

Mark Jonathan Gilbert and Luke William Gilbert

Millbrook House

Inspection report

39-41 Birch Street
Southport
Merseyside
PR8 5EU

Tel: 01704539410
Website: www.dovehavencarehomes.co.uk

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 12 & 13 June 2018 and the first day was unannounced. The last inspection of the service was October 2017 and the rating for the service following the inspection was Good.

Millbrook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection 47 people were living at Millbrook House.

At the time of the inspection there was no registered manager in post. The current manager has applied to us, the Care Quality Commission, (CQC), for the position of registered manager and their application is being processed. 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.

During this inspection we found the provider was in breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breach related to people's dignity being compromised as there were insufficient staff on duty at the time of our observations to provide care and support to people. In light of our findings we have also made a recommendation regarding reviewing the staffing arrangements in the home to ensure consistent staffing numbers at all times.

Relatives were complementary regarding the attitude of staff and the way in which they cared for their family member.

Systems were in place and followed to recruit staff and check they were suitable to work with vulnerable people.

We found the environment to be clean and free from any odour. Staff had access to protective clothing such as, gloves and aprons to support the control of infection.

The premises and equipment were subject to safety checks to ensure they were safe and well maintained. The premises was kept in good decorative order and had been adapted to support people with dementia; this included the provision of appropriate signage, colour schemes and communal areas.

People's medication was safely managed and they received it on time and as prescribed.

Staff had a good understanding of people's individual care needs and appropriate referrals to external healthcare professionals took place. Guidance and advice that was provided was being followed; this meant

that people's overall health and well-being was being safely and effectively supported. Relatives spoke positively regarding the care and support given by the staff.

Assessments of people's care needs had been carried out and people had a plan of care which provided guidance for staff on how to meet their needs safely and effectively. In the main these had been subject to review to check they were up to date and accurate. We found a few care records needed further information and these were updated during the inspection.

Relatives were involved in the planning of their care to support their family member and they were kept up to date with matters relating to their health and welfare.□

Staff received training and support to help them support people in accordance with their individual need. Staff confirmed they received a good standard of training to support their learning and development.

Risks to people's safety and wellbeing were recorded to enable staff to support people safely whilst promoting their independence. Accidents and incidents were recorded and an analysis undertaken to look for trends or patterns to minimise the risk of re-occurrence.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made to protect them. This included applying to the local authority for a Deprivation of Liberty Safeguard (DoLS) for people.

Staff understood the concept of safeguarding and knew how to report any concerns. Records evidenced safeguarding referrals to the local authority had been made appropriately.

People were supported to eat and drink enough to maintain a balanced diet and meet their dietary requirements. People were offered a good choice of meals and alternatives were offered if the menu choices were not to their liking.

The service had a complaints' policy and procedure. Complaints received had been logged and responded to appropriately. Relatives told us they would speak up if they had a concern.

There were systems in place to consult with people who used the service, to assess and monitor the quality of their experiences. This included completion of feedback surveys and meetings.

Systems were in place for checking the quality of the service to maintain standards and drive forward improvements. We discussed with the manager the need for more robust oversight at management level regarding the staffing arrangements in the home.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. The ratings from the previous inspection were on display in accordance with requirements.

You can see what action we took at the back of this report.

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 not always safe

Staffing numbers were not always maintained. We recommend the provider review the staffing arrangements in the home to ensure there are sufficient number of staff available at all times to support people safely and effectively.

There were systems in place to assess and monitor risks to people's safety and risks associated with the environment and equipment. The environment was monitored to ensure it was well maintained.

There were protocols in place to protect people from abuse or mistreatment and staff were aware of these.

Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely by staff who were trained and deemed competent.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff supported people with their health needs and sought advice from external professionals to help keep people well.

Staff were supported through induction, appraisal and the service's training programme.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed.

People's dietary needs were assessed and monitored. People with given a choice of meals which took into account their dietary needs.

Good ●

Is the service caring?

Requires Improvement ●

The service was not always caring

Some people were observed to be left without adequate support which compromised their care and affected their right to privacy and dignity.

At other times staff were caring in their approach and when staffing numbers were satisfactory we saw staff providing support appropriately and in accordance with individual need.

Relatives were encouraged to be involved in people's care and they took part in care reviews. Relatives spoke positively regarding the caring nature of the staff.

Is the service responsive?

Good 

The service was responsive

People had a plan of care which referred to their health needs and preferences and choices. Care documents were reviewed and updated to reflect change in care or treatment.

A process for managing complaints was in place and people and relatives knew how to complain. Complaints received had been responded to.

An activities organiser planned social arrangements which were varied and supportive of people living with dementia. They appeared to be much enjoyed by people who took part.

There was a system in place to obtain feedback from people so that the service could be further developed with respect to their needs and wishes.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Systems and processes were in place to monitor the service however there needed to be more oversight and robust monitoring of the staffing arrangements in the home to ensure people were safe and supported at all times.

There was a manager who was currently being registered with the CQC and there was a clear management structure with lines of accountability.

There were a series of on-going audits and checks to ensure standards were being monitored effectively.

The CQC had been notified of any reportable incidents and the service's CQC rating was displayed.

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.

The inspection of Millbrook House took place on 12 & 13 June 2018. The inspection was unannounced and the inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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. Prior to the inspection, we reviewed the information held on Millbrook House. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

The people living at Millbrook House had difficulty expressing themselves verbally. We therefore 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 spoke with the provider's compliance manager, regional manager, the manager of the service, three nurses, four care staff, a member of the domestic team, staff training manager and the activities organiser. We also spoke with four people living at the home and four relatives. We contacted the local authority for feedback regarding the service and spoke with a visiting health professional who was present at the home.

During the inspection we spent time reviewing a number of records. These included the care records of seven people who used the service, three staff personnel files, the staff training matrix, medication administration records (MARs), audits (checks), complaints, accidents and incidents and other records relating to the management of the service. We undertook general observations of the home, including the general environment, décor and furnishings, bedrooms and bathrooms of some of the people who lived in the home.

Is the service safe?

Our findings

At this inspection we asked relatives to tell us if their family member was safe living at Millbrook House. A relative said, "Yes, very safe because of the care and also the actual home itself, people are safe living here."

We looked at the service's staffing arrangements and found that on the first morning there were insufficient staff on duty to support people in the communal areas. At the time of the inspection there were 47 people living at Millbrook House. We asked the manager to tell us the staffing numbers for the day. They informed us they were on duty, along with two registered nurses, seven care staff, five domestic staff (including a housekeeper) and a cook. The manager's hours were supernumerary which meant they were not counted in the staffing numbers for staff working on 'the floor'.

Our SOFI observations showed that people had been left without adequate support which meant their dignity was compromised. The observations were carried out in the middle lounge where there were eight people with very high dependency care needs. Over a 40-minute period there were intermittent periods where there was no staff present so that people could be safely observed. One person was left exposed and distressed on four occasions with the inspector having to intervene and ask staff for assistance on two occasions. Two other people also had no staff input over this period.

In the main lounge we made other observations. Staff presence here was more consistent but staff were observed to be 'firefighting' situations as they arose rather than planned interventions. This resulted, for example, in staff not being able to get to one person in good time who required assistance to visit the toilet before they suffered incontinence.

The service used a dependency tool to assess people's dependencies covering different aspects of daily living and this was used to plan the staffing levels. We fed back our findings from our observations, including the SOFI, to the manager who then advised us there should have been nine care staff on duty, based on people's dependencies, which was the 'normal' staffing arrangement. We reviewed the staff duty rotas for the home which confirmed adequate staff numbers were generally maintained. The staffing rotas for June 2018, and at other times where other shortfalls had been identified, had been covered or were in the process of being covered by the home's staff or by an agency to ensure nine carers on duty. On the second day of the inspection the home was staffed with nine carers and the care monitoring charts were completed appropriately.

We could establish that the home's staff had contacted an agency to fill the two outstanding shifts, however there did not appear to be any further action by the service when the agency had been unable to fill this request. On this occasion, the staffing levels were therefore not appropriate and people in the lounge where the SOFI was conducted did not receive the care and support they needed to ensure their safety and well-being. During the inspection the regional manager was in attendance and they contacted a local service within the Dovehaven group; two staff arrived at 11am to support the service's existing staff team.

We looked at people's care monitoring charts. These provided an over view of people's diet, fluids, care of

their skin and for one person hourly observations as they could present with a behaviour that may challenge. We saw these charts had not been completed at this time to record the care provision, as staff were too busy. At other times these charts were completed in a timely manner to provide an evaluation of care.

A recent staff meeting recorded the home was 'very short of care staff' and the manager informed us they needed to recruit, three full time carers for nights and two full time carers for days. We appreciate new staff were being recruited however we were concerned regarding the 'general' lack of oversight and monitoring arrangements by the service in respect of the staffing arrangements and the impact this had on the safety and well-being of people living in the home at that time.

We recommend the provider review the staffing arrangements in the home to ensure there are sufficient number of staff available at all times to support people safely and effectively.

Staff were trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. Records confirmed that safeguarding concerns had been identified and reported to the relevant authorities appropriately. At the time of the inspection there was an on-going safeguarding investigation regarding poor standards of care. We are liaising with the relevant external agencies regarding this investigation and will report on the outcome and follow up on any required actions when known.

Staff had access to a whistle blowing policy. This advised staff on the actions to take and the support they would receive if they raised a concern which affected people's safety and well-being. Staff told us they would not hesitate to speak up if they saw something untoward and felt people were at risk.

Risks to people safety and wellbeing were recorded to enable staff to support people safely whilst promoting their independence. These included nutrition, falls, mobility and pressure area care. The risk assessments recorded appropriate preventative measures to help mitigate risks. Staff told us they were informed of risks and how to care for people in a safe manner.

The home had a series of internal and external checks in place for the safety of the premises and equipment. This included checks of equipment, water temperatures, fire system and electric supply. These checks showed that the building and equipment were safe to use. Information on how to support people in an emergency was available in the home. This included a fire evacuation plan and individual personal emergency evacuation plans (PEEPS) for people. These were located in people's care files; an emergency grab bag was kept in the main porch for staff to use in an emergency. Key pads helped to keep the home secure and visitors were asked to sign in when they arrived and left the premises.

Medicines were managed safely. A medication policy was in place and nursing staff who administered medicines had received medicine training and had undergone a competency assessment to ensure they had the skills and knowledge to administer medicines safely to people.

We reviewed a number of medication administration records (MARs) and found these were clearly completed. We could see that people had received their medicines and this included topical preparations such as, creams and thickening agents added to drink. Medicines that should be given at specific times to be effective were given at the right times and handwritten entries were signed by two staff, which helped to prevent mistakes. We carried out a stock balance check of some medicines and found, apart from one, these were correct. In respect of the one incorrect balance, this was recorded as an incident and a reminder placed in the MARs regarding the correct administration of the medicine. Appropriate actions were taken to reduce the risk of re-occurrence. People had a plan of care for their medicines, including 'as required' (PRN)

medicines to ensure consistency of administration.

Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge and the clinical room was recorded daily. This helped to ensure the medicines stored were safe to use. Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. We saw controlled drugs were stored appropriately and records showed they were checked and administered by two staff members. A check of a CD was undertaken the stock balance was correct. At the time of the inspection there were no people receiving covert medication. This is when medicines are hidden in drink or food. Staff were aware of the protocol to follow should be this be needed in a person's best interest.

Incident and accidents were logged and monitored by the manager and forwarded to regional manager for further scrutiny. Reports identified emerging patterns and opportunities to reduce future occurrences. We saw where actions had been taken with the use of specialist beds and equipment to reduce the risk of falls.

We checked how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We looked at three staff files and asked the regional manager for copies of applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people. Where a reference had been obtained which needed further exploration we discussed with the manager the need to seek information to ensure this was fully explored. We found this was missing in one staff file we looked at. We appreciate this interview took place prior to the new manager's employment. Checks had been carried out to ensure nurses were registered to practice by the Nursing and Midwifery Council.

Records were securely stored in a locked office or on a password protected computer. Records we asked for during the inspection were available and in the main up to date and accurate.

During our inspection we found the home to be clean though the clinical room needed some attention, as the sink was dirty and badly stained. This was brought to the manager's attention. Hand soap, gloves, hand gel and paper towels were available to staff and hand hygiene audits were completed to compliment the service's infection control audits.

Is the service effective?

Our findings

Relatives told us that staff looked after their family member well and they were experienced and able to care for people living with dementia. One relative commented, "The staff seem well trained." Another relative commented, "The staff are fantastic and are very confident and able." All the visitors we spoke with felt the staff were competent in their role.

We had concerns regarding the level of interactions during the morning of our inspection though at other times we observed staff provide support at key times; the interactions we saw showed staff communicated effectively with people and offered support at the right times. When we spoke with staff they were able to explain each person's health and care needs and their knowledge showed their understanding of how people communicated. It was evident staff knew ways in which people expressed themselves; staff told us this was a key element of being able to provide the 'right' support for people. We saw staff communicating well with people who were agitated, they knew how to 'calm down' situations and to provide support and comfort to help settle people.

We saw evidence of staff working effectively to deliver positive outcomes for people. Records showed that people were supported by care staff and a wide range of external health and social care professionals to help maintain their health and wellbeing. This included, social workers, doctors, chiropodist, dietician, community mental health team and speech and language therapist. An external professional who attended the home told us, "The staff are very responsive and any required actions are always carried out." We saw staff received handovers at shift changes and daily care daily records demonstrated that care was delivered in line with people's care plans and their wishes.

Staff received training and support which provided a good knowledge base to look after people well. The training programme was ongoing and overseen by one of the provider's in-house trainers. Courses undertaken, included, infection control, mental capacity, moving and handling, equality and diversity, safeguarding, fire safety, first aid and food hygiene; the training statistics were at 100% for a number of courses. Other training gave staff specialist knowledge in the service's care delivery, such as dementia awareness, person centred care, behaviours that may challenge and end of life care. Staff had recently completed 'break away' training to support them and others when dealing with confrontational situations. Staff told us they felt supported with any day-to-day issues and that there was always someone available to offer help and advice.

New staff received an in-house induction and worked alongside more experienced staff when they commenced employment. New staff were enrolled on the Care Certificate. The Care Certificate is the government's recommended blue print for induction standards. The manager enhanced staff learning with supervision and an annual appraisal. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. Staff told us they completed training in care, such as, an NVQ (National Vocational Qualification) and nursing staff maintained and updated their professional development. 85% of Care staff had NVQ / Diploma qualifications.

During the inspection we reviewed how people's nutrition needs were assessed and monitored. People had a nutritional risk assessment and plan of care. It was evident staff were familiar with people's dietary needs and people were therefore supported to maintain a healthy and balanced diet.

Staff served people meals which were supplied by 'Apetito', a company which provides meals for 'health and social care settings'. We looked at the menus and these recorded the choices available; the cook informed us that alternatives were prepared if people did not like the menu of the day. The menus were available in large print and were pictorial to aid people's understanding and help them choose. The menus considered people's dietary preferences and nutritional needs and for people who needed their meals pureed the components were served individually to retain the colour, texture and taste. The kitchen staff had information relating to people's diets and the cook told us they met with people to see if they were enjoying the meals. Fresh fruit was available and people were offered plenty of drinks and snacks throughout the day. Coloured crockery was used to help people distinguish the plates. A number of people sat at the dining room table for their meals; some people preferred their meal on over arm chair tables. Staff supported people wherever they wished to have their meal, people were not restricted in anyway.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

Staff had applied for a number of people to be supported on a Deprivation of Liberty Safeguard (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the supporting documentation was clear and there was a record of when these were to be followed up. Any specific requirements of the DoLS Authorisations were being monitored.

We found staff understood the principles involved and the records we saw clearly documented good examples where people who lacked capacity had had 'best interest' decisions made. Examples of these were in relation to people who had bedrails in place to reduced risk of falls from their bed and people who had 'do not attempt cardio pulmonary resuscitation' (DNACPR) in place. These were completed appropriately and decisions made in people's best interests were supported by additional support plans and assessments.

There were examples of supporting documentation around relatives having lasting Power of Attorney (LPA) to show they could make decisions for the person concerned. Overall, there was evidence that families were consulted with regarding any best interest decisions including the initial admission to the home.

We looked at the environment and saw there were adaptations to support people's orientation. This included appropriate signage, colour schemes, wide uncluttered corridors, landmarks for people to follow, different communal spaces and suitable lighting. Since the last inspection the first floor corridors had been painted to reflect different musicals/musicians to support people's engagement in different topics of conversation. We found the chairs in the main lounge tended to be arranged formally rather than in small groups to promote a more relaxed and cosy feel to the home. The manager said they tried to promote these smaller groups, however people tended to place the chairs back in their original place. We discussed with the manager the use of memory boxes which could be placed outside people's rooms as an aid to finding their way round and recognition of each person's life and personality before living at the home. The

manager told us they had ordered 'mood boards' to help people communicate how they were feeling.

The provider had commenced a new build to extend the home by 10 beds. This extension to the home was being designed to maintain people's independence and help build on people's abilities and cognition, so that they lived in an environment that was stimulating and safe. This included plans for a sensory garden for people to enjoy.

Is the service caring?

Our findings

The observations we made during day one of the inspection evidenced a lack of attention to people's individual care needs and severely compromised the privacy and dignity of some individuals.

We conducted a SOFI observation in the 'middle' lounge over 40 minutes and made further observations in the larger, main lounge, also for 40 minutes. The SOFI observed five people in detail who needed constant observation and regular support to meet their care needs. There were long periods when people were not engaged, with staff only being present intermittently. On these occasions staff were engaged in 'task orientated' activity such as assisting one person to eat their meal. Two of the people observed had no staff input for the whole of the observation period and were recorded as being asleep or withdrawn.

One person was observed to be intermittently distressed. They were in a chair which did not support them appropriately and was seen to be damaged with the fabric torn and the stuffing of the chair spilling out. The person was pulling on this and, on one occasion, putting it in their mouth. The person displayed behaviour that put them at risk of exposing their body and compromising their dignity; this was recorded as a risk in the person's care plan. On four occasions the person exposed the top half of their body with no immediate staff support. On two occasions the inspector intervened to get staff to support the person. Other people living at Millbrook House observed this.

In the larger, main, lounge there were many people also not engaged in any activity. Three people did not have any footwear. One person was observed to be wandering around the chairs placed in the centre of the lounge with staff being unaware until too late they were looking to visit the toilet; the person was observed to urinate on the floor of the lounge.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed these observations back to the manager of the home who advised there would be a review of arrangements for appropriate seating to support the person observed in the SOFI as well as a review of staffing to ensure more consistent and appropriate support for people at all times.

When staff did intervene to support people we observed the interactions to be generally appropriate and supportive. Relatives and visitors spoke positively about how staff approached care and said the staff displayed a caring, patient and respectful approach when supporting their family member. A relative said that the care given by the staff had "Helped them to gain a part of their (family member) back" and "This they were so thankful for." They went on to say they could not fault the staff team and described them as 'wonderful'.

Relatives told us they were kept informed about their family member's care and any change. A relative said, "The staff always ring me or have time for a chat." A visiting health professional referred to the staff as being professional at all times.

Care records contained information about people's sexuality, ethnicity, gender and other protected characteristics to ensure people's rights and choices were upheld. This included people's religious, spiritual or cultural requirements.

In conversation with staff they provided us with examples of how they communicated with people who could not express themselves. Care documents recorded the importance of not using jargon or speaking quickly as this could be a barrier to communication. We heard staff communicating in ways that were meaningful and important to people. It was evident staff knew people well and how to support them in accordance with their individual need. Staff displayed a polite and caring approach when supporting people and their relatives.

Care documents recorded how staff promoted people's independence. This included participation in day-to-day activities, mobility and personal care. We spoke with a relative who told us how much they enjoyed being able to take their family member from the home and that this had been achieved by the on-going care and support from the staff.

Information was available for people and visitors to the home regarding Millbrook House. This included information around dementia with an advertisement for a dementia family screening of a film at a local cinema, the home's social activities for the month, a Dovehaven newsletter, the home's brochure about their services and a poster entitled, 'Stand up, Speak Up' to support people's rights and how to raise a concern. We saw different formats were available to support people's understanding.

Details of a local advocacy service was advertised in the home in case people wanted to access this information.

Is the service responsive?

Our findings

People had a plan of care which provided guidance for staff to enable them to provide care and support in accordance with individual need. People's plan of care considered needs such as, health, mobility, medication, sleep, personal care, dementia and behaviours. We saw in the main these had been reviewed to make sure the records reflected people's current needs. We noted a couple of anomalies where care plans had not been updated to reflect a recent change. This was in respect of a person who had suffered a fall and for a person whose nutritional support was not clear. Staff took prompt action to review and update the records. Discussions with staff confirmed their knowledge about these particular care plans and support people received.

The care plans contained information relating to people's choice, preference, likes and dislikes were established to help staff get to know people in more depth and provide care that was personalised. Throughout the inspection we saw staff offering people everyday choices such as, what to eat or drink and what activities they wanted to join in with. Over lunch we saw a staff member asking a person if they would like some bread with their lunch as they knew the person liked to eat this at this time. The person responded well to this support.

Relatives were encouraged to be involved in discussions about their family member's care and take part in care reviews. A relative said they had been involved from admission and staff had sought their consent regarding the plan of care and any changes had been brought to their attention. They told us the staff responsive actions had helped bring about changes to their family member's medication and this has resulted in an improvement to their overall health and mental well-being.

We checked whether the provider was following the Accessible Information Standard (AIS). This standard is important as it looks at providing people who have, for example, a disability, with information they can access and understand to help them communicate effectively. Staff were able to verbally tell us how they made information accessible to people and care plans contained information about how people communicated.

People were offered a range of social activities which were stimulating and interesting. An activities organiser was employed for 30 hours a week and was present during the inspection. People responded well to the activities of the day which included balloon badminton, a quiz and watching a film show; these were arranged in different areas of the home, so that people could join in where they were sitting. Plans were in place for people to join in with the football world cup celebrations and to take part in 'cupcake' day. Musical entertainment by a local musician was booked and we saw trips out from the home were also organised. A relative told us how pleased they were the social arrangements in the home.

The main dining room had a small café area which could be used for the provision of more one to one support and for relatives to make their own drinks. The home also had a relaxation room where therapies could be delivered. During the inspection this was however being used as a general seating area.

End of life plans were considered at the appropriate time and a number of staff had completed end of life training to support this practice. Relatives told us the staff displayed a sensitive approach when discussions were held regarding 'final wishes'.

Information about how to complain was available for people and their relatives. During the inspection a pictorial version of how to raise a complaint was displayed to support people's understanding of the complaints' procedure. Complaints received had been responded to in a timely manner and in accordance with the service's complaints' procedure. A relative told us they felt able to raise any issue and had confidence this would be addressed by the staff should this arise.

We saw people and their relatives had been invited to attend meetings and to complete satisfactions surveys. A 'You Said, We Did' had been completed in May 2008 and this provided a 'general' overview of the most recent satisfaction surveys which had been completed by relative and people using the service. A relative reported, 'all staff treat my (family member) in a caring, supportive manner. They are friendly and respectful in the way they communicate with (family member).' Positive comments were also recorded regarding the food and social activities. Where concerns had been raised action was recorded under 'We Did' in response. A person had raised some issues in a recent survey and the regional manager was arranging to speak with them to discuss the points raised.

Is the service well-led?

Our findings

A new manager for the service had recently been appointed. The new manager had applied for the position of registered manager for Millbrook House and their application was being processed. 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 discussed with the manager our findings during the inspection and they were receptive and open to our feedback. This included our concerns regarding our observations on the first day of the inspection around the poor staffing numbers. We discussed with the manager the need for more robust oversight at management level regarding the staffing arrangements in the home. Our findings showed people's rights to privacy and dignity were compromised when staffing numbers were not maintained.

Millbrook House is one of a number of services own by the same provider group. Over time the provider has developed a performance framework which assesses safety and quality for many key areas of the service. This quality assurance process has continued to modify and become more established in line with the development of a settled senior management structure. During the inspection we reviewed a number of these quality assurance systems and process to maintain standards and drive forward improvements. The PIR reported on the service's audits with key areas such as care, health and safety, infection control, medicines, safeguarding and complaints and we saw these were completed regularly. A quality assurance report was completed by the provider's regional manager in June 2018 and this provided an over view of the service and any required actions. We saw positive changes in respect of input from the provider's in-house staff trainer who was now taking a more active role in the development of the training programme and competency checks to support staff's learning. The service's six-monthly audit, completed in April 2018, scored 82% compliance and the service had obtained 58.62% and the service had completed 58.62% of the agreed action plan with the remainder of the action plan on-going.

We looked at records relating to incidents including 'ABC' charts. ABC charts record what the person was doing just before an incident, which behaviours staff observed and what the person and others did afterwards, as a 'consequence'. We found these records were not always being completed for their intended purpose as they were being used to record people's daily care. The manager said the completion of these records would be reviewed and staff would receive training regarding their use so they provided an accurate record.

The manager spoke positively regarding their role and the support from the staff team and senior management team. The manager told us were becoming familiar with the provider's governance systems at service level and senior management level. The manager had made changes to how the care reviews were undertaken with named nurses now taking responsibility for a 'specific' number of people's care files. This they felt would be more effective when the reviews were completed and develop staff accountability. The manager informed us they were keen to further develop the dementia service and this included support for

relatives via dementia forums and also by offering holistic therapies at the home. The manager's plans for the home included the appointment of staff leads to support best practice in areas such as, end of life care and dementia. Staff expressed that the team worked well together and they spoke enthusiastically about their roles in the service. We saw the manager was holding staff meetings and had introduced a weekly heads of department meeting to discuss key areas of the service, and to reflect on 'good news' and achievements. Relative meetings were being held and a relative told us the manager was approachable and they could speak with them should they need to.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The external professional that we spoke with did not express any concerns about the quality and effectiveness of these relationships. The service had received some positive feedback from visiting professionals which included, 'staff always know the patients very well' and 'well led and caring'.

Policies and procedures provided guidance to staff regarding expectations and performance in accordance with current legislation and best practice. We reviewed some of the provider's policies which included, safeguarding, whistle blowing, infection control and respecting people's rights. Staff were aware of the range of different policies told us how these were discussed at staff induction and on-going training.

It was clear that senior staff and the manager understood their responsibilities in relation to registration. For example, notifications had been submitted to us, the CQC, in a timely manner and the ratings from the last inspection were displayed as required, including the provider website.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider must ensure people's privacy and dignity are maintained at all times.