

HC-One Limited

# Milliner House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Milliner House is a residential care home providing personal care to up to 40 people. The service provides support to older people and people with mental health support needs. At the time of our inspection there were 39 people using the service.

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

People received safe support from staff and told us they felt safe within the service. Staff were trained in safeguarding procedures and understood how to report any concerns.

Medicines were safely managed and administered by staff who were trained to do so. Staff were recruited using safe recruitment procedures.

Any accidents and incidents that occurred were managed appropriately and documented for lessons to be learned.

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.

People and staff felt the service was well managed and felt confident to raise concerns if they had them. Staff were well supervised and understood their roles well.

Systems and processes were in place to ensure that quality remained consistent and action was taken as required in a prompt manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good, published 23 June 2018.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milliner House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Milliner 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

This inspection was carried out by 1 inspector.

#### Service and service type

Milliner 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. Milliner 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.

### 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

During this inspection we spoke with 4 people who use the service, 4 care staff, an activity coordinator, the chef, the deputy manager and the registered manager. We looked at multiple records including care plans, staff recruitment files, and audits.

# 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 Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living within the service. Staff understood the signs of abuse and how to report them.
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure that staff worked safely with people. This included meeting people's health and medical needs safely. Risk assessments were also used to assess the risks of falls, eating and drinking and emergency evacuation.
- Staff understood the risks present in people's lives and felt confident in supporting the people living at the service.

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

- People told us there were enough staff working within the service. One person said, "There are enough staff and they are very caring. I feel very safe."
- Measures to ensure staff were safely recruited were in place. This included identity checks, employment references, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were administered safely by staff who were trained to do so. We looked at medicine administration records and found they were accurately completed.
- An electronic administration record was in use which alerted staff to any potential errors. The system also supported effective and accurate medicines audits by management staff.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

The provider was following government guidelines in relation to visiting.

### Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. Actions were taken to make improvements and share learning points through team meetings and supervisions.



# 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 Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff all felt the service had a positive atmosphere. One person told us, "The staff and managers have got to know me really well over the years."
- Staff were positive about their roles within the service and how they were being supported. One staff member said, "The manager and the deputy are excellent. They are one of us. We can open up and we don't have to struggle. We feel safe and free to talk. We have a friendly team and I feel happy with coming to work."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The management team fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.
- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the registered manager was and staff told us they felt well supported by them.

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

- People we spoke with felt involved in their care and support. People told us that staff consulted them about their care and encouraged them to make decisions for themselves. Care plans considered people's equality characteristics, and staff respected people as individuals.
- Meetings were held for people to feedback on the service they received and discuss ideas. We saw minutes of meetings which showed that topics such as food, activities, home décor and staff were discussed.
- Staff felt engaged in the running of the service and felt their voices were heard. Team meetings were used to communicate with staff, provide information and share ideas.

Continuous learning and improving care

- Regular quality checks and audits took place throughout the service. This included regular checks on the physical environment, cleanliness, equipment, décor, staff competency and training. Appropriate action was taken in a timely manner when required.

