Millbrook House (Dorset) Limited

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Inspection report

Millbrook House
Child Okeford
Blandford Forum
Dorset
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Tel: 01258860330

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 2 and 4 February 2016. It was carried out by one inspector.

Millbrook House provides residential care for up to 33 older people. There were 28 people living in the home at the time of our visit, some of whom were living with dementia.

A new manager had been appointed in April 2015, their application to be a registered manager had been submitted. The previous registered manager had left in October 2015. 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.

At our last inspection of Millbrook House in December 2014 we had concerns that people did not have their risk of harm sufficiently assessed and staff did not have the appropriate guidance to support people in a way that minimised risks to people. We had concerns that the manager did not respond appropriately to allegations of abuse and therefore people were not protected from the risk of abuse. We had concerns about record keeping and there were insufficient quality monitoring systems in place.

We found the provider had made improvements since our last inspection in December 2014. All staff had received safeguarding training and the manager was aware of how to report safeguarding concerns to the appropriate authority. Records were improved, all care plans had been rewritten and there was a system for ensuring they were kept up to date. There were specific risk assessments to identify when a person was at risk of harm. When a person was identified as having a specific risk , there was clear guidance in the care plan how to manage the risk safely. However one person was identified as high risk of skin damage. The care plan did not give guidance for staff how to provide support in a way that prevented the risk occurring. The manager had introduced a new system for ensuring there was regular quality monitoring checks.

People's risks were assessed and in most cases there was a plan to ensure care was provided safely. A variety of risks were assessed which included risk of falls, malnutrition and skin damage. We saw one person had been identified as a high risk of skin damage, there was not a care plan to identify how to manage the risk. Although staff were providing the appropriate care it was not recorded. We talked with the manager about this and they advised they would ensure the care plan was updated. Other people's risks had a plan which provided staff with clear guidance how to reduce the risk.

The manager had introduced a system for monitoring the quality of the service and had identified some keys actions required to continue making improvements. People, relatives and staff participated in an annual quality questionnaire. The manager had collated responses and had taken actions.

Staff were aware what constitutes abuse and what actions they should take if they suspected someone was

being abused.

There were enough staff to meet people's needs. Feedback from people and relatives included "I'm here at odd times and there always seems enough staff." Staff were unhurried and staffing rotas reflected the staffing requirements as assessed by the manager.

Medicines were stored and administered correctly and there were systems in place to monitor that medicines had been given to the right person at the right time. People who were able to self-administer medicines were supported to do so.

People had access to healthcare when they needed it; healthcare professionals told us the home referred people quickly and appropriately.

People were treated with dignity and respect and their privacy was maintained. There were positive interactions between people and staff.

People received personalised care and staff treated them as individuals. They had knowledge about them and their histories. Feedback from people included "I couldn't be anywhere better, the staff are wonderful."

People had the opportunity to engage in a range of activities which took place in the home and in the wider community. Feedback from people included "I love the activities, I never say no." Some people had spent an evening at a local pantomime which they told us was "thoroughly enjoyable." People also received one to one time.

Complaints were managed appropriately and we saw there had been one complaint in the last twelve months which was investigated and reached a satisfactory conclusion.

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

People had a full assessment which identified any specific risks. There was usually a care plan which provided guidance how to minimise the risk, however one person was identified at high risk of skin damage. Staff were providing them with the appropriate care which prevented skin damage however this was not recorded in a care plan.

There were enough staff.

Medicines were administered and stored correctly.

People were at reduced risk from harm and abuse. Staff had received training and were able to tell us how they would recognise abuse and how they would report it.

Is the service effective?

Good

People were cared for by appropriately trained staff.

People had sufficient food and drink. They were provided with choices.

Staff had a basic understanding of the Mental Capacity Act 2005 (MCA). The manager understood their responsibilities regarding Deprivation of Liberty Safeguards (DoLs).

People received healthcare when they needed it.

Is the service caring?

Good

People were cared for by staff who treated them with kindness and respect.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

Is the service responsive?

Good

People had opportunity to engage in a range of social and leisure activities.

People had personalised plans which took into account their likes, dislikes and preferences.

There was a complaints policy and complaints were investigated by a member of the management team.

Is the service well-led?

Good

The service was well led. The manager had identified where improvements were needed and had a plan how to ensure they were made.

People and staff told us the registered manager was accessible and available.

There were systems in place to monitor the quality of the service and to ensure improvements were ongoing.

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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 2 and 4 February 2016; it was carried out by one inspector and was unannounced.

Before the inspection, we did not request a 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. We gathered this information at the inspection, we asked the provider to tell us anything they thought they did well and any improvements they planned to make.

We spoke with five people and three people's relatives. We also spoke with 11 staff which included the manager and the deputy manager, as well as the chef, administrator and seven care workers. We looked at five care records and five staff files. We also spoke with two healthcare professionals and contacted a representative from the local authority. We saw four weeks of the staffing rota, the staff training records and other information about the management of the service.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We found the provider had made improvements since our inspection in December 2014, in relation to safeguarding and how they assessed people's risks. Our previous inspection found the manager did not respond appropriately to allegations of abuse and not all staff had received safeguarding training. The provider had not ensured that people's risks were identified and that people were supported in a way that reduced the risk of them coming to harm. All staff had received safeguarding training and were aware of the appropriate reporting requirements. There were systems in place to ensure people had their risks assessed. However some people were identified as high risk of skin damage and there was not guidance for staff in the care plan to support people in a way that protected them from skin damage.

People had a full assessment of their needs which included specific risk assessments, such as skin damage, eating and drinking and mobility. There was a risk assessment in the care records which was specific for assessing people's risk of developing skin damage. The risk assessment identified factors such as weight, mobility and continence and used a scoring system. People's risk was identified according to the score. One person's score meant they were high risk of skin damage. They did not have a care plan to provide guidance to staff on how to ensure the risk of skin damage was protected. We spoke with the manager and deputy manager who were able to tell us that the care the person received meant they did not have skin damage, such as the person had a pressure relieving cushion. The care records did not demonstrate the care that was given. However staff were able to tell us how they supported the person in a way which minimised the risk of them developing skin damage.. The manager advised us they would ensure the care plan was updated to give staff sufficient guidance and reflect the care being given. They told us there was no one with skin damage living in the home. A healthcare professional confirmed this and told us the home contact them quickly if there is any indication of skin discolouration and therefore skin damage is prevented. They told us the home followed up recommendations they made regarding equipment and prevention.

Some people's risks were identified and were followed up with a care plan which provided guidance for staff on how to minimise the risk. One person was at risk of falls there was guidance for staff on which mobility equipment the person needed and how they would observe the person to check their safety. Staff supported people to live their lives in a way that suited them and balanced any risks which may be involved. For example one person preferred not to be disturbed during the night. The staff had completed a risk assessment and care plan so that the person could be supported to have undisturbed sleep at night.

The manager had conducted environmental and equipment risk assessments. For example they had completed a risk assessment on wheelchairs. An action of which was to commence monthly checks, which had taken place.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. The manager told us they were aware of the safeguarding procedures and had contacted the safeguarding team

when they needed advice. The home had worked with the local authority in January 2016 to address some concerns which had been raised, there were no actions following this enquiry.

Staff were aware of whistleblowing procedures. Staff told us they would initially raise concerns with their manager however if this was not resolved one member of staff told us they had "no hesitation in reporting their concerns to the CQC," they reiterated it was "people that mattered."

People were cared for by sufficient staff. The staff team had gone through some changes and there had been some internal promotions which had left one care worker vacancy. The manager told us they were in the process of recruiting for this position. The manager had made some changes to staffing. They had introduced the deputy manager position which a senior care worker had been promoted into. They had also appointed cleaning staff; previously the care workers had carried out cleaning duties. The manager told us they wanted the care workers to be 100% focussed on caring for people. The manager used a dependency rating tool to assist them in identifying how many staff were needed. This was a way of calculating what care and support people needed and how many staff were needed to support each person. The manager told us they reviewed the tool whenever people's needs changed. They told us they had not used agency staff since September 2015 and the roster was covered by regular staff. They had some bank staff who worked regularly in the home who could cover shifts at short notice. The roster verified that shifts were covered as required. Relatives and people told us there were enough staff. One relative told us "I'm here at odd times and there always seems enough staff."

Staff were recruited safely. The provider ensured all the necessary checks were carried out prior to the person starting work, for example references were obtained and relevant criminal records checks were completed.

People received their medicines safely. Staff were trained and had a competency assessment to ensure they were safe to administer medicines. Medicines were stored appropriately and at the correct temperatures. There was a new system in place to monitor that medicines had been administered and signed for correctly and there was a weekly check of stock of medicines. There was new paperwork introduced to record if there had been a drug error and what actions had been taken. The deputy manager told us that there was a system in place for one person who preferred to take their medicines independently. There was a care plan to provide guidance to staff and processes in place to ensure the person was able to store their medicines safely and so that staff could monitor their use of medicines.

Some people required a cream to be applied to their skin. There were cream charts which included a body map which provided guidance to staff on where the cream was needed. Creams had been signed for correctly and there was a record of when they were opened.

The home had a maintenance person employed on a full time basis. They were in the home Monday - Friday and were able to deal with general maintenance issues as they arose. A relative had sent their compliments about the maintenance person who had repaired an item of furniture belonging to them. They wrote "thanks, for the care and quality the work involved." The maintenance person told us they had a maintenance schedule which ensured that "everything is up to date." We checked the schedule which confirmed this. They also ensured the safety and upkeep of the building. The schedule indicated when contractors conducted relevant checks or if these were carried out by the home.

Good

Is the service effective?

Our findings

People received effective care. People received care and support from staff who had the appropriate skills and training. Training was provided by an external agency which was face to face. If staff were unable to attend a session the manager told us they were offered alternative training which was delivered it in the form of a workbook. Staff had received training that the provider identified as essential for their role, such as, first aid, health and safety and infection control. Staff told us they had enough training, which was encouraged by the manager. Two staff had commenced the Care Certificate. This is a nationally recognised industry specific training aimed at new staff without caring experience. Three staff with previous care work experience had signed up to complete the Care Certificate through a self- assessment. Other staff had either a level two or three health and social care qualification. The deputy manager was due to start a level five health and social care qualification. If staff did not feel confident after a training session the manager told us they would arrange further training. For example additional moving and handling training had been organised which staff could sign up to do.

New staff completed an induction period. This consisted of a full day being orientated to the home and then one week of shadow shifts. That meant new staff would observe an experienced member of the team before working unaccompanied. There was a process of assessing the person was competent before completion of the induction. One member of staff told us the induction prepared them for their role and they felt they had time to get to know the home and people.

Staff received regular supervision and appraisals in line with the supervision and appraisal policy. We saw sessions were recorded and staff told us they felt supported during their supervision. They told us they could approach their supervisor at any time if they felt they needed additional support. The manager told us that senior staff observed staff in practice to assess how they were supporting people with care. They told us the outcome of the observed practice fed into the supervision sessions. They told us they give positive feedback as well as identifying if improvements were needed. An example of this was in one observed practice session the member of staff was observed to be polite and respectful and gained the person's consent, however they needed to ensure the person's privacy was maintained as they had not closed the curtains. We saw this was followed up with them in supervision.

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 by 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). The service had made applications for DoLs authorisations for a number of people using the service. The applications were yet to be assessed by the

local authority.

Staff had received training in the MCA and understood the basic principles of the act. They were able to demonstrate how they supported people in their best interests. For example one person who lacked capacity frequently refused to have support with personal care. Their care plan identified strategies for staff to use to help support the person with their personal care needs, such as giving the person time or changing the member of staff. Staff were able to confirm they used these strategies so that they used the least restrictive approach to support the person, this was recorded in the care records.

People had sufficient food and drink. People had nutritional assessments so that any concerns were identified and if needed a special diet was provided. Staff were able to tell us about peoples dietary needs for example one person required their food to be pureed. The staff were able to tell us why the person required their food to be pureed and what the consistency should be like. There was a list in the kitchen of people's diets and likes and dislikes. People were offered a choice and they told us the food was good. The chef told us they liked to have regular contact with people and ensured they were in the dining room each day serving the desserts. They told us they had regular training and had recently attended a session on allergies. There was a choice of two meals and if people wanted something different the chef told us they would prepare it. Some people chose to eat in their rooms one person told us they sometimes feel a bit hurried in the mornings with their breakfast. The manager had received this feedback as part of their quality monitoring and they met with senior staff during our inspection to look at other ways of organising breakfast to prevent people from feeling rushed. As well as this they had spoken with the person to update them on how they would address the issue. They told us they were confident they would find a solution.

People had access to a range of healthcare professionals based on their health and social care needs. One person was visited by their GP on one day of our inspection and we saw there were also visits by a range of other healthcare professionals. For example the community mental health team and community rehabilitation team. The home arranged for a chiropodist to visit six weekly. The district nursing team had regular in-put according to people's needs for example one person required a catheter. Healthcare professional told us the staff referred to them "quickly" and followed recommendations they made. They told us staff were helpful and ensured the relevant information was communicated with them. Relatives told us the home contacted healthcare professionals appropriately and kept them informed of any changes.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate. People and their families were consistently complimentary about the staff. One person told us "I couldn't be anywhere better, the staff are wonderful." Another person told us "Staff are excellent; they always find time to talk and are considerate." We saw staff engaging in positive interactions with people. They initiated conversations with people about subjects that they knew people were interested in. People spoke fondly about staff told us "they treat us like family."

Some people were sat quietly in communal areas we saw staff approach people and sit with them to ask if they were okay and if they needed anything. During activity sessions people and staff were laughing and enjoying themselves. One relative told us "it always seems happy here, people laughing."

Staff talked warmly about people and were enthusiastic and motivated about their work. One member of staff told us "I love my job here, it's great coming to work." Another member of staff told us " I would be happy for my parents to live here, people are so well cared for." A key worker system had been introduced. Staff told us keyworkers built up a relationship with people and were responsible for ensuring people were offered choices and participated in decisions about their care. The keyworker was responsible for updating peoples menu choices and ensuring peoples rooms and belongings were clean, tidy and organised. For example a keyworker had identified one person needed additional clothing. We saw that action had been taken to request the person's family arranged for them to have the clothes they needed.

Staff were respectful of people's privacy and dignity. We saw staff knocking before entering people's rooms and personal care was carried out discreetly. Staff were able to describe to us how they talk with people first and check it is okay with people before supporting them with personal care. Staff were respectful of people's preferred daily routines, for example one person had a particular routine for their personal care each morning. This was documented in their care plan and staff were able to describe it to us.

The manager told us they encouraged staff to maintain peoples dignity. They had made improvements in the laundry so that there was shelving and hanging space. They told us it was important that the home was able to look after peoples clothing appropriately so that it was returned to them in the right condition. One person told us "they look after my clothes, I like to look smart."

People and their families had involvement in decisions about their care. One person told us "I do what I like, I can choose I tell staff." They told us they have the main say in their care. A relative told us the home always keep them informed and they have constant communication with staff. They told us they feel that their opinion "matters."

Good

Is the service responsive?

Our findings

We found the provider had made improvements since our last inspection in December 2014 when we had concerns that some people did not have accurate and up to date records. The care plans had all been rewritten since the new manager had been in post and they were reviewed a minimum of once a month.

People received personalised care and support based on their individual's preferences, likes and dislikes. Staff knew what people liked and disliked.For example, one member of staff was able to tell us that one person did not like pastry or green peas. People had a life story included in their care plans and this informed staff about the person's background for example work and family. Staff were able to describe to us examples of significant events in peoples lives and demonstrated that they knew people well as individuals. One member of staff told us the "care plans are much better, there's more detail and we know people better."

People's care plans were reviewed at least monthly or sooner if there was a change in how the person needed care and support. There was a monthly review sheet which was signed by staff when a review had been completed. This meant the manager was able to monitor reviews taking place easily.

People had access to a wide range of social and leisure activities. There were two activity coordinators who provided cover across most of the week apart from Sundays and alternate Thursdays. The activities coordinator told us they organised activities based on what people asked for as well as looking ahead at seasonal occasions and tailoring activities accordingly. For example crafts associated with Valentine's Day. There was a programme of activities planned one month in advance. People were given a copy of the programme and it was also put on the notice board. The programme for February 2016 included, fitness, what's new in the news, quizzes and board games. One person told us "I love the activities, I never say no."

There were entertainers booked on a regular basis and some ad hoc events, such as a donkey visited the home. People told us they really enjoyed seeing it and there were photographs of people enjoying the occasion. There were also trips out, for example two people told us they had been to a local pantomime one evening recently and had "thoroughly enjoyed ourselves." Staff told us they encouraged links with the community for example local school children visited the home regularly and played board games with people. Some people went out to local groups. There was a trained pet therapy dog who accompanied one of the activity staff. We saw several people enjoyed petting the dog.

People who were unable to or chose not to engage in group activities were provided with one to one time with an activity organiser. There was an individual activity log which was completed when someone had participated in either an individual or group activity, which we saw had been completed. One person who chose not to engage in communal activities had at least one individual activity per week during January 2016.

People told us they are able to receive holy communion in the home which was important to them. The

provider told us they considered peoples cultural and spiritual needs and would ensure any arrangements were made to meet these needs.

People were involved in decisions about how the home was run. Meetings for people and their families took place, the manager told us two had taken place since they had been in post. They told us they have informal meetings with people on Friday mornings when people have a social gathering before lunch. During one meeting people requested mealtimes to be change, the manager confirmed this had happened.

There was a complaints policy and complaints were logged and there was an investigation of the complaint. There had been one complaint logged within the last 12 months which was investigated and a meeting was held. It was recorded that the home provided an apology which was accepted. Recommendations were made to staff to prompt more effective communication.

Good

Is the service well-led?

Our findings

At our last inspection in December 2014 we found there were limited quality assurance and governance systems in place to identify concerns or to drive improvements. At this inspection we found improvements had been made. The manager had introduced a monthly audit which covered numerous aspects of the service. For example, care plans, training and the environment. The deputy manager was responsible for a monthly audit of medicines, a new process had commenced during our inspection.There were actions identified following audits. For example the care plan audit identified that staff did not understand the updating of care plans. The manager arranged for a training session to teach senior staff on reviewing care plans.

Following our last inspection in December 2014 the provider told us they had written to us with an action plan to inform us of how they planned to make improvements. We had not received the action plan. During this inspection we asked if the provider was able to show us the action plan, they did not have a copy of it. We spoke with the manager to clarify if they had an improvement plan to ensure that the concerns arising from the previous inspection had been addressed or that there was a plan to do so. They told us they had identified a number of objectives which would ensure that there were on-going improvements, for example changes to staffing, training and to quality monitoring. They explained they would use the monthly audits and results from the quality questionnaires to help inform the improvement plan.

The manager had been in post 10 months and people, relatives and staff told us there had been improvements in this time. The deputy manager post was created which gave more support to the manager and there was a clear team structure. This consisted of the manager, deputy manager and senior care workers and care workers. They were supported by an administrator, laundry and domestic staff, activity coordinators a maintenance person and gardeners. Staff were clear about their roles and responsibilities and told us they worked well as a team. There was a senior care worker on each shift who coordinated the shift and ensured that people received the care and support they needed. The manager had moved their office so they were more accessible and visible to staff. There was always a manager on call out of hours, their contact details were clearly displayed on the staff noticeboard.

The manager told us they valued all of the staff contribution in the home. They told us they had listened to staff and had created a new staff room and ensured staff had lockers to store their belongings safely. They had a chart on the staff noticeboard which they referred to a "blob tree" the manager told us this was "a bit of fun," for staff to complete to describe how they were feeling. Some staff had filled in their current position on the chart and told us it was "light-hearted," as well as important to be asked how they feel. Staff told us the manager had made a lot of changes for "the better." One staff member told us "I am thankful for the changes, it is much better here now." Another member of staff told us "it's wonderful to work here now, we work so well as a team and we have a good leader."

Staff told us the manager was approachable and supportive. They told us they were confident about making suggestions and felt they were listened to and their ideas were responded to. For example one member of

staff told us there had been concerns about moving and handling practises. They suggested some moving and handling equipment which was obtained. A relative told us they noticed the home was "better organised, " they gave an example of the Christmas party which they felt ran smoothly and a lot of thought had gone into it. They felt the manager was very "present." They also told us they thought that the manager was "strengthening what is already good in the home."

Accidents and incidents were reported in accordance with the service policy. There was an accident and incident analysis log which was monitored by the registered manager. The registered manager told us the analysis form ensured there was learning from accidents and incidents. For example one person fell out of bed. Following a review the person was supplied with an alternative bed and they agreed to the use of bed rails. Care plans reflected changes made to the persons care following an accident.

During our inspection there was a senior staff meeting and the manager had identified some actions for staff to complete. For example, observing staff in practice. The manager told us there was a senior staff communication book which they used as a way of passing on information between staff. They planned to introduce a staff communication book as an action following the senior staff meeting.

There was an annual quality questionnaire which had just been completed. The manager had produced an action plan following some of the feedback. For example 18 people were very satisfied with the way food was presented, five people were quite satisfied. The manager had arranged a meeting with the two chefs to discuss the menus and the presentation. Four relatives reported they were not aware of how to make a complaint. The manager had arranged for a social evening and the complaints procedure was on the agenda. One member of staff had requested hand-outs to be given during training. The manager had contacted the training provider to request this.