

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 cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The service had a comprehensive infection prevention and control policy in place. This provided clear direction for staff.

We toured the building and saw that all areas were clean and tidy. Each room had an en-suite facility, with those rooms in the newer wings having walk-in showers. Hand gels were located throughout the building for staff and visitors to use. We noted that people were given hand wipes to clean their hands before lunch to help minimise the risk and spread of infection.

The laundry contained industrial sized washers with disinfection and sluicing facilities installed. At the time of our visit, one of the washers was not working and an engineer was attempting repairs. The laundry also contained two industrial sized dryers. We were told that the development of the laundry, so that it provided better infection control was being considered. This would involve having a way in for soiled laundry and a separate exit for clean items. Staff told us that all soiled linen was placed directly into laundry bags for transportation for washing. The provider may find it useful to note that we observed soiled clothes had been left on the floor of one bedroom, increasing the risk of infection.

We spoke with staff about the procedures they would follow in the event there was an outbreak of diarrhoea and vomiting and they described procedures that would help to prevent the spread of infection. Staff confirmed that they had received training about infection control. They said that gloves, aprons and other equipment were available as needed.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at four staff files and saw that there were effective recruitment and selection procedures in place. Pre-employment checks with the Disclosure and Barring Service (previously the Criminal Records Bureau and Independent Safeguarding Authority) and two references were obtained for all staff before they started working at The Mill House. Appropriate checks had also been completed for staff from overseas, including proof of identity.

Part of the recruitment process included a formal interview and for overseas staff this had taken place by telephone. Each interview was fully recorded. However, the provider may find it useful to note that gaps in previous employment history was not always explored thoroughly.

Staff told us that they received supervision and annual appraisal, when their progress and training needs would be discussed. We were also provided with a copy of the staff training record and this showed that staff were up to date with mandatory training such as fire safety, first aid, infection control and safeguarding people from abuse. Staff also spoke of attending training about caring for people with dementia.

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

Care records showed that they were regularly reviewed and there was a process in place to monitor these records each month that was fully recorded. Audits to ensure medicines were being administered, stored and recorded appropriately were taking place each week. Accident record books were kept at the nurse's station on each floor, with a copy of any accident kept in the person's care file. All accidents were signed off by the manager and an analysis of all incidents made each month.

At the time of our visit, satisfaction questionnaires had been sent out to people using the service and their families so that the quality of the service could be assessed. The manager was also due to hold a surgery at the home the following day so that information and issues could be raised. Only two survey forms had been returned at the time of inspection and these contained very mixed views and opinions about the service. We were told that once received, the completed questionnaires would be collated and an action plan developed to address any issues raised.

The service had a complaints procedure in place that was clearly displayed in the conservatory by the main entrance. This set out the processes to follow so that people could raise any concerns or expressions of dissatisfaction. We looked at the complaints records and saw that a total of 16 complaints or expressions of concern had been received by the service in the previous six months. We were also shown compliments that had been received by the service during the same period. We saw that the complaints and expressions of concern were investigated and outcomes recorded.

Risk assessments were in place with risk reduction plans developed so that the environment was safe for people who use the service, visitors and staff. Maintenance records were also checked and we saw that, for example, fire safety systems and equipment, electrical systems and hot water temperatures were checked and recorded each month.

We were provided with a copy of the service's compliance report action plan for November 2013 and this showed that monthly audits were being completed by the provider to ensure

that the service was meeting the required standards. Action points had been identified about maintenance records, staff supervision and housekeeping matters that had been signed off as completed. Outstanding action points were in place in respect of missing or out of date information in some care plans.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services** **How the regulation was not being met:** Care plans did not contain all the information required to provide effective individualised care. Regulation 9 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

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 by 29 January 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

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