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Millbrook House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection of Millbrook House on 29 February and 2 March 2016.

Millbrook House is a purpose built nursing home which provides care for older people with mental health care needs. It can provide care for up to 42 people and it is located in Southport.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found a breach of regulation related to the provision of safe care and treatment.

You can see what action we told the provider to take at the back of the full version of the report.

All of the people that we spoke with told us that they felt their relative was safe and we saw that staff were vigilant in monitoring people's safety.

Staff understood the different types of abuse and what signs to look out for. They also understood what to do if they suspected that abuse had taken place.

Accidents and incidents were logged and analysed by the registered manager. The records that we saw showed a good level of detail and indicated where appropriate actions had been taken to reduce risk.

During the inspection we saw that there were sufficient staff to meet people's needs throughout the day.

Staff had received training to provide them with the skills and knowledge to provide care and support. This training had been refreshed regularly. Staff had also been given access to additional, specialist training in dementia.

People were supported to eat and drink appropriately and were offered a choice of meals.

The home was in good decorative order, but there were marked differences in the decoration and signage on each floor. This meant that the first and second floors were not dementia-friendly.

Staff treated people with kindness and compassion. They demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

The home had an activities' coordinator who engaged people in a range of events and activities.

All of the people that we spoke with told us that the home was well managed and that communications were open and honest.

The registered manager was aware of the day to day culture of the home and current issues and priorities.

Staff knew what was expected of them and were motivated to provide good quality, safe care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

A number of care records contained important information that had not been used to update people's care plans. Therefore staff did not always have the information they needed to provide care and support to people in accordance with their individual need.

The home assessed risk, put appropriate measures in place to keep people safe and analysed accidents and incidents to reduce risk further.

Medicines were stored and administered safely in accordance with current guidance.

Is the service effective?

Good

The service was effective.

The home operated in accordance with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff worked effectively in partnership with external professionals for the benefit of people living at the home.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. They demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

We saw staff interacting with people in a manner which demonstrated that they understood them and knew how best to support them when they were becoming distressed or demonstrated behaviours that may challenge.

Is the service responsive?

Good

The service was responsive.

People or their relatives were involved in the review of care.

The home provided stimulation through a range of structured activities.

The home had an effective process in place to receive and act on complaints.
The service was not always responsive.

A number of care records contained important information that had not been used to update people's care plans. Therefore staff did not always have the information they needed to provide care and support to people in accordance with their individual need.

The home had an effective process in place to receive and act on complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The home operated processes to monitor quality in a number of areas, however quality audits had failed to identify deficits in records and care plans relating to the use of thickeners.

The registered manager was aware of the day to day culture of the home and current issues and priorities.

Staff knew what was expected of them and were motivated to provide good quality, safe care.

Millbrook 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 was planned to check 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 inspection took place on 29 February and 2 March 2016 and was unannounced.

The inspection team included two adult social care inspectors and an expert by experience in the care of older people and people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to ask for any information which was relevant to the inspection. We used all of this information to plan how the inspection should be conducted.

We spoke with six people living at the home, however people's ability to understand and respond to questions was sometimes limited by their dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time looking at records, including three care records, five staff files, staff training plans, complaints and other records relating to the management of the service. We observed the delivery of care and sampled the lunchtime menu.

During our inspection we spoke with four relatives. We also spoke with the registered manager, the deputy manager, a regional manager, a nurse, the activities coordinator, the cook, the housekeeper, a visiting professional, two nurse students and eight care staff.

Requires Improvement

Is the service safe?

Our findings

We saw that the quality of care planning regarding mental health and de-escalation was of a higher standard than that relating to personal and physical care needs. Some records contained important information from external health care professionals that had not been used to update care plans. For example, we saw a nutritional care plan which had not been updated to reflect a prescribed food supplement. For another person there was also a lack of information relating to the quantity of thickener to be added to their drinks. We received conflicting information regarding the quantity of thickener to add when talking with staff. We also identified a lack of specific guidance relating to the use of thickeners in drinks. Information regarding the use of thickeners was kept in the kitchen, however this dietary information was not dated and there did not appear to be any protocol or procedure in place to check if it had been reviewed and was accurate. If staff do not have clear instructions on the use of thickeners it could lead to improper use and increase the risk of choking. Each of the care records had been reviewed, however these omissions had not been identified. We brought our concerns to the attention of the registered manager who promptly updated the care plans with the required information to support people safely and in accordance with individual need.

This was a breach of Regulation 12 (2)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they felt their relative was safe living at the home. All of the people that we spoke with told us that they felt their relative was safe. Comments included, "It's very safe here." and "I am very happy with everything, it is safe the staff keep an eye on [relative]."

We saw that staff were vigilant in monitoring people's safety. In addition to care staff working with individuals and groups, other staff were positioned at various points throughout the building to monitor activities and interactions. We spoke with the registered manager about this. They told us that because of people's health conditions some people may have periods of aggression The practice of stationing staff at key points allowed people to move around the building freely while staff supported people and monitored behaviours and interactions. We saw a number of times where this approach led to staff intervening at an early stage, reducing people's anxiety and lowering the risk of incidents occurring. One member of staff told us, "We constantly monitor people and situations."

Staff understood the different types of abuse and what signs to look out for. They also understood what to do if they suspected that abuse had taken place. Staff told us that they would have no hesitation in reporting concerns and were aware that they could report outside of the organisation if they had to.

The home assessed a range of risks when people came to live there and following incidents. We saw that each assessment had been reviewed regularly. Changes in risk were reflected in people's care plans and were sufficiently detailed. A member of staff said, "We [staff] report incidents and help with managing risk by reporting daily."

Accidents and incidents were logged and analysed by the registered manager. The records that we saw showed a good level of detail and indicated where appropriate actions had been made to reduce risk.

We looked at the home's recruitment processes and staff records. The records of nursing staff included evidence that they had maintained their registration to practice. Each record contained a completed application form and proof of identification. We saw that each of the records contained evidence of two references and a completed Disclosure and Barring Service (DBS) check. A DBS check helps employers to establish if staff are suited to working with vulnerable adults.

The home had a series of regular checks and audits in place to monitor essential safety equipment and processes. We saw that these checks had been completed regularly and included, testing of the fire alarm, fire doors, water temperatures and lifting equipment. Maintenance of equipment was completed by external contractors. Certificates were in place for gas safety, electrical safety and legionella testing. The home had an emergency grab file that contained important information about the building, people living at the home and staff in case an evacuation was required.

At one point during the inspection we saw that the door to a sluice room was not properly secured. The door was closed and locked before we were able to report it. Access to sluice rooms presents an avoidable risk to health and safety and compromises infection control. We discussed this with the registered manager who said that they would remind domestic staff of the need to keep the door locked when the room was not in use.

We asked people about the suitability of staffing levels at the home and observed staff providing care. Each of the people that we spoke with said that there were enough staff to meet people's needs. During the day the home deployed; eight care staff, two nurses, a cook, three domestic staff and an activities coordinator in addition to the registered manager. This reduced to six care staff and a nurse in the evenings and four care staff and a nurse overnight. Staffing levels were assessed using a dependency tool that took people's care needs into account. During the inspection we saw that there were sufficient staff to meet people's needs throughout the day.

We looked at the home's arrangements for the storage and administration of medicines. Medicines were stored in locked portable trolleys in a secure clinical room. Controlled drugs (CD) were stored in a locked medicine's cabinet in a separate room. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation.

We checked the records and stock levels for medicines and found that they were correct. We also checked the Medicine's Administration Records (MAR) and found that these had been completed to a high standard with the exception for those relating to the use of thickening agents. In each case the MAR indicated that thickeners had been used once per day. We discussed this with the registered manager and the deputy manager. They told us that more detailed information was recorded in daily records because the MAR sheets did not have enough space to record each use. They agreed that an alternative record would be produced and stored with the MAR which reflected the use of thickeners more accurately.

Each MAR included a photograph of the person to reduce the risk of medicines being administered to the wrong person. Medicine audits were completed to ensure that records had been completed correctly and stock levels were accurate. We saw evidence that PRN (as required) medicines were administered in accordance with individual protocols. The administration of topical medicines (creams) was supported by care plans. We also saw short-term care plans for example, for the administration of anti-biotics.

Good

Is the service effective?

Our findings

We observed staff providing care and found they had the knowledge and skills to meet people's needs. We saw from records that staff had received training to provide them with the skills and knowledge to provide care and support. This training had been refreshed regularly. Staff had also been given access to additional, specialist training in dementia. We asked people living at the home and their relatives if they thought that staff had the skills and knowledge to meet people's needs. Each person spoke positively about the skills of the staff. A visiting professional told us, "I've been coming to Millbrook House for four years. They take complex cases and deliver a good service."

Staff were given access to supervision, however we saw that the records relating to formal supervision were inconsistent. Each of the staff that we spoke with told us that they felt well supported by the provider and had accessed informal supervision when they needed it. Of the five staff files that we looked at only one contained evidence of recent supervision. It was therefore difficult to evidence when these meetings had taken place.

From October 2015 it became a requirement that new staff were inducted in accordance with the principles of the Care Certificate (CC). The CC requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent within twelve weeks of starting. New staff were given an induction which included shadow shifts (working alongside an experienced colleague) and a programme of training. Information provided by the home indicated that all staff had received training within the last twelve months.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the home was operating in accordance with the principles of the MCA and DoLS and maintained good records in relation to applications, assessments and authorisations, but the home had not notified the commission of all authorisations as required.

We sampled the food and observed the provision of care and support at lunchtime on both days of the inspection. We also spoke with people and their relatives about the food and drinks available to them. Lunch was served in lounges, quiet rooms and the dining room. Some people ate at a table while others had a plate on their lap. We asked the registered manager about this practice. They told us that people were encouraged to have their meals wherever they felt most comfortable.

On the first day of the inspection we saw that staff were rushed and did not always take time to support people who were not eating. On the second day of the inspection we noticed a marked difference in the way

that lunchtime was organised. Staff were more relaxed and had time to provide encouragement and support where it was required. We asked the registered manager about the difference. They told us that staff had been anxious on the first day of inspection and this had changed the way in which they managed lunchtime.

The main meals were provided in frozen form by an external supplier. These were heated and plated before serving. People had the option of two main meals or a freshly prepared sandwich and soup. A menu was displayed, but the type face and small photographs made it difficult for people to understand. Some people required a soft or pureed meal because of swallowing difficulties. We saw that these options were well presented with the pureed foods being re-formed into recognisable shapes. For example, the pureed peas were moulded to look like a portion of garden peas. This helped people living with dementia to more easily recognise the foods they were eating to make the food more appetising in appearance. Some people required assistance with their meal. This was done respectfully and without rushing by the staff. People told us that they enjoyed the food. We saw a number of people ask for second helpings which were provided. One relative said their family member was asked in the morning what they wanted for lunch. They also said, "[Relative] loves the food and has put on weight since [they] came here". We saw staff asking each person about their choice of main meal before it was served. We saw that people were given a choice of cold drinks with their meal and offered tea or coffee afterwards. Tea, coffee and cold drinks were also served at various points throughout the day.

Staff effectively monitored people's health and wellbeing and gained advice from relevant health care professionals to help to maintain their wellbeing. For example, dietician, speech and language therapy team, community mental health practioners. Staff worked effectively in partnership with external professionals for the benefit of people living at the home. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain. Appointments were made with the involvement and consent of the person or their representative and staff accompanied them where appropriate. A visiting professional said, "They [the home] are very good at settling people in and reducing medication. Communication is excellent."

The home was in good decorative order, however there were marked differences in the decoration and signage on each floor. The ground floor had been decorated and themed to provide a stimulating environment for people living with dementia. The first and second floors were reserved for accommodation and were bright, but bland in appearance. We asked the registered manager about this difference. They told us that people were encouraged to use the ground floor throughout the day and that was why the initial refurbishment had focused on this area. They also told us that the first and second floors would be refurbished to a similar standard in due course. People's bedrooms had been personalised by the introduction of personal items and equipment.

Good

Is the service caring?

Our findings

Over the course of the inspection we saw that staff treated people with kindness and compassion. We spoke with staff about a number of people living at the home and they were able to provide details of personal histories, care needs and preferences. We saw staff interacting with people in a manner which demonstrated that they understood them and knew how best to support them when they were becoming distressed. One relative said of the staff, "They are very nice, they do what they can". Throughout the inspection we observed staff taking time to explain to people what they were doing and what care options were available. Staff gave people information in simple terms and offered basic choices. We saw that staff spoke to people in a manner that was gentle and kind. Staff listened attentively and acted on what people told them. On one occasion however a person who used a hearing aid tried to make it known to staff that they could not hear. Several staff did not respond. After some prompting by a member of the inspection team staff were able to identify that the person's hearing aid was not functioning. New batteries were installed quickly to rectify the issue after this had been identified.

People's right to privacy was respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care. On one occasion we saw a member of staff discretely approach a person living at the home and support them to their room when they needed to change their clothes. People living at the home had access to their own room with en-suite facilities for the provision of personal care if required. Staff were attentive to people's appearance and supported them to wipe their hands, face and clothing when they had finished their meal. Some people used a waterproof bib to protect their clothes while eating and drinking. On the first day of the inspection we saw that these bibs were not removed once the person had finished. On the second day staff removed the bibs as soon as people had finished their meals which helped to maintain their dignity. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

People living at the home had a wide range of communication needs and were not always able to understand or respond to what staff were saying to them. We saw that staff offered people choices and gave them information in different ways to promote understanding. For example, we saw the activities coordinator making good use of photographs and practical demonstrations to encourage participation.

We looked at care files and saw that each person had a nominated family member or an independent advocate identified to act on their behalf if they required.

Friends and relatives were free to visit the home at any time. A family member told us that they liked to visit at lunchtime so they could assist their relative to eat and said, "I am sure that when I am not here the staff will do it, there are plenty about". The relatives we spoke with confirmed that there were no restrictions on visiting times.

Good

Is the service responsive?

Our findings

We looked at three care records in detail and found that the quality and accuracy of information was variable. One of the three records contained detailed, person-centred information that gave a clear indication of their personal history, choices and preferences in relation to care. The other two records did not contain as much personal detail.

People's ability to contribute to the assessment process and planning of care was variable. Where people were able to contribute we saw evidence in care records that indicated their involvement. Where they were unable we saw that the views of relatives and advocates had been included in the process although the relatives that we spoke with during the inspection were unclear about how often they had been involved in the review of care.

We looked at the range of activities available to people living at the home and how they were supported to follow interests. The majority of people were seated in lounges throughout the day watching television or sitting passively, but others chose to move around the building and engage people in conversation. The home employed an activities coordinator Monday to Friday each week. We observed them interacting with people and facilitating activities. We saw that the activities coordinator actively encouraged participation and sought the views of people living at the home when planning social arrangements. There were some regular activities including; movement to music, trips out to local places of interest and a performance by an entertainer. The home also used the cinema themed lounge to show films of interest. On the second day of the inspection we saw the activities coordinator working with a small group of people making a cake. People were engaged in discussions about the ingredients and how to make the cake.

The home had a process in place to receive and act on complaints. We looked at the records and saw that the last complaint was received in February 2016. We saw that complaints had been recorded and acted on appropriately. The complaints procedure was displayed in the reception area. We spoke with people to establish their understanding of the complaints procedure. None of the people that we spoke with had made a formal complaint although they were confident in approaching the staff if necessary. A member of staff told us, "All complaints are reported in writing to the [registered] manager. They deal with them well."

People's views of the service were sought, but we received conflicting information about resident and relative meetings. None of the visiting relatives could remember being invited to a meeting. The registered manager told us that the resident and relatives' meetings were poorly attended and as a result people were invited to speak with them on an individual basis. People had also been given questionnaires about the home. We were told by one person that these were distributed twice each year. We looked at the most recent surveys which had been completed in January 2016. Only three questionnaires had been returned. The feedback was primarily good or very good. We asked the registered manager about this process and were told that questionnaires were made available to visitors, but not automatically distributed to all families. A visiting professional told us that they had confidence in the managers to respond positively to concerns or suggestions. They said, "The managers take on-board everything that we suggest."

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Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post. All of the people that we spoke with told us that the home was well managed and that communications were open and honest.

The home operated processes to monitor quality in a number of areas. We saw that local [in-house] audits had been completed by the registered manager in accordance with a monthly schedule. Each audit record contained a good level of detail and action points where required. An audit by the regional manager was conducted on the 29 February 2016. The previous regional manager audit had been conducted on 2 February 2016. Neither audit document was fully completed. The section relating to care plans, medicines and other local audits required marking yes or no, but this had not been done. We raised this with the regional manager who said that the checks had been completed and the form would be updated accordingly. This will help to improve the auditing system in light of our findings around the care documentation. Neither of the audit processes had identified the issues relating to the use of thickeners and associated care plans.

We spoke with people about the changes that had been made to the home and how they were involved. The majority of people who lived at the home were unable to share their views with us regarding this aspect of the service. None of the relatives that we spoke with recalled being consulted about the changes to the decoration of the building, but we did see evidence in records of meetings that discussions had taken place. Staff told us that they were consulted before the work started. One person said, "We [staff] were all involved." The deputy manager said, "[Registered manager] always listens and takes it on-board." They also said, "Since [registered manager] took over [the vision] is a lot clearer." Other staff told us that they were clear about the visions and values of the home.

The registered manager was aware of the day to day culture of the home and current issues and priorities. For example, prior to the inspection we had been made aware that some staff had difficulty communicating because English was not their first language. The registered manager told us that they were aware of the issue and were supporting people to access appropriate courses to improve the quality of communication. They also told us that the completion of the refurbishment programme to make the first and second floors more dementia-friendly was a priority.

We saw that the registered manager was visible and accessible to staff throughout the inspection. They directed and supported staff and engaged regularly with people living at the home. Staff told us that this was the norm and that the registered manager was, "Visible and available at all times, including out of hours."

Staff knew what was expected of them and were motivated to provide good quality, safe care. One member of staff said, "I love my job and feel motivated. I love where I work." The deputy manager said, "Every day is different. I'm still motivated."

The home had an extensive set of policies and procedures that were used to establish expectations and

standards in the home. We saw that these documents had been reviewed in August 2015 to ensure they were in accordance with current legislation and 'best practice'. The staff that we spoke with were aware of how to access these policies.

The home also maintained a notification file which detailed events that had been notified to the Care Quality Commission [CQC].

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care records relating to the use of thickeners were insufficient.