

Catherine Miller House Limited

Catherine Miller House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Catherine Miller House is a residential care home providing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 30 people, including people living with dementia.

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

Quality assurance and governance arrangements at the service had improved since the last inspection. However, further improvements to the recording of management information would make the service more efficient.

We have made a recommendation about a review of recording systems to effectively manage the service.

Risks to people's health and wellbeing were assessed and updated. Staff knew people's needs well, knew how to protect and safeguard them and people told us they were safe. Recruitment processes had been improved to ensure the safe employment of staff. Staff had received an induction process and staff training was up to date with refresher training ongoing.

There were enough staff on duty to provide appropriate care and support to people living at Catherine Miller House. The service was clear about its responsibilities relating to medicines management. This ensured people received their medicines as prescribed. People were protected by the service's infection prevention and control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team were visible in the service and promoted person centred care. Staff felt supported, were kind and caring and enjoyed working at the service.

The provider and staff team had developed positive working relationships with external stakeholders and other healthcare professionals. Lessons had been learnt when things had gone wrong.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 November 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection in September 2021 to show what they would do and by when to improve. At this inspection enough improvement had been made and the provider was no longer in breach of the regulations.

At our last inspection we recommended that recruitment procedures and the provider's governance arrangements needed review. At this inspection we found the provider had acted on the recommendations and improvements had been made but further improvement was recommended.

Why we inspected

We undertook this unannounced focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of Safe and Well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Catherine Miller House on our website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Catherine Miller House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Catherine Miller House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Catherine Miller House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 April 2023 and ended on 24 April 2023. We visited the location's service on 12 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 1 relative about their experience of the care provided. We spoke with three members of staff and the registered manager.

We viewed a range of records. This included 2 people's care records and medicine administration. We looked at 3 staff member's personnel files in relation to the service's recruitment practices. A variety of records including quality assurance and management documentation were viewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess and manage the risks relating to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Improvements had been made to the recording and oversight of accidents and incidents to help mitigate risk of future occurrence. Some recordings were handwritten and some hard to read. This was discussed with the registered manager who agreed to look at ways to ensure recordings were always clear and readable.
- Learning from these incidences was discussed with staff to better understand how to care for people and maintain their independence.
- Fire drills were completed for both day and night-time and fire marshals, and first aiders were in place.
- Health and safety checks on the environment were completed. The registered manager had oversight of general maintenance of the building and a plan for ongoing improvements.
- Risks to people's skin and falls were assessed and being recorded. Ways in which to mitigate risks were more robust to ensure people's safety. One person told us, "I am mostly mobile and use a stick to get around. If I walk too much I get tired and require help from staff. The staff know my likes and dislikes. They are friendly and very caring. They pop in to check on me all the time."
- Staff members told us they would feel comfortable raising concerns with the registered manager and believed they would take action. One staff member told us, "I feel very included in the lives of people at the home and their care needs are discussed if we ever have any worries."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe. One person said, "Yes, I am safe. Staff continually check if I am okay." Another person told us, "Yes 10 out of 10 for safe. Staff are always around."
- Staff were able to tell us what they would do to make sure people were protected from harm. A staff member told us, "If I thought something wasn't right, or didn't feel right with someone I would tell the manager straight away. Whilst we learn about safeguarding people, it's also an instinct you have."
- People were comfortable and safe around the staff, and we could see and hear that staff knew people well. They spoke politely, respectfully and with a genuine interest in people's wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- At the last inspection, we had made a recommendation the registered manager familiarise themselves with current guidance relating to their staff recruitment procedures. At this inspection, the registered manager had made themselves aware of their responsibilities around safe recruitment.
- A new recruitment application form was in the process of being updated and all staff employment files had been reviewed to ensure they met the necessary requirements. A recruitment staff file checklist had been implemented, to ensure the checks required had been completed prior to a member of staff starting work.
- There were enough staff available to support people to stay safe and meet their needs. The staff team engaged with people in a friendly, caring and compassionate manner.

Using medicines safely

- People received their medicines as prescribed. One person said, "My medicines comes every day at the correct time" Two medicine administration records (MAR) were viewed, and these were completed correctly.
- People who were prescribed 'as required' medicines had protocols in place to monitor whether and why the medicine had been given. One person told us, "I am prescribed paracetamol for my hip. (PRN when required). My pain is managed well."
- Audits of medicines management were completed. The staff team had received medicines training and had their competency to administer medicines checked.

Preventing and controlling infection

- The service was clean and tidy on our visit. People told us they had their rooms cleaned regularly. One person told us, "The environment is always clean and tidy. My room is mopped and dusted. I get clean bedding every day. I feel very clean in my bed always."
- We were assured the provider was preventing visitors from catching and spreading infections, that the provider was admitting people safely to the service and facilitating visits in accordance with current government guidance.
- We were assured the provider was using Personal Protective Equipment [PPE] effectively and safely; and promoting safety through the layout and hygiene practices of the premises. Enough supplies of PPE were evident throughout the service for staff to utilise.
- The providers infection prevention and control policy was in the process of being updated to reflect current guidelines.

Visiting in care homes

- The provider had supported visits to the service in line with government guidance. People received regular visits from friends and relatives.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question as requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had not ensured effective processes were in place to monitor the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they had worked hard to make improvements to the service as they had been very new in post at the last inspection.
- Improvements had been made to the oversight of accidents, incidence, and analysis of events in order to look at how to prevent them in the future. Information requested by us could be located easily.
- Audits including risk assessment, falls, health and safety and medicines were completed. However, it was difficult to see trends and concerns over a period of time in the way the information was recorded, for example lack of clear analysis and hand writing was not always legible. We discussed ways in which this could be improved, and the registered manager agreed to discuss with the provider the use of electronic recording systems for better management of all aspects of the service.

We have made a recommendation the provider look at systems to support the effective recording of information to manage the service and support them in their role.

- The recruitment process for employing staff had been improved and was now fully compliant with the requirements. The staff training programme was up to date and where training was required, this was flagged up and staff reminded to complete their training.
- The registered manager told us the provider was very supportive and, "Always on the end of the phone." Regular monthly updates were produced for sharing with the provider and they visited the service three monthly to meet with the registered manager and talk to people who used the service.
- The provider understood the duty of candour and the need to be open and transparent when things went wrong. They provided statutory notifications to CQC where required.

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

outcomes for people

- The registered manager and deputy manager were visible in the service and worked hard to be inclusive and open. They provided good quality care, and their vision and values were displayed by them and by the staff team.
- We saw staff being kind, chatty, and engaging with people, allowing them to make choices and decisions. The atmosphere was relaxed, calm and inviting. One family member told us, "My [relative] is very safe here. There are always many workers popping in to see them. I am 100 percent assured she is safe here when I am not here. I like being here, I cannot fault it."
- Staff members told us they worked as a team and felt very supported. They could approach the management and felt listened to. One staff member said, "It's a lovely place to work, I know what I need to do. There is a real family vibe here and the managers are always around the place and very approachable."
- Care plans showed people's protected characteristics were being recorded such as their age, gender, religion, and ethnicity, although people's sexual orientation was not recorded. Staff knew people's history and preferences.

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

- Staff meetings were held and well attended. Daily handovers meant that staff talked with each other and were up to date on people's needs. A recent staff survey showed staff were consistent and positive about working at the service.
- The registered manager told us people's views were listened to daily and people themselves were very positive about this. One person told us, "I feel listened to. They are dead nice here. Staff continually ask me if I need anything. I think the staff request my feedback daily. I like [registered manager], she often pops in to say hello." Another person said, "I do feel listened to. They regularly ask me for my feedback."
- A formal survey was being developed so the provider could learn about further improvements needed.
- The provider had introduced free hot meals for staff members when on duty, which helped with their cost of living and their wellbeing.

Continuous learning and improving care; Working in partnership with others

- The registered manager was enthusiastic and open to learning and improving the service. They were proactive in seeking advice, utilising resources and keeping up to date with guidance.
- The registered manager worked well with healthcare professionals, such as GPs and district nurses to support the care and treatment needs of the people who lived at the service.
- A recent survey had been undertaken to gather the views of professionals. Comments included, "Always attentive to residents needs during my visit. They implement my recommendations safely and accurately. Layout of building is challenging but staff cheerful and welcoming." And, "Clean and welcoming, friendly and helpful, knowledgeable about clients."