Lancashire County Council

Milbanke Home for Older People

Inspection report

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Ratings

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

Overall summary

We inspected this service on 20 March 2015. The inspection was unannounced, which meant the provider did not know we would be visiting the service.

We last inspected this service 23 August 2013, when we judged the service to be meeting all the requirements of the regulations we inspected against.

Milbanke Home for Older People is a residential care home service provided by Lancashire County Council.

The home offers 24 hour care and support for up to 44 people. The home is divided into four 'courts', two of which provide care for people who are living with dementia. Each court has an open plan lounge and dining area, equipped with a homely kitchen. At the time of our inspection, the home was caring for 41 people.

The home had a registered manager, who registered with the commission on 04 February 2011. At the time of our

Summary of findings

inspection the registered manager was absent and the home was being run by a registered manager from another Lancashire County Council service. The service had notified us about this appropriately.

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.

People, their relatives and staff all told us there were no concerns about the safety of the service. Risks to people were assessed and guidance was available for staff about how to deliver safe care to people.

Staffing levels were regularly assessed and a sufficient number of staff were deployed to ensure people received the support they needed. The provider followed robust recruitment procedures to help ensure sure only suitable staff were employed at the home.

People's medicines were managed safely and appropriately.

People were supported by staff who had the skills and knowledge to undertake their role effectively. Staff were able to access training on an ongoing basis.

People told us and records confirmed that people were able to access healthcare services when they needed them. People's general health was monitored appropriately.

Concerns were raised about the quality of food provided for people. We discussed this with the manager who assured us they were already taking action to remedy this. We received documentation from them, which showed they were doing so.

The service did not routinely record people's consent to care and treatment. We have made a recommendation about this.

People we spoke with told us they were treated with kindness and respect. They spoke positively about the care and support they received.

People were supported to express their views and be actively involved in making decisions about their care and support. Care plans were person centred and reflected people's wishes.

People who used the service had varying levels of independence and staff respected this.

People told us they were able to choose what staff supported them with, how they spent their time, and what activities they participated in. People told us that staff took time to get to know them so that they could provide activities which they enjoyed.

The service had not received any complaints in the last 12 months prior to our inspection. A suitable complaints policy had been implemented by the provider and was made available to people who used the service and their relatives.

Regular audits and checks were carried out by the management, including visits by the business manager, which were designed to assess, monitor and improve the quality of the service provided.

Regular meetings took place where people could discuss the running of the service, raise concerns and make suggestions for improvements.

People we spoke with, their relatives and staff all spoke positively about how the service was managed and about the management team. There was an open and inclusive culture within the service.

Summary of findings

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 safe.

People were supported by a sufficient number of staff, who had been recruited safely.

Safe systems were in place for managing people's medicines.

Risks to individuals were continually assessed and managed appropriately.

Good

Is the service effective?
The service was not always effective.

Staff had been trained to ensure they had the right skills and knowledge to care for people who lived at the home.

People and their relatives raised concerns about the quality of food at the home. The manager was taking steps to remedy this.

The service had not routinely recorded people's formal consent to care and treatment.

Requires improvement

Is the service caring?
The service was caring.

People's privacy and dignity was maintained and promoted.

People told us the staff took time to get to know them well to ensure their needs could be met.

We witnessed kind and caring interactions between staff and people they cared for throughout our inspection.

Good

Is the service responsive?
The service was responsive.

People's needs were thoroughly assessed and their wishes and preferences were taken into account.

A range of activities were available for people to participate in if they wished to do so.

The provider had implemented a suitable complaints policy and procedure.

Good

Is the service well-led?
The service was well-led.

We received only positive feedback about the management team. The culture at the home was open and inclusive.

Requires improvement

Summary of findings

People, their relatives and staff were consulted about their views of the care delivered by the service. People's opinions were taken into account.

The provider had implemented a range of checks which were operated to assess, monitor and improve the quality of the service provided.

Milbanke Home for Older People

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 March 2015 and was unannounced.

The inspection team was made up of a lead adult social care inspector, a specialist professional advisor, who had expertise in social work and caring for older people who were living with dementia 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. The expert by experience had experience of caring for someone who used a residential home for people who were living with dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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 also reviewed all the information available to us, which included information we already held about the service, including notifications of significant events and sought feedback from the local authority, to help us gain a balanced overview of the experience of people who used the service.

We observed the care delivered and interactions between staff and people who used the service in all four areas of the home.

During the inspection we spoke with nine people who lived at the home, five visiting relatives, the manager, the business care manager from Lancashire County Council, as well as nine care staff and two people who were responsible for preparing food.

We looked in detail at five people's plans of care and associated documentation, checked review documents for a further six people and reviewed other documentation relating to the management of the service.

Good

Is the service safe?

Our findings

People who lived at the home told us they had no concerns about their safety or the way in which they were treated. Comments we received included; "Safe, oh yes we get on well, most of us. Some don't want to be friendly and there are niggles, but you would get these anywhere"; "On the whole we are very lucky with the staff, I don't think anyone can complain. I am happy here" and; "I feel safe because everyone is very nice".

We spoke with visiting relatives who gave us consistently positive feedback about the safety of the service. One relative told us; "Before [Relative] came in here she went walkabout at night, I'm very impressed by what I see, she doesn't do that now and the staff are always there for her." Another told us; "We're satisfied [Relative] is safe, the staff are always friendly and smiling and there are no bad smells."

Safeguarding policies and procedures had been implemented by the provider and staff had easy access to contact details for reporting any concerns. Training records showed that staff had undertaken training in safeguarding vulnerable adults. Staff we spoke with were able to confidently describe what forms abuse may take and what steps they would take if they witnessed or suspected abuse. Staff told us they would not hesitate to report any concerns with regard to bad practice or the safety of the people they cared for.

Staff at the home completed individual risk assessments for each person who used the service. Information about how to manage these risks and keep people safe was provided to staff, to help to ensure people who lived at the home were protected. We looked at people's written plans of care, which gave staff information on how best to support people, taking into account the risks that had been identified, for example, concerning mobility.

We looked at how the service was staffed, to ensure there were always enough suitably qualified and experienced staff deployed to provide the care and support people required. We received some mixed responses from people when we asked them whether they thought there were enough staff. Two people explained that generally there were enough staff, but at busier times or during the night when staff numbers were reduced, they may have to wait for assistance. Other people we spoke with did not raise any concerns about staffing levels.

We discussed with the manager how staffing levels were decided upon. They explained that people's dependency levels were assessed on a weekly basis and showed us records which confirmed this. Staffing levels in each 'court' were then set, to make sure people's needs could be met consistently. We asked the staff we spoke with for their opinions about staffing levels. We were told there were usually enough staff on each shift but that sometimes, if they had agency staff working with them, they were under more pressure, as the agency staff were not as familiar with the people they were caring for. During our observations, we did not witness any time where staff appeared rushed or under pressure. People's comments regarding staffing were fed back to the manager who agreed to look into them further.

We discussed recruitment with the Registered Manager and staff. We also looked at two personnel files for staff. We were able to confirm that safe recruitment practices had been followed when new staff had been employed, including checks with previous employers and the Disclosure and Barring Service (DBS). These checks helped to ensure that only suitable staff were employed to work at the home.

We looked at how the service managed people's medicines so they received them safely. We discussed medicines with the registered manager, people who lived at the home and their relatives. We were told that people were happy for staff to administer their medicines and that this had been discussed when they first moved into the home. People we spoke with told us they received their medication regularly and knew what it was for. Each of the staff that worked at the home had been trained to administer medicines and were regularly re-assessed to ensure they remained competent. The provider had safe systems in place for the ordering, receipt and disposal of medicines. We looked at three people's medicines administration records (MARs) which showed people had received their medicines as prescribed. We witnessed a medicines round during our inspection and found a safe procedure was followed.

When we looked at people's MARs we were unable to see any specific guidance for staff regarding the use of 'as and

Good

Is the service safe?

when required' medicines, for example, for pain relief. However, when we raised this during our feedback to the manager, they were able to show us where the protocols were kept.

We looked at each area of the home, including people's bedrooms and communal areas. We found no unpleasant odours in any part of the home. The home was suitably furnished and areas such as bathrooms and toilets had appropriate wall and floor coverings to aid effective cleaning and disinfection. We observed staff wore personal protective equipment, such as gloves and aprons and disposed of them appropriately. Training records confirmed that staff had received training in infection control. This helped to show that people were protected against the risk of the spread of infection.

Requires improvement

Is the service effective?

Our findings

We spoke with people and their relatives about whether they thought staff had the skills and knowledge to deliver effective care. People told us; "I think it's good, I can't find fault with the staff" and; "The staff are very good". Relatives we spoke with expressed satisfaction with the skills and knowledge of the staff team.

Staff told us and training records confirmed that there was a comprehensive induction and rolling program of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Training included regular refreshers on areas such as safeguarding people who were vulnerable by their circumstances, food hygiene, dementia awareness and diabetes awareness.

We looked at people's written records of care which showed when there had been a need, referrals had been made to appropriate health professionals. We saw that where a person had not been well, the GP was called. We were also able to see that people regularly saw other health professionals, such as chiropodists.

People we spoke with and their relatives raised concerns about the standard of the food that was provided. They told us that concerns had been raised with the registered manager but that no change could be seen. People told us and we confirmed with the manager that there was a choice of meals provided each mealtime. If people did not like what was served, they were able to request poached egg or cheese on toast. However, people told us that the toast was often burnt and they did not eat it. People also gave us other examples of where the food was not to their liking. For example, people complained that the soup was watery and tasteless and that meat often appeared as though it had been steamed rather than roasted. We sampled the food available during the lunchtime meal and found substance to what people had told us. The soup was very watery and did not have much flavour; the jacket potato was served in a bowl and was difficult to cut.

During our observations of the lunchtime experience, we saw that staff served people food, offering them a choice of meals, in a relaxed and unhurried manner. The atmosphere in the room was pleasant. However, we saw that people were provided with green paper towels, rather than napkins. People we spoke with told us that they used to have napkins at every meal but this had recently stopped. We also saw that people were not routinely offered snacks other than biscuits during the day. People we spoke with confirmed this.

We discussed our concerns with the people responsible for preparing the food. They told us that no concerns had been raised with them and that if they were not told about complaints, they were unable to make improvements. The food preparation is undertaken in a kitchen that is part of the same building but is not managed by the service. Concerns regarding food had been identified during a consultation meeting with residents on the 9th March prior to the inspection. This was evident as on the day of inspection posters were in place throughout the home inviting residents and families, to a meeting with management, catering management and cooks to discuss concerns and action any changes or improvements required. We discussed this meeting with the manager and area manager on the day of our inspection and we received minutes of the meeting following our inspection. It was evident from this that action was being taken to address the issues which had been raised.

We saw that people had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded, along with any known allergies. Some people needed a specialist diet to support them to manage diabetes and the staff we spoke with understood people's dietary requirements and how to support them to stay healthy. We saw that where there were concerns about a person's nutrition or hydration, extra monitoring, by way of more frequently recording people's weight and their food and fluid intake, took place.

We saw from people's care records and staff confirmed that people were able to access dietary and nutritional specialists if they needed to. These included dieticians and speech and language therapists. This helped to ensure staff had access to specialist guidance and advice regarding people's nutrition and hydration.

Whilst touring the premises, we saw that people's rooms were personalised. People were able to bring their own furniture into the home if they wished, along with any other personal items. The adaptations and decoration around the building were in keeping with best practice in the care of people who were living with dementia. We saw memory boxes were placed outside people's rooms to help them

Requires improvement

Is the service effective?

recognise their own room. The decoration of the bathrooms and toilets aided people who may have sight or cognitive difficulties in identifying the facilities. However, this was not the case in the en-suite facilities which we saw.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

We looked at how the service gained consent to care and treatment. We saw throughout our inspection that staff gained consent from people before they undertook any care tasks. We asked people and their relatives whether they were involved in the planning of care for themselves or their loved one. People and their relatives explained that they had regular review meetings where they had the opportunity to discuss their care. However, when we looked at people's written plans of care, we could not see that formal consent to care and treatment had been gained by the service. Similarly we found that assessments of people's capacity to make decisions were absent from people's written records.

At the time of our inspection we found that applications had been made for authorisation under DoLS for several people, but none had been processed by the local authority at that time. We discussed the applications with the manager and looked at the completed applications for two people. These showed that professionally competent and legally compliant applications had been completed, which included a capacity assessment and best interests checklist. This demonstrated that the management of the home had knowledge and understanding of the MCA, DoLS, and their associated Codes of Practice. Staff we spoke with were aware of their responsibilities with regard to the MCA and DoLS. They explained this was because of training they had received. Staff told us that if they were ever unsure, they could simply ask the manager.

We would recommend the provider explores ways to record people's formal consent to care and treatment, in line with best practice.

Good

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and respect. They spoke positively about the care and support they received. One person told us; “I’m treated very well” another said; “The staff are kind, you can have a bit of fun with them” and; “The staff are very nice, I get on well with them”. Relatives we spoke with were complimentary about the staff team.

Staff told us they were able to spend time to really get to know people, their life histories and preferences. We witnessed caring and respectful interactions throughout the course of the day. People who lived at the home appeared to enjoy the relaxed atmosphere that the home offered. Staff responded promptly to any requests for assistance.

People were supported to express their views and be actively involved in making decisions about their care and support. Care plans were person centred and reflected people’s wishes. People told us the registered manager and staff were always receptive to comments and suggestions. Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them.

Staff told us of ways that they promoted the privacy and dignity of people to whom they delivered personal care. For example one staff member said; “We make sure their doors are always shut and curtains closed until they are fully dressed. We always use towels to cover people for dignity, and we always check and we always let them know they can have a female carer only if they want” another staff member told us; “We talk to people in the way that we would like to be spoken to. We always knock on doors, and give people reassurance”.

People who used the service had varying levels of independence and staff respected this. People told us that when staff supported them with personal care, they did so in a respectful and dignified manner.

Records confirmed staff had received training in person-centred care, which they told us helped them to deliver personalised care for each person who used the service. Staff did not discuss sensitive personal information with people whilst in earshot of others. We saw that records were kept securely and were only accessed by staff who required them.

Good

Is the service responsive?

Our findings

We spoke with people and their relatives about their involvement in the planning and review of their care and support. We were told that people and their relatives were asked for information before anyone moved into the home. This helped to ensure the service could meet the needs of people they cared for. The information included a life history which helped to give staff a picture of each person they cared for.

Written plans of care were drawn up with the person concerned and, where appropriate, their relatives. Plans of care contained information about people's needs, how they wished to be supported, including whether they preferred a male or female carer and their likes and dislikes. People we spoke with and their relatives confirmed they were involved in regular reviews of the care provided by the service.

People told us they were able to choose what staff supported them with, how they spent their time, and what activities they participated in. People told us that staff took time to get to know them so they could provide activities which they enjoyed. People told us about activities such as board games, card games, bingo, crafts, jigsaw puzzles and trips out. There was a day centre attached to the home which people told us they took advantage of for certain events. The home had recently recruited four volunteers to help with activities. We saw lots of evidence around the home of activities and events, which had taken place, including photographs and notices in communal areas.

Nobody we spoke with had made an official complaint about anything at the home. However, it was clear from the conversations we had with people and their relatives that concerns had been raised with management about the food, but people felt nothing had changed. We confirmed with the acting manager that concerns had been raised with the registered manager. They assured us that they were working to resolve the issues regarding food. We were sent the minutes of meetings between people and the catering staff, which took place shortly after our inspection. This showed the manager was acting on the concerns that had been raised. All of the people and relatives we spoke with told us they had confidence in the current manager and the staff team and that they felt able to approach them with any concerns or suggestions.

The service had not received any written complaints in the last 12 months prior to our inspection. A suitable complaints policy had been implemented by the provider and was made available to people who used the service and their relatives.

Requires improvement

Is the service well-led?

Our findings

The home had a registered manager, who registered with the commission on 04 February 2011. However, at the time of our inspection the registered manager was absent and the home was being run by a registered manager from another Lancashire County Council service. From our discussions with them and observations of how they interacted with people around the home, it was clear they had spent time to get to know people who lived in the home.

Staff that we spoke with praised the manager for being pro-active and approachable. Staff told us they could go to the registered manager with any concerns or suggestions and that she would always be willing to listen. They told us they were very happy working at the service and felt well motivated.

People we spoke with and their relatives were complimentary about the current manager. Comments included; “[Manager] is very good” and; “Things seem to move quicker now that [Manager] is in charge”. People we spoke with and their relatives all knew who the current manager was. They told us they were confident they could approach them with any concerns and were sure they would be taken seriously.

Regular audits and checks were carried out by the management, including visits by the business manager, which were designed to assess, monitor and improve the quality of the service provided. These included checks on care plans, medicines, the environment and equipment, as well as monitoring accidents at the home, such as falls. We saw records of accidents and incidents, and safeguarding alerts that were reported to the local authority. Our records confirmed that the home reported any incidents to us, as was required.

The manager was supported by a more senior manager from the provider. The support they received included regular unannounced visits by the senior manager to assess and monitor the quality of the serviced that was provided. The results of the visits were recorded and fed back to the manager. We saw records from the last two visits which confirmed checks had taken place on a range of areas, such as training and development of staff, activities and staff supervision. These checks helped to ensure that the service delivered a good quality of care for people who lived at the home.

The systems in place to assess, monitor and improve the service had identified people's dissatisfaction with food and processes where in place to rectify this. The systems had not identified lack of recording of consent for people with capacity. There were, however, clear processes and documentation in place for consent if people lacked capacity. The manager assured us that they would ensure formal consent was sought and documented for care and treatment for people with capacity, in addition to their monthly review meetings where consent was maintained.

People, their relatives and staff all confirmed that regular meetings took place where people could discuss the running of the service, raise concerns and make suggestions for improvements. We saw minutes of these meetings which confirmed what we had been told. Regular meetings were also held between staff and management. Staff told us these meetings were worthwhile and were a good forum for discussing any issues and making suggestions.

The manager led a handover meeting each day. This helped to ensure they were kept up to date with any important items, such as concerns about individual people or the day to day running of the service. This also promoted consistency of support to people by ensuring all staff were informed about events within the service.