

## Interact Care Limited

# Mill House

### Inspection report

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05 September 2017

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Mill House is a large detached stone built property which provides accommodation for up to five people with autism. At the time of our inspection there were five people in receipt of care from the service.

At our last inspection in May 2015 the service achieved an overall rating of 'Good'. This inspection took place on 15 August and 5 September 2017. We also spoke with relatives and professionals on 21 August 2017. At this inspection we found the service remained Good overall and was rated 'Outstanding' in the responsive domain.

People received high quality person-centred care from staff who understood their needs. The service had in place a number of good practice systems which facilitated people being able to communicate to staff the type of care they wanted to receive.

Care documents were significantly detailed and accurately reflected to a high degree each person's history and needs. Guidance given to staff on to how meet people's needs was very specific. Regular reviews were carried out with people who used the service and included their relative's voice to ensure people's care provision was up to date and reflected their individual preferences.

The staff had extensively researched holidays abroad when the people using the service wanted to go on a group holiday. This included researching the needs of people with autism when using airports. Staff found and implemented autism passports at their departure airport which assisted people going through security checks and prevented any distress to the people from the service who were going on holiday.

We found people were enabled to live extremely fulfilling lives in which they were given choice about their activities. Staff supported people to carry out highly individual choices and suggested alternative activities, for example growing vegetables, to give people who used the service a broad spectrum of options. Staff had also introduced themed events around different cultures. This enabled people to learn about diversity and participate in events which were new and meaningful to them.

Risks assessments in the service were well-documented and were highly personalised. Staff demonstrated they understood the risks and the required actions to keep people safe.

Staff understood the needs of people with autism and the very individual needs of each person who lived at Mill House. We found when there was a transition to be made, people's needs were considered in great detail.

We spoke to relatives who told us they had no concerns about the service and confirmed they had not made any complaints. The manager told us no one had made a complaint about the service. Relatives said they felt involved in the service and in the care of their family members.

Staff were supported through a programme of induction, training and appraisal. We saw staff recruitment was robust. Staff underwent pre-employment checks before they started working at the service. Managers in the service were due to start management development training.

Staff had been trained in safeguarding and were confident if they raised a concern with their manager they would respond appropriately. Relatives told us they had confidence in the management of the home.

We reviewed people's medicines and found there were safe systems in place for their storage and administration. Guidance was available to staff to support them to give people medicines which were required on an 'as and when' basis.

Relatives and professionals alike told us they thought people who used the service were well cared for. We found staff respected people's privacy and dignity. People's independence was encouraged by staff.

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

The service had systems and processes in place to monitor quality. Audits were regularly carried out. The service used an external auditor in addition to their own auditing processes to monitor the service. The manager had had action plan in place to address improvements and had told the Commission the improvements they intended to make when they were required to give us information about the service.

We found there was partnership working between the service and other agencies including health and social care professionals.

The registered manager attended external network meetings to bring learning back to the service to improve the outcomes for people using the service. The service has signed up to national initiatives including the Social Care Commitment designed to improve service delivery.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service was extremely responsive.

We found staff were exceptionally responsive to people's individual needs.

The service used a number of best practice methods to enable people to be involved and supported to describe their care and the goals they wanted to achieve.

When people had elected to go on a group holiday abroad staff had extensively researched the holiday, gave people choices and utilised autism passports they had found were in place at their departure airport.

We found staff took a very proactive approach to involving people and their relatives in meeting people's needs. Relatives told us as a result of this approach they had not needed to make any complaints.

### Is the service well-led?

Good ●

The service remains Good.

# Mill House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 15 August and 5 September 2017 and was unannounced. We spoke with relatives and other professionals by phone on 21 August 2017 to seek their views.

The inspection team consisted of an adult social care 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.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we carried out observation of people who used the service and the staff interactions with them. We spoke with seven staff including the regional manager, the registered manager, the team leader and four care staff. We also spoke with four relatives and three professionals including care managers and advocates. We reviewed three people's care documents in detail and looked at other records maintained by the provider in association with the regulated activity. We checked the home to ensure it was clean and the risks of cross infection were reduced

## Is the service safe?

### Our findings

People who used the service told us, "I love it here it's like home from home", "My bedroom is my space and I look after it well the staff say" and "I broke my bed accidentally and next day it was fixed." We observed people were relaxed in their home and were able to approach staff to meet their needs. Relatives we spoke with confirmed people who used the service were safe living at Mill House.

Staff told us they would feel confident to raise any concerns with the manager about safeguarding people who used the service. We found staff had received updated training on safeguarding.

We checked people's medicines and found they were stored in locked cupboards. We looked at the Medicines Administration Records (MAR); all of the MAR charts were up to date and there were no gaps in recording around the medicines that people had received. Some people required medicines which are called pro nata (PRN) otherwise known as medicines which are administered on an 'as and when required' basis. Guidance to staff was available in people's care plans for people who needed to take medicines on an 'as and when' basis and what behaviours or symptoms they may display if they were in need of such medicines.

We looked at the staff rota and found there were sufficient members of staff on duty to meet people's needs. The rota was arranged to ensure people who required individual support had designated staff allocated to them. Staff understood which person they were supporting.

People's personal risks had been assessed. The risks were well-documented together with actions required to ensure people were not at risk. Staff understood these risks and were able to take action to avoid incidents and accidents, for example when people were out and about in the community. Other risks associated with living and working in the home had also been assessed and actions put in place to mitigate the risks. Following a series of notifications to CQC concerning one person, we found staff repeatedly carried out appropriate actions to reduce the risks this person was exposed to in their daily life.

Pre-employment checks were carried out on all staff before they began working in the service. Staff provided information on an application form detailing their work experience and training and gave contact details for referees. The provider had requested references and these were stored on staff files. Disclosure and Barring Service (DBS) checks were also undertaken before staff started work. The (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

We saw the provider had in place a staff disciplinary policy and had used the policy to address staff conduct issues.

Mill House was well decorated, clean and fresh, very nicely furnished and overall well maintained. There was a repairs book for staff to report repairs needed to the building. We found health and safety checks were

regularly carried out. Records reviewed during the inspection confirmed water checks were carried out in respect of temperature and for legionella testing. We saw all electrical equipment around the premises had been tested and Portable Appliance Testing (PAT) stickers showed tests were in date.

## Is the service effective?

### Our findings

One person told us, "Staff are good they help me they also make sure I do things too." Another person said, "I like the food here, I am sometimes asked if I enjoyed it."

We saw there was a menu for the meals which people using the service had influenced. The menu provided a balanced and healthy diet. People had other choices if they did not want to eat what was on the menu. People using the service had 'treat boxes' containing boxes of chocolates and sweets which they had access to. Staff spoke to us about one person who had expressed a wish to lose weight. They had been supported by staff to lose weight using increased exercise and eating healthier food. On the day of our inspection people were going out to a museum for the day and were supported by staff to make packed lunches.

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 Act 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found staff understood these procedures. Appropriate DoLS applications had been made to the local authority to ensure people were kept safe, and only deprived of their liberty if this was lawful, necessary and in their best interests.

Staff confirmed to us they had received training in appropriate subjects to enable them to carry out their roles. The manager had oversight of a training matrix to ensure staff training was up to date. Managers in the service spoke to us about opportunities they had for external training so they were able to learn from others outside of the organisation. Further support was also provided to staff through regular supervision meetings with their line manager and annual appraisals.

People's health care needs had been attended to and people who used the service were supported to access appointments when required. A health care champion had been appointed in the service. Following the inspection the registered manager told us as a result of having a healthcare champion in place the service had utilised hospital passports to ensure people got the care they needed should they be required to attend hospital.

Since our last inspection we saw thought had been given to the use of space in the building. A new seating area had been created on the upstairs landing. This enabled people to have an additional space for chatting, but also gave staff a place where they could be accessible for people who wished to be upstairs in their bedrooms. People had access to a garden in which we found outdoor activity equipment for example a trampoline with safety netting.

There was a house rules book which gave information about staff codes of conduct, what people could

expect and the notes of the monthly meetings with people who used the service. We found communications were good between staff and people living in the home. Relatives told us they were kept informed about their family members care and wellbeing.

## Is the service caring?

### Our findings

We spoke with one person about the staff. They told us "Staff are helpful they do encourage me to do things I don't feel like doing sometimes." One relative told us, "Staff are very caring." We found staff engaged people with banter and humour. This contributed to a positive atmosphere in the house.

Staff were very aware of people's needs, behaviour, capabilities and personalities and were able to describe these in detail to us. They also spoke to us in fond tones about people who used the service. One staff member said, "The young people here are a pleasure." There was a calm atmosphere within Mill House. People who used the service and staff went about their daily routines in a well organised manner.

Each young person had their own bedroom and was encouraged to look after this on a daily basis. Staff recognised the need for individual personal space and responded according to each person's needs. We observed staff knocking on bedroom doors before entering and treating the young people with dignity and respect, whilst encouraging them politely to do things to get organised during the morning. One person showed us around their home and staff advised the person how to approach other people to enter their rooms, so they were treated with respect.

Each person's bedroom reflected their personal tastes and interests. We saw each person had an array of personal choice items in their rooms including TV, photos, electronic games, DVD's and CD's. We found people's bedrooms to be homely and saw people were settled at Mill House and liked their environment. Throughout the home there were photographs of people who used the service on the wall which showed how they had enjoyed their outings and activities.

People were supported to be independent. Care plans described the assistance people needed whilst maximising their independence. Staff advised people what to do and had devised pictorial plans to support people to carry out tasks. We observed staff encouraging people to get ready to go out and taking showers. They broke down the tasks into simple steps. This meant people were able to follow the steps and be independent.

Staff were familiar with the use of advocacy and understood how to access advocacy support for people should this be necessary. Systems were in place which gave opportunities for people to self-advocate through, for example, structured keyworker meetings and staff had listened to relatives as natural advocates for people who used the service.

We found people were involved in the service through residents' meetings where their views were sought and listened to. People were also involved in the service and had taken on responsibilities. For example, one person was a fire marshal and they assisted with fire checks. They also helped with the recycling for the home.

## Is the service responsive?

### Our findings

We spoke to people about how staff responded to them. One person told us "Staff do listen to us" and they went on to say when they need help staff support them. Another person said, "I am very happy here." One relative told us they were, "More than happy" and "I can't be more grateful." Another relative told us as a result of their family member living at Mill House they had, "Come on leaps and bounds." Without exception all of the relatives we spoke with were highly satisfied with the care given to their family members at Mill House.

In keeping with the best practice National Institute for Health and Care Excellence (NICE) guidance, 'Autism spectrum disorder in adults: diagnosis and management', last updated in August 2016, we found people had meaningful and fulfilling lives. People had in place a structured leisure programme based on each person's personal interests and abilities. The programmes were based on engagement with people who had described, "My Perfect Week." The programmes were translated into pictorial daily activities to enable people to understand what they were doing now and what they were doing next. This provided structure and reassurance to people living with autism. At the time of our inspection people were on holiday from college. Staff had maintained people's daily structures with their consent in order to provide safe boundaries for people. We observed one person new to the home being gently supported by staff to adapt to their new environment.

Choice was a very important part of the service and during people's daily plans we saw they had periods of free choice during which time they had the option to spend time as they wished. Having a free choice period supported people to think for themselves. Staff told us that whilst people made decisions about what they wanted to do, they made suggestions to support people with other opportunities. On the first day of our inspection staff were supporting one person to use a present of a 'thrill' experience. Staff reported during the day the person had achieved their goal and expressed delight that the person had been successful. Their relative confirmed the person felt they had achieved their goal and staff had been persistent in supporting them through different attempts. In keeping with the good practice NICE guidance, the activities provided were individual, or part of a group activity. One relative told us, the service supports people to "Realise their true potential."

Staff had introduced themed events which meant people using the service learned about different cultures. One person had a themed Indian birthday when people learned about the food and culture of India. Staff ensured people had white t-shirts especially purchased so people using the service could engage in the Hindu festival of colour. People had also been engaged in events linked with American, German and Lebanese cultures. The manager was preparing a map of the world to show people where the different countries were. These activities were highly meaningful and afforded people new and rewarding experiences which included learning about different cultures. Photographs of the events showed people thoroughly enjoying this type of experience as they learned about diversity. These events included integration with people from other services owned by the provider.

Links were also forged with the community. We saw people using the service had held a fundraising event

for a local animal charity. This demonstrated staff supported people not only to be actively involved in their chosen communities, but also to contribute to them.

Staff and people living at the home had devised a garden project. An area of the garden generally unused by people had been set aside as a vegetable plot. Planting beds had been set out and people were keen to tell us about the vegetables they were growing. Staff told us about the people who had taken an interest in the project and the rationale to support people to diversify their interests. We found the service utilised its resources to maximise opportunities for people's personal development.

The staff had integrated into their practice a number of systems which ensured high standards of person centred planning. This was an integral part of the service. The home had utilised 'Planning Alternative Tomorrows with Hope' (PATHS). This good practice model engages people to set their goals and review them at regular intervals. We saw people using the service had set clear goals which had been reviewed with staff to monitor their progress. Large sheets of paper had been used to develop the pathways so people were able to visibly see their development. People were then achieving their goals which was impacting on their confidence and increasing their skills. For some people this was about developing new skills, and we saw the service had acknowledged these achievements with certificates. For one person their goals were about learning about relationships. Staff told us they had noticed a person had difficulties when they came across members of the opposite sex and had found a relationships course for them to explore their feelings. This had a very positive impact on the person and demonstrated the detailed manner in which the service approached meeting people's needs.

Staff in the service had implemented 'Social Stories.' These were short stories using words and pictures to support people in the tasks they needed to achieve. For example, one person who regularly visited their family had a social story to describe how they prepared for going home. This had been devised to eliminate any difficulties as they moved between their home and their family home. Information we received during the inspection indicated this was working well and the person had got into the routine of packing their belongings. This demonstrated that staff had identified an issue which proved challenging for a person and using a good practice method had addressed the issue with a resultant positive outcome.

Using a social story with words and pictures staff had engaged people in a discussion in January 2017 about going on holiday. Three people elected to go abroad on a group holiday. This was a new scenario for the staff team. People had been asked which staff they wanted to go on holiday with them. We found the staff had extensively researched the holiday and people were given options about what they wanted to do. The research included how people with autism may respond to being in an airport. A staff member found the departure airport had engaged a national autism charity and utilised autism passports. Staff had prepared the autism passports for each person to ensure a smooth transition through the airport. We saw each passport and found staff had carefully considered what might cause each individual person distress. For example, in one person's passport we read their distress may be triggered by the security checks. One relative told us the staff had been, "Extremely proactive" and there had been, "No hitches." We found the manager had compiled an extensive risk assessment to engage the staff going on the holiday so staff were clear of what was expected of them. This included how people would be supported on their return home in the event of any adverse events.

The staff had put in place 'My Life' folders. This was a record of each person's experiences including photographs and memories of their achievements. People had access to these files and were able to review them to look at the progress they had made. This included people completing their Duke of Edinburgh bronze award. One person confirmed they had carried out a hiking and camping activity. This meant staff enabled people to recall their achievements and reinforce new found confidence in their abilities.

People met with their keyworkers each month for 'My Say' discussions. We reviewed these discussions and found staff were very flexible. For example, one person wanted to change their plans to attend a party and staff put the arrangements in place with the person. Another person wanted to play golf and again staff supported them in their chosen activities.

In the dining room we found communication aids had been provided to assist people to communicate their needs to staff and to enable staff to appropriately respond. These included coloured balls with different facial expressions to enable people to communicate their emotions.

We saw the service had gathered significant information about people who were due to move into the service. People who had moved into the home had usually transferred from the provider's children's services. Staff had known the people for a number of years and some had transferred into the service as they grew into adults. The service was able to put together a clear and detailed history and picture of any person new to the service in advance, to ensure they could fit in with the current people who used the service. Staff gave people the opportunity to settle in and develop within their new setting to ensure they delivered the right person-centred care in their new home.

The NICE guidance 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges' published in May 2015, gives best practice guidance on physical interventions to keep people safe. All staff were trained in managing anger and aggression. We had received a number of notifications on actions staff had to take to keep one person safe before they moved out of the service. Staff had responded very appropriately and gone to great lengths to distract the person from their intention to abscond. When the person had absconded staff had consistently applied the guidance given to ensure a swift and safe return to the home.

Care plans were very detailed and gave specific guidance to staff about how each person's care should be delivered. The plans included details about people's behaviour and language and how they could be interpreted. The document had headings of 'What am I communicating to you' with an explanation of when the behaviour is likely to occur, what staff think it could mean and what they are required to do. Each person also had in place a sensory profile which told staff what people liked. One person preferred staff to knock gently on their bedroom door so as not to cause alarm.

Comprehensive reviews of people's care were carried out each month utilising the different sources of information including their 'Planning Alternative Tomorrows with Hope' (PATHS) information and key worker conversations with people. This meant people were at the heart of the reviewing process and given opportunities to monitor their progress and engage with reviews. We found staff consistently listened to and responded to the voices of the people who used the service.

No one we spoke with had raised a concern or a complaint about the service. Relatives told us they had felt involved in the service and their views were sought and implemented. One relative told us the service was excellent and staff were, "Willing to discuss suggestions." This proactive stance taken by the staff team reduced the need for complaints.

## Is the service well-led?

### Our findings

There was a registered manager in post. Staff told us they felt supported by the registered manager. One staff member said, "Our Management do listen to us." Relatives knew the manager by name and told us they felt able to raise any concerns they had with the management team. The registered manager felt since the Cambian Group had taken over the service, staff were adhering to the mission statement of the organisation.

There was a positive culture promoted within the service by the registered manager which was focussed on the people who used the service. We saw the provider had in place a management development programme. The registered manager told us team leaders and managers had been given training to promote a positive culture to raise awareness and standards within the team and home.

Following the inspection the registered manager told us two of the team leaders who worked in Mill House had enrolled on a management development programme. This demonstrated staff had been encouraged and supported by the provider to develop their role.

We found there was a can-do approach to ensure people's wellbeing. Staff had worked to improve people's lives and found ways of integrating people into for example doing activities they would not have done in the past. As a result of these activities we found people were learning about new things and gaining in confidence.

The registered manager told us services run by the provider had taken on the responsibility for managing different parts of staff induction. The registered manager had taken on the responsibility for Managing of Actual or Potential Aggression (MAPA) training. They told this meant their service was highly proactive and highly skilled concerning behaviour management. Staff had the skills and knowledge to apply effective, safe holding techniques.

We found the service utilised the opportunities available to them to improve people's lives. The registered manager attended a quarterly Improving Health Group, which was run by Durham County Council, where they learned of the relationships course for one young person. The young person successfully attended the course which had brought about a significant behaviour change.

The registered manager and the team manager in the service spoke of their training and the learning they had brought back to the service. This included for example learning from another service about what can happen if staff use their personal mobile phones whilst at work. As a result of this learning, new standards had been implemented in the service to protect both staff and people using the service. This demonstrated the service was open to learning from other organisations.

We found the service used a number of frameworks and initiatives to develop their practice. The service had begun to work towards an autism accreditation award devised and run by a national autism charity. The manager continually reviewed the services practices and provided evidence to a visiting assessor who gave

feedback on their progress. One piece of feedback included having more meaningful targets in place for people to achieve. We found staff had put in place such targets for people. This demonstrated the external assessor's feedback had been assimilated by the registered manager for the benefit of people who used the service.

The service had also signed up to the Social Care Commitment and the Health Charter through Public Health England and the Voluntary Organisations Disability Group (VODG). These are initiatives which inform the practice of organisations and require them to devise action plans to meet people's needs. We saw the action plans had been devised to meet the requirements of the initiatives. For example with regard to the Social Care Commitment one task was to, "Engage staff in discussions around professionalism and respectful behaviours in the workplace." This had been achieved by July 2017. We found staff were respectful towards people. Further targets to improve the service had been set to be completed by December 2017 and beyond.

The registered manager told us they had attended a bi-annual Registered Managers Network meeting, which was introduced through Skills for Care and involves professionals from all different service groups. The group looks at the skills registered managers required in order to perform well in their role.

Regular audits to monitor the quality of the service were carried out and overseen by the manager. A more detailed quarterly audit was also in place. Actions were identified after the audits were carried out and were addressed by the registered manager.

In addition to internal audits, the service used an external auditor from a national advocacy service to review their practices. This audit is divided into sections which look at regulations and provide evidence of how each regulation is being met. This ensured the service had an external view of how they were meeting the regulatory requirements. The external auditor provided a monthly independent report which included the voices of people who used the service and family members. We saw the external auditor had made recommendations for improvement and these had been addressed. The registered manager had in place a Quality Improvement Plan (QUIP) for 2017 which was reviewed monthly. The plan incorporated the recommendations made by external auditor.

The manager chaired staff meetings to inform and advise staff of any changes to the service. They also had oversight of house meetings to encourage and support the involvement in the service of people using it. Staff had been delegated roles within the home. For example one member of staff has been delegated the role of health and well-being champion. The manager explained by having this role in the home the champion had enabled a person who used the service to lose weight.

Surveys had been carried out to monitor the quality of the service delivered. People who lived in the home were invited to comment on the service they received using an adapted questionnaire to enable them to respond. In addition relatives completed surveys and we noted that two relatives had responded to the survey and rated the service as 'Outstanding' or 'Good' in all areas.

The service worked in partnership with other agencies and with relatives. For example, we found the staff worked in partnership with local police and were signed up to the 'Herbert Protocol'. This is a nationally recognised protocol. In the event of a person going missing their details which are held by the police, can be quickly circulated.