

Halton Borough Council

# Millbrow Care Home

## Inspection report

Mill Brow  
Widnes  
Cheshire  
WA8 6QT

Tel: 01514204859  
Website: [www3.halton.gov.uk/Pages/Home.aspx](http://www3.halton.gov.uk/Pages/Home.aspx)

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13 February 2019

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### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

About the service: Millbrow Nursing Home provides nursing care and accommodation for up to 44 older people. On the day of the inspection 42 people were living at the service. Accommodation is provided on two floors, with lounges and dining rooms available on both floors. A passenger lift and stairwell provide access to the first floor. There is also a small car park at the front of the building. Assisted bathing facilities are provided on both floors. Staff are on duty twenty-four hours a day to provide nursing care and support for the people who live at the service.

People's experience of using the service:

People who used the service were happy about the service being delivered to them. We received mixed comments about the food and people were unsure of the choices of food available.

Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA). However, Statutory notifications regarding authorisations of DoLs were not always submitted to the Care Quality Commission (CQC) as required by law. The registered manager has submitted all required notifications following the inspection.

We identified a breach of regulation relating to staff supervision and appraisals. Staff noted improvements to the service since the registered manager commenced in post. They felt supported and listened to.

Health and safety needed regular oversight and support to consistently manage safe systems at the service. We noted some areas of repair were needed within the building and a lack of evidence of environmental risk assessments and quality assurance checks in the management of health and safety within the building.

Improvements were needed so that medication administration records (MARs) were appropriately completed. We identified a breach of Regulation regarding safe care and treatment and management of medications and health and safety.

Staffing was supported by agency staff at a rate of 75%. Agency staff were regularly used for vacancies and sickness. This created a risk to the stability of the workforce and inconsistency of care delivery. We identified a breach of Regulation relating to the safe management of staffing within the service.

Quality assurance processes had not identified issues highlighted during this inspection. We identified a breach of regulation relating to good governance as we did not see sufficiently established and effective quality assurance systems in place.

Staff were knowledgeable of local safeguarding procedures. The service had learnt from recent safeguarding incidents that had serious outcomes to the care people had received at the service.

Updated care plans described the support people needed. People were referred to appropriate health and

social care professionals when necessary to ensure they received treatment and support for their specific needs.

Information and arrangements were in place for the staff team to respond to concerns and complaints.

We noted some personal records openly on display in the nurse's office. This highlighted potential concerns about people being able to access personal information.

We have made a recommendation that the service review storage of confidential information.

We recommend the service review the dining experience and look at trialling various initiatives to help improve this aspect of support for people.

We recommend the service review and make improvements to the environment to meet the needs of people who were living with cognitive impairments and dementia

Rating at last inspection: This was the first comprehensive inspection since the service registered with CQC in February 2018. This comprehensive inspection took place on the 4 and 13 February 2019 and was unannounced.

Why we inspected: This inspection was a planned comprehensive inspection. We had received information of concern prior to the inspection from two safeguarding incidents that had been reviewed by Halton local authority and were substantiated.

Enforcement: We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up: You can see what action we told the provider to take at the back of the full version of the report. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe.  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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 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.

**Inspection team:** This inspection took place on the 4th and 13th February 2019 and was unannounced. The inspection team consisted of three adult social care inspectors', an inspection manager an assistant inspector 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. 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 inspection was unannounced.

**What we did when preparing for and carrying out this inspection:** Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events which the provider is required to send to us by law. We also invited the local authority and stakeholders to provide us with any information they held about the service. We received a Provider Information Return (PIR) submitted by the provider. 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 used a variety of methods to help us understand the experiences of people who used the service: We spoke with the registered manager, the assistant manager, the administrator, a support manager, five nursing staff, ancillary staff, the activity organiser, the chef, kitchen staff and eight support staff. We also spoke with nine people being provided with support and four relatives. We also carried out a SOFI (a short

observational framework inspection) with people who were unable to speak with us. This gave us a wide insight into their views across all areas of the service.

We reviewed a range of records about people's support and how the service was managed. These included looking at: support records for four people; medicine records; six staff recruitment files; staff duty rotas; staff training and supervision records; a sample of minutes of meetings; complaint and safeguarding records; policies and procedures; a variety of records in relation to the management of the service including health and safety checks and certificates.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. 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. Some regulations were not met.

Using medicines safely:

During our inspection, we found that medicines were not always managed safely.

- The clinical staff and registered manager provided oversight and auditing of records. We noted some medication checks had last been completed in May 2018 despite the service's own guidance advising the checks should be monthly.
- Senior staff discussed the ongoing errors and gaps in medication record keeping by their trained nursing staff. We noted out of seven medication records we looked at four had some gaps. It was unclear if people had received their prescribed medication on the days where staff had not appropriately recorded administration. Senior staff acknowledged the difficulties resulting from the high use of agency staff on all shifts. They felt that until they had a team of permanent staff it was difficult to maintain consistent good practice and accurate record keeping. They had introduced daily tablet counts however we noted a recent discrepancy with two tablet counts that had inaccurate numbers of tablets that did not match how many tablets should have been in place. There was no record of what action or investigation had taken place to investigate why there was a discrepancy and to check if the person had received their medication as prescribed. On the first day of the inspection all of the nurses on duty were from agencies.
- We saw evidence that the competency to administer medications of trained staff had been checked 12 months ago. However, trained staff on duty that had worked at the service over the last two months did not have records in place to evidence their competency to administer medication. During day two of the inspection staff advised they had invited their pharmacy support staff in to help them in looking at ways to improve the management of medications.
- Medications were stored safely in a locked trolley inside a locked clinic room. □

The lack of accurate recording of medications meant people were at risk of not receiving their prescribed medication which could effect their overall health and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Assessing risk, safety monitoring and management:

- The management of health and safety was not robust and not being effectively managed to ensure the safety of everyone at the service. The environment and equipment were not always repaired and maintained within the building. Health and safety systems were not consistently managed and did not receive regular oversight. The service did not have environmental risk assessments apart from a fire risk assessment. During day two of the inspection staff took action to try to identify high risk areas so they could start to develop risk assessments to show how they would safely manage the service.
- Where risks in the delivery of a person's care had been identified, staff had implemented plans to provide guidance as to how the risk should be managed. The care files had appropriate risk assessments in place for example for mobility, falls, nutrition and skin integrity as well as psychological, emotional and behavioural needs.

- Staff told us there was no maintenance person on site and that if they had any concerns regarding the premises they contacted their 'property services' which was part of Halton Borough Council.
- During the inspection staff collated relevant safety checks including, liability insurance certificates, maintenance certificates and the fire risk assessment for the premises. Staff had to access the records via head office and the registered manager did not have access to the records on site. It took staff some time to collate this information and some certificates such as the 'Electrical installation' and fire risk assessment identified numerous recommendations that needed to be updated.
- During the inspection staff contacted senior staff at head office and provided some evidence that actions had been carried out. However, we noted that the wording of the revised fire risk assessment remained the same. The assessment did not include the risks highlighted by the inspection team.
- We noted fire extinguishers during day one of the inspection could not be accessed as the key could not be found to open some of the covers they were stored within. We also noted the environment had at least five different codes for fire doors within the building. We discussed what would happen in any type of emergency if some people including visitors did not know the codes. Although staff felt that everyone including agency staff and visitors knew the codes we observed two people asking staff for the code to open the door.
- During day two of the inspection staff had arranged to have the fire extinguishers maintained to make sure they were safely accessible and they put the codes of the doors into a staff file. The fire risk assessment gave no information or guidance about the use of different codes or acknowledgement of any risks associated with the use of codes. Staff told us they had since displayed the codes for the doors but we only found one door with a code accessible to people.
- We requested access to review updated certificates for the lift insurance check. However, we have still not been provided with evidence of this necessary maintenance to show safe management of the passenger lift. This insurance examination is required as part of Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Since the provider took over the service 12 months ago they had installed new boilers, rewired the electrical systems and a new car park was laid to enhance the safety of the premises. During this inspection we identified concerns regarding the management of health and safety within the building. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 Safe care and treatment.

#### Staffing and recruitment:

- Staff felt they needed more permanent staff in place to help improve stability and staff knowledge of the people living at the service. They felt that the high usage of agency staff impacted on the continuity of care. People living at the service and relatives all told us the staffing was an issue for them especially seeing so many different staff over the last few months. They shared comments such as, "They do struggle for staff sometimes. When you've got a full staff team on, 'wow' the atmosphere is different, people aren't so agitated", "The staff changes a lot and sometimes they could do with more on duty. You notice it at dinner time: a lot of people can't feed themselves, so staff are feeding them and when people get up and start wandering off, carers have to stop what they're doing to bring them back" and "Staffing is awful in that there's no continuity. My relative is seeing different faces all the time and they don't always know the signs when someone is ill. Sometimes there seems to be nobody around so people are waiting a long time to go to the toilet. It's not like it all the time." One relative expressed their concern as to how the provider planned to retain 'good' staff amidst the uncertainty and transition of contracts from the previous provider.
- Staff felt the numbers for staffing levels were appropriate however they acknowledged the risks and challenges in the ongoing use of agency staff for almost 75% of the workforce. Staffing levels were reviewed by the registered manager to assess the service had enough staff each day to appropriately support people at the home. They did not use any type of staffing calculation when determining the staffing levels. They had

two extra trained nurses on duty to help them support agency staff and they had additional management support to help them develop and improve the service.

- Staff told us they were mindful of ensuring that not all the agency staff working a shift were new to Millbrow when planning the staff rotas. They agreed that the correct balance was not always achievable particularly at weekends. There had been no planning or risk assessment in place to reduce the risks of instability. Senior staff told us they tried to informally call in over the weekends when they could to check the service was ok. We noted one undated briefing report which stated the actions taken in response to staffing levels was to continue recruiting agency staff for all required shifts. Senior staff were unsure as to when they could expect to recruit a stable permanent team of their own staff.

- During this inspection we identified concerns in regard to the management of staffing levels and skill mix of staff especially at the weekends when they had no management staff on duty. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014, Staffing.

- Staff had been safely recruited. We saw the provider had procedures in place to ensure recruitment was safely managed to make sure they employed suitable staff at the service. Staff records were stored at head office and not accessible on site. During this inspection staff from the provider's human resource team travelled to the service to provide access to the inspection team to ensure that safe recruitment checks were in place.

Preventing and controlling infection:

- People told us they liked their surroundings and felt it was always kept clean and well maintained. They shared their positive views stating, "I would say that everything is very well organised from the cleanliness point of view", "You can see this place is clean, just looking around you" and "Everything seems very clean to me. You see the cleaners going around all the time."

- Staff followed good infection control practices and used personal protective equipment (PPE) to prevent the spread of healthcare related infections. We looked around the kitchen and the food storage area and noted some areas of the kitchen needed improvements such as the inside of fridges, freezers and storage of kitchen staff belongings. Staff told us they did not have cleaning schedules for the kitchen area. Senior staff took appropriate actions during the inspection to implement cleaning schedules, improved standards of cleaning within the kitchen area and installed lockers for kitchen staff to use instead of the food storage areas.

Learning lessons when things go wrong:

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and incidents were monitored to help reduce risks to people being supported. We reviewed two recent safeguarding events where the records showed transparent information and acknowledgement that things had gone wrong. Staff described all actions taken to improve care planning and their review of the needs of people at the service.

Systems and processes to safeguard people from the risk of abuse:

- The provider had safeguarding systems in place and all staff we spoke to had a good understanding of what to do to make sure people were protected from harm and abuse. We saw there was a whistle blowing policy. The whistle blowing policy protects an employee who wants to report unsafe or poor practice.

# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was consistent. Regulations have not been met.

Staff support: induction, training, skills and experience:

- Relatives and people at the service were positive regarding the staff and the support provided. They shared their opinions and comments stating, "The staff are very good; they know me and how to take me", "Well looked after" and "The staff are very attentive but very busy."

Training included a varied range of topics to meet the needs of people within the service including clinical areas of need to help people with nursing care needs. Some of the training records were up to date and some needed further review to reflect accurate updates to staff training records. One agency staff member who had worked at the service for 12 months had not completed any training for safeguarding. The registered manager took appropriate actions by day two of the inspection for staff to update their mandatory training inclusive of agency staff working regularly at the service.

- Supervisions and appraisals had been introduced by the registered manager to help improve support to their staff team and to develop standards within the service. Supervision sessions provided staff with an opportunity to speak with senior staff about their training and support needs as well as being able to discuss any issues in relation to their work.

- The team consisted of 75% of agency staff who were providing regular support to the workforce and shifts on a daily basis. Some of the agency staff had worked a few shifts whilst some had worked at the service consistently over the last 12 months. However, the supervision sessions had not included agency staff. We discussed this issue with the registered manager as this had potential to help improve communication and stability amongst the present workforce. The registered manager acknowledged that improvements had been made with providing this support and had plans to continue and roll out appraisals for all staff, as not all staff had received this support.

- Following the inspection senior staff developed and shared with us a staff supervision and appraisal schedule/planner for 2019. Staff told us that since the registered manager commenced working at the service they had noted improvements and felt well supported with their training needs.

Some staff at the service had not received supervision, appraisals or necessary training to help them develop the right skills and expertise to support people at the service. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to supporting staff with supervision and appraisals.

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

The most recent inspection from the food standard agency for the home awarded a rating of four stars. This report identified good practice and some recommendations for improvements. The registered manager had

taken action to meet the recommendations during the inspection.

- People living at the service and their relatives had mixed views and felt the food varied. Their comments included, " I can't say I'm greatly impressed with the food; it's quite repetitive. You have an option to stay in the lounge or go into the dining room", "I think two [main course] choices is a good idea, because it stops people getting too muddled. There's always soup if I don't like what's on; I can always have soup" and "I like the food."
- The chef told us they tried to provide a selection of home-made meals based on menus developed by senior staff. Care plans included any allergies, special diets and specific requirements a person had.
- People's nutrition and hydration was monitored to ensure their nutritional needs were being met. We observed the lunchtime meals being served. Menus were not displayed or accessible but staff took action to display them by day two of the inspection.
- Lunchtime was a sociable occasion with staff engaging well with people and offering support if required. We observed staff chatting sociably with the people they were supporting, both to ask about how the person was enjoying their food and some general talks about families.
- We noted the dining room was noisy at times with the dining room doors open and people, coming in and out adding to the noise. We discussed these aspects with staff. One person was independently eating their meal but struggling with the crockery they had. We discussed the benefits of trialling different utensils to match people's individual needs with staff. Staff acknowledged they would seek out specialist equipment to see if it would help people at the service remain independent.

We recommend the service review the dining experience and look at trialling various initiatives to help improve this aspect of support for people.

Ensuring consent to care and treatment in line with law and guidance- Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- 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 with appropriate legal authority. 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. The manager had developed a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.
- However, we noted that the service had received 13 authorisations from the local authority. This meant the provider is required to submit specific notifications to CQC each time they received an authorisation. This is a requirement of the regulations. Following the inspection, the registered manager submitted all outstanding notifications for each of their authorisations.
- We observed staff asking if people would like assistance throughout the day of the inspection. We noted that some people could display behaviour that challenged and staff engaged positively with them to manage those behaviours sensitively.

Supporting people to live healthier lives, access healthcare services and support- Staff working with other

agencies to provide consistent, effective, timely care.

- We could see evidence that efforts had been made to review care plans monthly however there were gaps in reviews. The care plans were unwieldy to navigate and were written on both the previous provider's and Halton Borough Council's (HBC) documentation. This was confusing and needed reviewing so that the records reflected consistency and guidance from the provider.
- One of the care plans we looked noted the person had been assessed as being a high nutritional risk. The person had been referred to a dietician and supplements had been prescribed. There were two weight charts in the person's care plan, one with monthly weight checks and another where weekly weight checks had been instigated. The registered manager acknowledged the presence of two weight charts with no cross reference was confusing for staff.
- Records of individual's care were kept in each person's room including; frequency of position changes, oral hygiene, eye care, if bedrails were used, fluid and food records as well as cleaning schedules. Staff were required to record aspects of care provided within the file. We looked at a sample and found that that they were not completed consistently. This was a potential risk due, particularly in view of the high usage of agency staff, as the lack of communication could have potential to impact on the continuity of care.
- Staff had developed the use of handover sheets to help them improve communication of people's needs. The handover sheet detailed elements of each person's care at Millbrow e.g. type of diet, mobility, use of hoist. We noted that some of these records had not been updated for several days. Nurses on duty told us they had a problem accessing the records as they could not always update them because they had no access to the computer at the weekend. This seemed a significant risk if the same staff were not on shift and potentially handing over to agency staff who may be new to the service. Governance systems and management review of weekend's needed further review to identify these risks to help detail any actions that could be taken to reduce risks to people living at the service.
- People were involved in identifying the assistance they would like, including recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as sensitively supporting people with their personal requests, physical and social needs. The service had policies to support the principles of equality and diversity.

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

- We saw the design and layout of the home was suitable to accommodate the number of people living at Millbrow. There was sufficient suitable equipment in place to promote people's mobility such as, walking frames and handrails. We noted that some doors displayed signs with the use of pictures or large print to help people find their way around the service. Staff told us about plans in the future to develop the service to better meet the needs of people with dementia.

We recommended the service review the environment to access published guidance in developments to meet the needs of people living with cognitive impairments and dementia.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence.

- People receiving support told us the staff were kind and caring and treated them with dignity and respect. They shared various positive comments such as, "Staff are respectful and give you the attention you need; you couldn't ask for more", "They're all very nice, the cleaners included", "The staff are brilliant, so compassionate. They're run off their feet but still have time to smile." One person shared their views of the staffing team saying, "Of the original staff that are here, 99.9% are lovely. I've witnessed bank staff just standing there doing nothing because they don't know what they're supposed to do, while the regular staff are rushing round trying to cover everything. Some of the bank staff, they're not interacting or anything with people."

- In our discussions with staff they had a good understanding of the individual needs of each person and were able to demonstrate how they supported and cared for people in a dignified way, respecting their privacy when providing and supporting them with personal care tasks.

- During our observations of care and support we saw staff treated people in a dignified and respectful manner. Staff provided discreet support protecting people's dignity when providing one to one support to meet their needs sensitively. We observed people chatting to staff and it was apparent they were comfortable and happy with the staff supporting them. We observed staff patiently offering reassurance maintaining good eye contact and speaking sensitively to each person. We saw staff knock before entering a bedroom and requesting permission before undertaking any tasks. We asked staff how they ensured peoples' dignity was managed and they told us, "Care is done in (peoples) own rooms, care is delivered in a dignified and respectful way." They told us that despite any staffing issues care was always given at the time the person requested it.

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

- Confidentiality of information was not always appropriately maintained. When we walked around Millbrow we noticed the door to the nurse's station on the ground floor was open and there were care plans in boxes on the floor and the filing cabinet was open. The white board had some details of individual care by room number and the blind had not been pulled down to protect this information. Staff explained they were in the process of archiving records but acknowledged that it meant personal information was not stored safely. Senior staff took appropriate actions to safely manage records during day two of the inspection.

- Records showed people and their relatives were involved in decisions about their care and support plans were regularly reviewed. These records showed that appropriate people had been involved in the decision-making process and in their care planning process. Information was available about sources of advice and support or advocacy.

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

- Staff carried out regular checks with people to make sure that they were receiving the care they wanted and to a good standard. Information was present in people's care files about their individual likes and dislikes, hobbies and interests and religious beliefs. This personalised information helped staff to better understand each person's requests. Staff discussed how they respected people's equality and diversity and how they had sensitively supported people with their choices.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- We received mixed comments from people at the service and their relatives about the activities on offer. They told us, "There are quite often concerts and things like that in the afternoon, and I go to some of those. I don't find the games and things are quite where I'm 'at' at the moment.", "I never go to any activities, they're not really relevant to me,", "I do think my relative feels part of it, and enjoys it; loves the music. The activities person does a good job and makes sure my relative gets some stimulation" and "If music is on my relative will get up and dance."
- During the inspection we saw some evidence of activities such as, supporting people to go out shopping, listening to music, watching the TV, attending the hairdressing salon on site and having a residents meeting. Staff told us there was a church service every two weeks and a local knitting group visited. People told us they liked to have a chat and do activities with the organiser. Activities records were developed for each person but we noted that the records were not recorded daily and had several gaps between weeks. Care plans had a booklet that detailed personal information including; 'My important memories', 'Thinking about relationships' and 'Spiritual /cultural/sexual welfare.' The records had not always been updated and did not reflect an accurate record of how each person was supported with their social needs. Some people could not access the information about activities available. Adapted formats would benefit people at the service to help them better understand information available.
- We saw one of the rooms was in the process of being converted in to a 1950's style living room. One visitor delivered a fire surround reminiscent of this period to enhance the development of the room.
- The provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Staff were knowledgeable in communicating to people in different ways to meet their needs.

End of life care and support:

- Staff knew people's needs and individual preferences with their care. People who lived at the service and where appropriate, their relatives were encouraged to be involved in developing their individual care plan. People living at the service told us, they received the right medical care and were happy with the staff calling the GP if required. Plans included details about people's life stories and interests. Such information helped staff to better understand the people they were supporting. At the time of inspection no one was assessed as needing end of life care. The service had appropriate policies to provide guidance to staff on this aspect of care support.

Improving care quality in response to complaints or concerns:

- The main issues that people living at the service raised with us related to the staffing at the service. Other comments included, "If you've got a complaint, you just moan to whoever is handy" and "They do try to accommodate you and sort it out." We reviewed the complaints records and resident/relative's meetings and noted there had been eight complaints recorded for 2018. /2019. We saw that a complaint policy was on display in the main reception area of the home. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the registered manager. The complaints log detailed any comment made and the actions taken to address concerns appropriately. We saw evidence of swift responses and apologies made by the registered manager for some complaints raised. During the inspection two relatives raised comments about their family member's care. We referred their comments to the registered manager to review.

# 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. Service management and leadership was inconsistent. Leaders and the culture they created did not assure the delivery of high quality care. Some regulations were not met.

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

- Governance systems in place lacked information and advice to ensure compliance with relevant legislation and guidance, as detailed within this report.
- We found the registered provider had failed to establish and operate effective systems to assess, monitor and improve the quality of service. Although the manager had developed some governance systems to help them assess and monitor the quality of the service, these were not sufficiently robust to have identified all of the concerns noted during this inspection.
- There was a reference within one service report to the high use of agency staff. The actions and instruction to staff was to 'continue to recruit agency staff to all vacant positions.' There was no further advice or guidance regarding any timescale to recruit to permanent posts.
- During our inspection we pointed out health and safety risks that needed attention. Although the registered manager took appropriate actions to address health and safety issues at the home, the inspection highlighted the weakness and gaps in the governance systems in place. Shortfalls were also identified regarding the management of, supervision and appraisals, the appropriate skill mix and competency of staffing levels, safe management of medications.
- The service had inaccurate contact details logged with CQC as the provider had not updated their website resulting in email and contact details for Millbrow being linked with the previous organisation.
- The provider has updated their contact details following the inspection to make sure they were accurate and reflective of HBC.
- At the time of inspection, the service did not have an updated statement of purpose. Staff told us it was in the process of being developed. This document is a mandatory record that must be accessible to everyone at the service to provide useful and accurate information about the service. The provider has submitted an updated statement of purpose to CQC following the inspection.
- The provider continued to support the service in improving management and records by providing supporting staff and managers to assist the registered manager. The registered manager and provider were transparent in their aim in making improvements to the service. However, there was a lack of clarity regarding specific action plans to ensure they were time specific and measurable. The registered manager and provider submitted extensive evidence following the inspection to show continued improvements to the service and to their governance systems.

At this inspection we found that the service had not operated effective systems and processes to make sure they assessed and monitored their service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the need for good governance.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People who used the service spoke positively about the management of the service. They told us they had noticed improvements to the home since HBC had taken ownership of Millbrow. Nobody was able to name the manager, but those relatives and people living at the service we spoke with told us that senior staff were generally positive in their responsiveness to queries raised. One relative was very positive about the manager and told us, "They work tirelessly to make improvements."

- A registered manager was in place at the time of our 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.

- Throughout the inspection the registered manager and provider were open and transparent and were proactive in their response to our findings. They were clear that people living at the service were at the heart of any changes and improvements.

- The registered manager conducted walkabouts and held daily 'flash' meetings to ensure they kept the day to day culture of the service under review. They acknowledged over the last year there had been many challenges whilst transitioning to a new provider. They explained the cultural changes they had faced at this service. The registered manager was clear about the challenges of operating the service with 75% of the workforce supplied by an agency.

- There was a management structure in place. Staff were very positive about improvements noted within the service and were supportive of their registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics- Continuous learning and improving care

- The provider had developed several ways to engage with people to gain their on-going feedback about the service. This included a survey for anyone to complete feedback and regular 'resident /relative meetings.' We looked at a sample of surveys gathered for December 2018. However, they had not been summarised and the results had not been shared with people at the service.

Working in partnership with others:

- Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by the local authority's contracts and commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. They did not raise any serious concerns about the service.

- The registered manager where necessary, had undertaken detailed and transparent investigations into incident, safeguarding's and accidents and evidence of lessons learnt to help improve the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medications were not safely managed. Staff competencies were not safely managed to ensure safe practice in administering medications.</p> <p>The service did not have environmental risk assessments to cover health and safety risks within the environment.</p> <p>Health and safety concerns were not identified by staff at the service.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems in place lacked information to ensure checks complied with relevant legislation and guidance.</p> <p>There was limited evidence that the registered manager and provider had audited all necessary elements of the service.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received regular supervision or appraisals to support them in their role.</p> <p>The staffing competency levels did not have safe overview to manage appropriate skill mix of staff.</p>

