

Halton Borough Council

Millbrow Care Home

Inspection report

Mill Brow
Widnes
Cheshire
WA8 6QT

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Website: www.halton.gov.uk/Pages/Home.aspx

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Millbrow is a residential care home providing personal and nursing care for up to 44 older people. At the time of the inspection, the service was supporting 42 people across two floors. The upper floor was dedicated to accommodation and care for people living with dementia, while the ground floor provided nursing care.

People's experience of using this service and what we found

Medicines were not always safely managed in accordance with best practice. Risk associated with the building were not always managed safely. Quality assurances processes were more robust and effective. However, they had not been effective in identifying concerns found during this inspection. The service remained in breach of regulations regarding Safe Care and Treatment and Good Governance.

Improvements had been made and sustained since the last inspection. Staff received regular supervision and support. The service was no longer in breach of regulation regarding Staffing.

Systems and processes were in place to safeguard people from the risk of abuse. Individual risks to people were assessed. It was unclear if there were always enough staff to meet people's assessed needs. Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from the risk of infections.

People were given a good choice of nutritious food and drinks in accordance with their needs and preferences. Their healthcare needs were met through effective working with a range of healthcare professionals. The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness, compassion and respect. People's faith and cultural needs were recorded and understood by staff. People were encouraged to be as independent as possible. Staff understood the need to protect people's privacy and dignity when providing care.

Care records were personalised for each individual. Care plans were reviewed regularly to ensure they remained accurate and reflected people's needs. Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. People were supported to engage in a range of activities and to maintain important relationships. People's end of life wishes were considered as part of the assessment and care planning process.

Notifications to the Care Quality Commission (CQC) had been submitted as required. The service had a positive learning culture where people were supported to reflect on performance and improve practice. The

provider regularly engaged people using the service, their relatives and staff through, surveys, meetings and informal discussions. People said communication with the registered manager was good.

You can see what action we have asked the provider to take at the end of this full report.

The provider has acted to reduce the risk posed by the issues we identified during this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 March 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Millbrow Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The team consisted of an inspector, a specialist medicines' advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Millbrow 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. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This unannounced inspection was completed in one day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We also spoke with five relatives about their experience of

the care provided. The registered manager was not available on the day of the inspection. However, we spoke with seven other members of staff including two senior managers, a nurse and three care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at records in relation to staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection medicines were not safely managed. Staff competencies were not safely managed to ensure safe practice in administering medications. The service did not have risk assessments to cover health and safety risks within the environment. Health and safety concerns were not identified by staff at the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not consistently managed in accordance with best-practice guidance.
- We identified a number of gaps and errors in records. We also identified concerns with the storage of some medicines. For example, creams and lotions were not always stored securely. Two medicines had not been stored in a refrigerator as required.
- Staff involved in handling medicines had received training and were assessed as competent to support people with their medicines. The registered manager and provider completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. However, this had not resulted in consistent compliance with best-practice.
- The service did not always manage risk effectively.
- During our initial tour of the building we identified risks relating to a small number of fire doors which did not close fully, and doors required to be kept locked which were accessible. For example, a sluice room. This exposed people to avoidable risk of harm in the event of a fire or by accessing harmful materials. We reported our concerns to senior managers.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to address our concerns and all necessary actions were completed by the end of the inspection.

- Individual risks to people were assessed; risk assessments provided detailed information around people's

individual risks and included guidance for staff to keep them safe.

- Risk was assessed following incidents and adjustments made to keep people safe.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- People had individual emergency evacuation plans in place.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- We observed staff intervening to reduce the risk of harm. For example, when people showed increased levels of anxiety.
- Staff were confident about how to report safeguarding concerns. We checked the record of incidents against safeguarding referrals and notifications to CQC. All incidents had been reported as required.
- Relatives told us that people were safe and secure. One relative said, "Safe, definitely, no quarrels about that."

Staffing and recruitment

- It was unclear if there were always sufficient numbers of staff employed and on duty to meet people's assessed needs.
- Some people reported delays when they used their buzzer to ask for assistance. Some relatives reported staff shortages, especially on the ground floor. We checked the allocation of staff against the provider's own assessment and found the correct numbers of staff were usually deployed to safely meet people's needs. We discussed people's concerns with senior managers who agreed to review the allocation of staff to ensure people's needs could be met in a safe and timely manner.
- When staff were not available due to sickness, regular agency staff were used. However, this had reduced significantly in recent weeks as more permanent staff were recruited.
- Staff had been recruited safely and all the necessary checks completed. Staff recruitment records were maintained to a high standard.

Preventing and controlling infection

- Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves.
- We found the home to be clean and tidy throughout. The comments of relatives supported this view.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection Staff had not received regular supervision or appraisals to support them in their role. Systems did not support the provider to establish staff had the relevant skills and experience. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received regular supervision and appraisal to support their developmental needs.
- The competency of staff was regularly assessed to ensure they had the right skills and knowledge to provide safe, effective care.
- Training was appropriate and gave staff the skills to meet people's needs. Relatives told us staff were well trained and knew what they were doing. Training records showed staff training was kept up-to-date.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked effectively with other agencies to ensure people received specialist support.
- The registered manager and nursing staff had good relationships with health and social care professionals who had contact with the service. The service had an effective multi-disciplinary team in place and held regular meetings to review people's healthcare needs.
- People's healthcare needs were addressed in a timely and effective manner. One relative commented, "They do a really good job. If there are any issues staff will get in contact straightaway."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in sufficient detail and care was provided in accordance with the relevant standards.
- People's individual needs were assessed before they moved into Millbrow; this helped to ensure their needs were understood and could be met. Assessments were completed in appropriate detail and provided guidance for staff to support people based on their needs and choices.
- Staff knew people well and provided care in accordance with their needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Feedback about the food from people living at Millbrow and visiting relatives was mixed. However, the majority said there was enough choice and the food was of good quality. Choice was sometimes based on personal preferences and needs relating to culture and faith.
- Food was well presented and served in bright, welcoming dining rooms. Tables were laid with table cloths, cutlery and napkins. However, we saw a small number of people who required support and encouragement to eat their food were kept waiting at the busiest times.
- The menu was printed and did not include photographs. People who have difficulty understanding the written word can benefit from the use of pictures to help them make a meaningful choice. We discussed this with senior managers who agreed to add appropriate images as soon as possible.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People's weight was monitored.

Adapting service, design, decoration to meet people's needs

- The premises were suitably adapted and decorated to meet people's needs.
- Accessible bathing equipment was provided and signage throughout the building promoted people's independence. However, signage and décor could be improved to better support people living with dementia. We discussed this with senior managers who provided detail of an extensive refurbishment plan which had been developed with a specialist in dementia-friendly environments.
- Some people's bedrooms were identified by photographs. This helped people find their rooms without assistance.
- Each room was personalised with photographs and other items.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been made when needed and were regularly reviewed.
- Mental capacity assessments had been completed to identify whether a person had capacity to make a specific decision.
- Staff obtained consent from people before providing care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness, compassion and respect.
- Positive and caring relationships had been developed between people and staff.
- Staff were able to identify people with different religious and cultural needs and explained how these needs were met. Important information about faith was recorded in care plans.
- People and their relatives spoke positively about staff and the relationships they formed. Comments included, "[Staff] do an absolutely fantastic job" and "Can't fault the staff [you] can talk to them about anything."
- Relatives said they were made to feel very welcome and they could visit at any time. We saw relatives visiting people throughout the inspection. They had positive relationships with staff.

Supporting people to express their views and be involved in making decisions about their care

- Residents' and relatives' meetings were held to enable people to raise issues and contribute to the running of the service.
- Questionnaires were sent regularly to people and their relatives to monitor the quality of the service provided.
- We observed staff talking to people about their needs and preferences throughout the inspection. Staff adapted the way they spoke to people to ensure they understood what was being said.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible and their rights to privacy and dignity were protected.
- People's health conditions meant they sometimes became distressed. Staff were quick to identify situations and intervened in a gentle and respectful manner.
- Staff understood the need to protect people's privacy and dignity when providing care.
- Confidential information was stored securely and treated in line with data protection laws.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were personalised for each individual and contained details about their specific needs and preferences.
- Care plans were reviewed regularly to ensure they remained accurate and reflected people's needs.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. For example, in relation to their needs when eating or their preferences for television programmes.
- Daily notes were kept and these detailed what care had been provided during the day and information about people's physical and emotional well-being. This information was used to handover to staff when shifts changed. A member of staff said, "We have care records. We have handovers if people's needs change."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood, and different approaches were used by staff to promote engagement.
- Care plans contained information about the support people might need to access and understand information. Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. For example, one person's care record stated, 'I have problems with my hearing. Staff must speak clearly to me but not shout.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in a range of activities and to maintain important relationships.
- The service employed an activities coordinator who organised individual and group activities. The activities were developed in response to people's needs and wishes. Where people had difficulty with group activities, personal time was given to ensure they were supported and stimulated. Activities took place within Millbrow and in the local community.
- People and their families spoke positively about the service and how they were made to feel welcome. This helped people to maintain their relationships.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales.
- Each complaint was recorded and addressed in accordance with the relevant policy.
- Most relatives we spoke with had not had to make a complaint but were satisfied that any complaint would be fully addressed.

End of life care and support

- People's end of life wishes were considered as part of the assessment and care planning process.
- Where people had declined to discuss their wishes, this was recorded. Other records contained specific details and instructions regarding preferences to their faith, funeral arrangements and pain management. The service followed a recognised programme for end of life care. Staff understood their responsibilities to provide end of life care in accordance with people's wishes, culture and faith.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection Governance systems in place lacked information to ensure checks complied with relevant legislation and guidance. There was limited evidence that the registered manager and provider had audited all necessary elements of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Safety and quality audits were not always effective in identifying risk and poor practice.
- Improvements had been made following the last inspection. However, systems had not been effective in identifying and correcting issues found during this inspection which meant the service remained in breach of regulation.

We found no evidence that people had been harmed however, quality and safety audits were not robust enough to identify the issues we found during the inspection. This placed people at avoidable risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to address our concerns and all necessary actions were completed by the end of the inspection.

- Each of the staff we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- Notifications regarding important events had been submitted as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive learning culture where people were supported to reflect on performance and improve practice.

- People had good outcomes and their health and wellbeing was prioritised by the service. People and their relatives told us the care they received had a positive impact. Effective measures were in place to ensure people, relatives and staff had a voice and were able to influence the service. One relative told us, "[I] can say what [I] want to at these meetings and they do listen by the sound of it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibility to share information with people when care had not met the expected standards.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. Family members, the local authority and CQC had been notified accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider regularly engaged people using the service, their relatives and staff through, surveys, meetings and informal discussions. People said communication with the registered manager was good. Feedback had resulted in changes to the service. For example, people and relatives were being actively consulted about the refurbishment programme.
- People were provided with information about Millbrow in the form of a welcome pack.

Continuous learning and improving care

- The provider placed continuous learning and improvement at the heart of their practice.
- Lessons learnt from incidents and accidents in other services were shared with managers and staff to improve practice.
- Learning from other services managed by the provider was shared with senior managers and staff as appropriate. A senior manager said, "We have division-wide registered manager meetings to share practice more widely."

Working in partnership with others

- The service worked with internal and external partners to develop practice.
- There was clear evidence of working with healthcare professionals and commissioners to improve outcomes for people.
- The service had links to local groups and facilities to enhance people's experience of care.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always stored and managed in accordance with best-practice guidance. Risks presented by the environment were not always identified.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Safety and quality audits were not always effective in identifying risk and poor practice.