

Enabling Futures Ltd

Millbrook House

Inspection report

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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

Millbrook House is a 'care home.' People in care homes receive accommodation and nursing or personal as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Personal care is provided in one adapted building for up to 40 older people who require either nursing or personal care.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection in May 2015. The home was registered for eight people, at the time of our inspection seven people were living at Millbrook House.

The service continued to keep people safe. Staff knew how to keep people safe and what to do should there be a problem. Risk to people was assessed and where possible actions taken to mitigate risk. People were cared for by sufficient numbers of staff who were trained to meet their needs and wishes. People's medicines were administered and stored as prescribed. The service was clean and fresh and there were systems in place to prevent the spread of infection. The provider had systems in place to review incidents and to ensure actions were taken to where possible prevent re-occurrence.

People's needs were assessed prior to moving to the service and there were systems in place to ensure people had their care effectively delivered in line with current legislation. This included working to ensure people had their right under The Mental Care Act (MCA) promoted. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's nutrition was promoted and people had a varied and balanced diet. The service worked closely with health and social care professionals to ensure people had optimum physical and mental health. People lived in an environment that suite their needs.

People were cared for by staff that treated them with kindness and compassion. People's dignity was respected and where possible people were encouraged to be as independent as possible. People had an input into how their care was delivered and they were given a voice in how the service was managed.

The care of people was person centred and was responsive to their needs and wishes. People had a full and active life based on how they wanted to live their lives. People's views were captured in a variety of ways. There was a complaints process in place. There were no outstanding complaints at the service.

The service was managed and run in the best interests of people. There was an open and empowering culture throughout the service. While there was no registered manager, a manager had been appointed and

in the interim the home was being managed by an experienced manager from another service run by the provider.

There was a quality assurance system in place to identify and action any issues raised. Accidents and incidents were recorded and a system was in place to ensure lessons were learned and safety promoted. The provider ensured the service put people's welfare first by working with other health care and social care agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive

Is the service well-led?

Good ●

The service remains well led.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 06 June 2018 and was unannounced and conducted by one inspector.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection, we spoke with five members of the care staff, the registered manager, and the director. We looked at records relating to three people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People we spoke with felt safe living at the service. We saw staff had received appropriate safeguarding training and were able to discuss the different types of abuse people may be exposed to and their role in preventing this. We saw from our records the provider had kept us and the local safeguarding team informed of any incidences that may affect the safety of people and safe running of the service, and had taken the necessary actions to maintain a safe environment for people.

The risks to people's safety were well managed and there were relevant risk assessments in place to help staff maintain people's safety while supporting their independence. Risk assessments were detailed and gave staff clear direction on how to ensure the safety of people while promoting independence. This showed the provider's commitment to positive assessment of risks for the people in their care.

Staffing levels in place met the needs of people. Most people needed at least one to one care and some people needed more than one staff member to keep them safe. Staff rotas supported this. Staff worked as a team and felt supported. One staff member told us when they joined the service they received an induction and support package to assist them in their role. We viewed staff records and saw the provider had taken steps to ensure people were cared for by fit and proper staff to ensure their safety.

Staff we spoke with were aware of their responsibilities in reducing the risks of infection for people in their care through their practices. There were effective cleaning processes in place and we saw staff using personal protective equipment (PPE) appropriately. The registered manager had cleaning schedules in place and undertook regular environmental audits to monitor the cleanliness of the service. When people used the kitchen to prepare drinks and snacks there were hand-washing facilities available for them and staff encouraged people to use them to protect themselves from cross infection.

People received their medicines from staff who had received appropriate training. People's medicines were administered safely and as prescribed by their GP by staff who had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet in a locked office. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system in place to return unused medicines to the pharmacy. Protocols were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). This meant that people's health was promoted as they were given their medicines as prescribed by their GP.

The provider had clear processes in place to learn from incident and accidents to reduce reoccurrence. Staff we spoke with told us there was a daily meeting, and risks, incidents and accidents were discussed at these meetings. They told us the minutes of the meetings were available for everyone to review if they had missed a meeting. We observed one meeting and found it to be thorough. There is an information system in place in the staff room for staff to access for an update on all people. Staff said they found this very useful especially if they had time off. Staff felt listened to in relation to understanding risk to people and avoiding this risk where possible.

Is the service effective?

Our findings

The Mental Capacity Act (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. During our inspection we found the provider was not always using the principles of the Mental Capacity Act.

We saw best interest meetings were held to show decisions were made in the person's best interests and was the least restrictive option.

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 this was applied appropriately.

People received care from sufficient numbers of skilled and competent staff. We saw and staff felt competent to care for people's complex needs. Staff told us they were given training the provider identified as relevant for their work. This included subjects such as, fire safety, moving and handling, health and safety, keeping people safe and equality and diversity. Our observations of staff and the training matrix confirmed what we had been told. Staff told us training was always promoted.

People's individual nutritional needs were supported and they received enough to eat and drink. Staff we spoke with were knowledgeable on how to support people with their different diets and their records contained supporting information on people's dietary needs and choices. Where people had specialist diets or preferences, such as vegetarian, they worked to ensure they had the same level of choice as everyone else at the service.

People had access to health care professionals and staff had sought their advice to support people with their health care needs when required. We observed a meeting with a visiting professional psychologist who was very happy with the care of one person and felt they were making good progress.

We saw staff were proactive when dealing with any health issues and supported people to attend healthcare appointments should this be required. The manager told us they had good working relationships with the health professionals who supported people at the service. The care files we viewed also showed that people were supported by a range of health professionals to ensure their health needs were met.

People lived in an environment that had been adapted to meet their needs. We saw as well as their own rooms people had a number of communal areas both inside and outside of the service to spend time. The environment was well maintained and people were able to decorate and personalise their own living spaces. Two people showed us their rooms. They were decorated to reflect the person's taste. Individual requirements such as a quiet room or a more private room were respected.

Is the service caring?

Our findings

We were told and we observed staff who cared for people were kind and we saw they had formed positive relationships with people who used the service. During our visit we saw staff engaging with people, they did so in a caring and non-patronising manner. They clearly knew how best to approach people and our conversations with staff showed they understood the moods and behaviour patterns of the people they cared for. One member of staff told us, "The key is to know the person you are caring for and we do." Our observations supported this.

People and their representatives were encouraged to make choices about their care and information about their wishes was embedded in their care plans. We saw evidence, where possible, people who used the service were involved in creating and updating their care plans. For example as well as people's care needs there was clear documentation on how people's wishes, and how they wanted support delivered. Staff we spoke with explained how they worked to maintain the person's wishes. This showed people's views and opinions on their care were incorporated in their care plans.

People were able to access advocacy services should they require this. An advocate is an independent person who speaks on the behalf of or in support of another person. There was information on the services available for people.

Our observations and people we spoke with told us that staff spoke to them respectfully and respected their privacy. Staff we spoke with were able to give examples of the different ways they supported people's privacy and dignity.

People's independence was supported and staff were able to recognise and tell us about people who were striving to be more independent. They were able to tell us about how the service was working to support people to a more independent lifestyle in the community.

Is the service responsive?

Our findings

People received support from staff who used person centred approaches in the delivery of care and support. This meant people received an individualised service based on their needs, routines and preferences. People had assistance to plan their daily routines in the ways they wanted to. On the day of our visit several people were out and about in the community. The information in people's care plans was clear about people's physical, emotional and social needs and how people wanted these needs to be managed and how staff could support them.

People joined the service from a children's service care school on the same site as Millbrook House. While they were separate services the staff and the people had the opportunity to get to know each other prior to their transition to Millbrook House.. This ensured the process was as smooth as possible and staff were aware of people's needs and wishes from the start and made the process easier for people.

People at the service were encouraged to undertake different social activities of their choice. The staff worked to facilitate the social activities. Activities were based on the person's skills and abilities. We saw staff sat with people and encouraged them to draw or to complete basic daily tasks.

The Accessible Information Standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. The provider was meeting this standard. People's communication and sensory needs had been assessed and planned for. Throughout the visit we saw examples of how the manager ensured people had information in formats they understood. This included easy reading posters and notice boards with pictorial communication that showed what people had planned for the week.

People were provided with the equipment that they needed to remain as independent as possible and undertake the activities that they enjoyed. People were encouraged to follow their interests and we saw that they had a full day that included events outside the service. This meant that people had the opportunity to live well on their own terms. People's families were welcomed to the service.

The service was aware when they could no longer meet people's needs. They worked closely with health care professionals to ensure people were in the most appropriate health care facility.

There was a complaints process in place. People had key workers they could approach should there be a problem. Complaints received had been recorded, investigated and complainants had been responded to within the timescales set by the provider's policy. There were no outstanding complaints.

At the time of this inspection the provider was not supporting people with end of life care at this service, so therefore we have not reported on this.

Is the service well-led?

Our findings

The service did not have a registered manager at the time of the inspection. 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.' An appointment had been made and in the interim an experienced manager was supporting the home. They were knowledgeable about the people and their conditions and were able to guide staff on different behaviours people presented with.

People's welfare was put at the centre of the service. Staff said that no matter how difficult it was to read a person's behaviours the managers were there to help give guidance and direction. This meant the home was managed in an open manner where the opinions of the people and staff were sought and where possible put in place. This created a positive culture in the home and allowed people and staff to freely give their opinions thus allowing them to be part of how the home was run and managed. This allowed people to have confidence in their own ability.

Staff felt the manager and deputy manager were easy to talk to and they were confident in raising any issues or concerns they had. One staff member said, "They really need to be approachable as sometimes the work is stressful I can speak with any of the senior staff about anything."

Staff were able to demonstrate a good knowledge of the provider's whistleblowing policy which they would use if they were concerned about issues of poor or inappropriate care or support. They were confident that any concerns raised would be dealt with in accordance with the policy and they would be informed of the outcome of any investigation. Senior support workers told us that they monitored the quality of the care and support provided by working alongside the support workers.

This gave them the opportunity to address issues or poor care and support immediately. This meant that poor practice was addressed before it had an adverse effect on people.

There were regular staff meetings and staff were encouraged to share their views and opinions to help improve the quality of service provided. Staff were involved in developing the service by way of regular staff meetings and opportunities to give feedback at supervision meetings. Staff told us that the culture at the home was very open and person-centred. This meant that the care of people was central to how the home was managed.

Due the small size of the service it was not possible to conduct an anonymous survey, however those people spoken with assured us that they were listened to.

A range of quality audits had been completed, including infection control and health and safety. This included providing more training if necessary. This meant that provider was proactive in ensuring any problems or issues were raised and addressed.