Laudcare Limited

Millbrow Care Home

Inspection report

Mill Brow Care Home
Widnes
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Ratings

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

Overall summary

We carried out an unannounced inspection of Millbrow on1 July 2015.

Millbrow is a purpose built two-storey care home situated in the Mill Brow area of Widnes. The home is accessible by public transport and convenient for the town centre. The home is part of the Four Seasons Healthcare group of care services. It is registered to provide nursing and personal care for up to 44 people. There were 41 people living there at the time of the inspection.

There is a registered manager at Millbrow. 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.

This home was last inspected in June 2014 when we asked the provider to take action to make improvements in the arrangements to manage medicines.

Following the inspection the registered manager sent us an action plan and during this inspection we found that all of the issues had been addressed and medication was safely managed.

Summary of findings

We found that care was provided in an environment which had been improved since the last visit. The premises had been redecorated and some furnishings had been replaced. The premises were well maintained and adapted where required. People were encouraged to personalise their rooms with photographs and other personal items

Staff knew about the need to safeguard people and were provided with the right information they needed to do this. They knew what to do if they had a concern. They were well-trained. Staffing levels had been reviewed since the last visit and there were sufficient staff to meet the needs of the people who lived in the home

People living in the home and their relatives said staff were attentive and caring. They said that if they had any concerns they were addressed promptly. People told us that they felt safe, the food was good and the management of the home had improved.

Appropriate risk assessments were completed and action taken to minimise avoidable harm. This included people's individual health and wellbeing as well as the management of the home and premises.

Staff told us that the registered manager and clinical lead nurses led by example and the home was well run.

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.

The staffing levels were sufficient meet people's needs and staff recruitment processes ensured staff were fully vetted before they were employed.

Medicines were stored and administered safely and the provider made sure that staff knew about the medicines that people were prescribed.

Good

Is the service effective?
The service was effective.

Staff had been supported to provide the right care including reassuring people when they became distressed,

People were helped to eat and drink enough to stay well and had received all the medical attention they required.

People's rights were protected because the Mental Capacity Act 2005 code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good

Is the service caring?
The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Good

Is the service responsive?
The service was responsive.

People had been consulted about their needs and wishes. Staff provided people with the care they needed including the people who lived with dementia.

People were supported to make choices about their lives including pursuing their hobbies and interests.

There was a good system to receive and handle complaints or concerns.

Good

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

The service had a registered manager in place who had made improvements to the service.

The provider had regularly completed quality checks to help ensure that people reliably received appropriate and safe care.

Staff told us that the management systems were open and transparent.

Good

Millbrow Care Home

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 was 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 was unannounced and took place 1 July 2015. This location was last inspected in June 2014, when it was found that improvements were needed in relation to medication management. The provider had met all the other regulations which apply to a service of this type.

The inspection was undertaken by one adult social care inspector and a pharmacy inspector.

Before the inspection we checked with the local authority safeguarding and commissioning teams for any information they held about the service. We considered this together with any information held by the Care Quality Commission (CQC) such as notifications of important incidents or changes to registration. We used this information to help to plan our inspection.

During our inspection we saw how the people who lived in the home were provided with care. We talked with twenty of the people who used the service. People were not always able to communicate verbally with us but expressed themselves in other ways such as by gesture or expression. We spoke with five of their relatives. We talked with seven staff as well as the registered manager and regional manager.

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 to us.

We looked at records including five care files as well as staff files and audit reports. We looked around the building and grounds used by the service.

Good

Is the service safe?

Our findings

People we spoke with told us that they often called in on their relative unannounced and had never had any cause for concern. Comments included "We know that staff maintain people's safety and ensure that there is always someone around to keep them safe", "I am happy with the security here and the amount of staff on duty" and "Staff are very attentive and aware of people's safety".

Staff told us that they had received training in safeguarding as part of their induction and we saw from the current annual training plan that safeguarding training was provided to all staff as an ongoing process. They were clear about the process they would follow if they suspected that abuse was taking place. They told us who they would report their concerns to and they said they were confident that any allegations would be investigated by the registered manager and provider.

They also told us that where required they would also escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission.

The records we hold about the service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected. We found that when an incident had occurred at the service the registered manager and the registered provider had taken the correct action and informed the local authority safeguarding team and the Care Quality Commission. They had undertaken investigations as appropriate and had taken action to minimise a re-occurrence. This action had made sure that people who used the service were protected.

Staff we spoke with told us that the staffing levels had improved. Comments included "We have sufficient staff at the moment to meet the needs of the people who live here" and "Things have improved a lot in respect of staffing. We have a fairly stable staff group now and can plan shifts without having to use agency workers".

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home. On the day of our visit there was a registered nurse, a senior carer and four care staff members on duty from 8.00am until 8.00pm on both Sycamore and Riverside units. From 8.00pm until 8.00am there was one registered nurse, one senior carer and four care staff on duty between the two units. We looked at the rota and could see that the registered manager used a dependency tool to assess the number of staff needed. However the rota identified that the numbers recorded at the time of our visit were the usual number of staff deployed each day.

The registered manager told us, and records confirmed they regularly reviewed the dependency needs of people living in the home. This was to help them to work out the necessary staffing levels in line with the needs of people who used the service. The registered manager told us that this was a useful starting point for determining staffing levels, but they would also base these on observations about how effectively and promptly people's needs were being met. The registered manager was able to give us examples of how they had ensured staffing levels were adjusted in line with the needs of people who used the service such as when people needed high levels of personal care support.

In addition to the above there were separate ancillary staff including domestic workers, cooks and kitchen assistants. An activities co-ordinator was also employed each weekday afternoon.

We observed staff carrying out their duties and saw that they were able to respond to call bells and requests for assistance in a timely manner. Whilst staff always appeared to be busy they were able to provide appropriate assistance and support to the people who lived in Millbrow in order to keep them safe.

Four staff personnel files were checked to ensure that recruitment procedures were safe and appropriate checks had been completed. We saw that written application forms, two written references and evidence of the person's identity were obtained prior to an offer of employment being made. References were followed up to verify their authenticity. Disclosure and Barring Service (DBS) checks were carried out for all staff. This organisation aims to help employers make safer recruitment decisions and helps to prevent unsuitable people from working with vulnerable groups. These measures ensured that only suitable staff were employed by the service.

We looked at five care plans and saw that possible risks to people's wellbeing were identified such as trips, slips and falls, risk of choking, reduced mobility or people who were

Good

Is the service safe?

likely to develop a pressure ulcer. The risk assessments described the help and support people needed to reduce the risks, for example providing a soft diet or ensuring a pressure mattress was in place.

Audits of the risk assessments had recently been carried out by the provider and we saw this had been actioned by senior staff who had ensured all risk assessments were reviewed and updated to reflect any change in people's care needs.

Staff demonstrated in discussion that they were aware of the assessed risks and management plans within people's care records. They told us that they ensured that people who had reduced mobility were provided with walking frames and supported with their mobility, special diets were provided for people who were at risk from choking and people who were at risk of pressure ulcers were provided with special cushions and mattresses to alleviate pressure areas.

Medicines were stored securely and senior staff carried out audits to check that medicines were handled safely. We found one instance where information had been copied incorrectly onto a person's medicine chart and this had resulted in the wrong dose of medicine being given. Staff acted immediately when we brought this to their attention, to ensure the person's well-being.

Our pharmacist inspector watched some people being given their medicines and looked at the medicine records for 24 out of the 41 people living in the home. Medicines were administered safely and at appropriate times. One person's medicine had to be given at specific times for maximum benefit. Times were clearly written on their chart and we saw the person being given this medicine at the right time in the afternoon. Some people were prescribed a medicine 'when required'; there were guidelines (protocols) to help staff give these medicines in the way the doctor intended. Emollient creams were kept safely and their use was recorded.

The home's own records showed that medicines were kept at temperatures above manufacturers' recommendations. This meant some medicines could be less effective or even harmful. The manager showed us estimates for installing air conditioning in the room in which the medicines were stored and told us that work was due to start in August 2015.

Medicines that were controlled drugs were handled and recorded correctly. This minimised the risk of mishandling or misuse.

People were protected from the risk of infections by effective prevention and control measures. There had been no infectious outbreaks since the previous inspection and arrangements were in place to minimise the spread of infections. People had their own rooms and systems were in place for managing cleaning materials and laundry to minimise the risk of cross infections. The home was visually clean and free from any unpleasant smell. Staff wore gloves and aprons when necessary and these were colour coded for different purposes. There were adequate supplies available so that gloves and aprons could be used and disposed of between specific tasks.

Guidance was on display for staff, visitors and people using the service to follow in relation to hand hygiene and infection prevention. Alcohol gel was provided at the entrance to the premises and at other places around the home.

Good

Is the service effective?

Our findings

People living in the home told us that they were given choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. Comments included; “I can do what I want, within reason” and “They ask me if I want to go to bed or stay up". We saw that staff interacted well with the people who lived at Millbrow. They took time to ensure that they were fully engaged with the individual and checked that they had understood their wishes. Before carrying out interventions with someone they explained what they needed or intended to do and asked if that was alright rather than assume consent. They also spoke to people informally and acknowledged them with a smile as they passed through the home and went about their daily tasks. We noted that staff encouraged individuals to enjoy effective communication. This was especially evident on the upper floor of the home (Sycamore unit) which accommodated people who were living with dementia. Staff told us that people were not always able to communicate verbally but expressed themselves in other ways such as by gesture or expression.

The management team had a clear staff training programme in place to ensure that all staff training and development focused on their individual needs. This included medication management, dementia care, challenging behaviour, pressure area care and safeguarding. They also provided SOAR training (Strength, opportunity, aspirations and results) which was mandatory for all staff. This is computer based with practical elements and ensures that staff have the knowledge and skills to provide care and support in accordance with the organisation’s policy and practice. They recognised that staff training was important and had arranged a yearly planner to ensure that all staff were up to date with essential training. We looked at the staff training records which showed that all staff training was up to date.

Staff told us that they could access support and guidance from colleagues and managers at any time. They told us that they had regular supervision and appraisal meetings which they said were useful and enabled them to discuss anything that was on their mind. They said that supervisions and appraisals helped to ensure they received the guidance required to develop their skills and knowledge. Formal supervision is a meeting that takes place in private with the person’s immediate manager to discuss their training needs and any issues of concern. We were told that this takes place at a minimum frequency of four times a year and we saw that records of these were kept in the home in a locked filing cabinet.

Induction training was provided for new staff to help them to understand their role and responsibilities. This consisted of a two day orientation of the premises and services provided followed by ongoing training and shadowing experienced staff. Induction training and ‘mandatory’ (essential) training reflected the industry standard training for care staff, known as the Common Induction Standards.

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 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. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw that people were asked consent for their care. Records showed that if people refused care this was noted in their records so that staff could monitor if people were at risk from continued refusal. If there was any doubt about people’s ability to make decisions about their life at Millbrow, their mental capacity was assessed in line with the principles of the MCA. Procedures were in place to complete mental capacity assessments involving family members, health or social care professionals and advocates as appropriate. Staff spoken with understood that people had the right to make their own decisions, for example about their choice of clothing. When we spoke with staff we asked them how they made sure that people consented to the care which they were receiving. Staff displayed a good awareness of the need to obtain consent from people and the need to take into account the different levels of mental capacity which people might have and how this might be related to the particular circumstances and context in which they were being asked to give consent. Staff told us that if a person could not verbally consent to something they would use the person’s demeanour and reaction to the proposal to gauge whether they agreed or not. They were clear about the importance of obtaining consent.

Good

Is the service effective?

The registered managed had completed DoLS applications for a number of people who lived in Millbrow. We saw that eight of these had been authorised by the local authority. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority to protect the person from harm. We received information from an anonymous source prior to our inspection in relation to allegations that a person was being deprived of their liberty within the home. We were able to review this allegation and identify that a mental capacity assessment had been completed and DoLS application had been submitted by the home to ensure that the person was protected from harm.

People's health care needs were met and monitored. They had access to a range of health care professionals including doctors, podiatrists, opticians, district nurses and dentists to make sure they received effective healthcare and treatment.

The cook knew about people's dietary needs and provided us with examples of people's food preferences having been incorporated into the menu. We saw that people's dietary needs were catered for. People were complimentary about the meals. They said they had a choice of what to eat and drink. One person told us that they had requested that a certain food item was added to the menu and this request had been granted. People told us and we also observed that snacks and drinks were available at any time. We saw from minutes of a resident and relative meeting that feedback had been requested about the menus and people had said that they were varied and nutritious.

We saw that people's nutritional needs were assessed and their preferences were individually recorded. We saw advice had been sought from a speech and language therapist about what foods were appropriate for people, for example when they needed a soft diet. The input of the dietician had also been arranged, where people were at risk of malnutrition. We noted staff had maintained food and fluid charts when people had been assessed as having a nutritional risk. The amount of food and fluid had been totalled to help monitor people's intake and ensure they were receiving sufficient food and fluid. Catering staff prepared fortified food to provide extra calories, vitamins and minerals to people at risk of malnutrition.

We spoke with staff and observed their interactions with the people who lived at Millbrow during a lunchtime meal. Observations of staff assisting people with their meals showed deep understanding and a sensitivity to ensure that peoples dignity and self-respect remained intact.

Good

Is the service caring?

Our findings

People living in the home told us that they were given choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. Comments included; "I can do what I want, within reason", "They ask me if I want to go to bed or stay up" and "Staff are really kind to me they look after me well". Relatives of people who lived at Millbrow told us that they felt the staff were caring and kind. Comments included "They really do care for her" and "I do not worry anymore as I know the staff provide good care". We noted that staff encouraged individuals to retain/regain independent skills. This was especially evident on the upper floor of the home (Sycamore unit) where people were encouraged to actively participate in daily living tasks such as assisting staff with tidying the dining room. We observed five staff on this unit interacting with the people living there and noted that staff had a deep understanding of people's individual needs and used this to ensure people maximised their potential. This included involving people in discussions and providing them with information about what was happening in the home. Staff spent time with people and encouraged them to enjoy effective communication. They spoke with people and asked them about their lives, interests and needs. Care plans identified that people were consulted about their spiritual needs and actions had been taken to ensure these needs were met wherever possible such as ensuring people were able to take holy communion. The atmosphere of the home was very relaxed and we saw that people enjoyed pleasant interaction with staff with lots of gentle humour.

We noted that there were policies and procedures for staff about the operation of the service, which included guidance on respecting privacy and promoting dignity. This helped to ensure that staff understood how they should respect people's rights in these areas.

Staff told us that they supported people to retain as much of their independence as possible by encouraging people to wash and dress with minimal assistance and by providing people with mobility aids such as walking frames so they could maintain their freedom of movement.

On a tour of the premises, we noted that people had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family, friends and pets and pictures for their walls. We also saw that there were practical steps taken to preserve people's privacy, such as door locks and blinds fitted to bathroom windows.

People were encouraged to express their views as part of daily conversations, during meetings and via a customer satisfaction survey. We saw records to show that a wide variety of topics had been discussed and people told us they could discuss any issues of their choice.

The provider had implemented a recognised care pathway for people who were nearing the end of their life. The aim of this pathway was to ensure all people received high quality end of life care that encompassed the philosophy of palliative care. We saw that training in this pathway was included in the provider's training plan.

Good

Is the service responsive?

Our findings

People told us that their care was provided to meet their needs. Comments included; "The staff help me to manage my life in the way I want to" and "I get the care and food that I want".

People's care and support needs had been assessed with the person's involvement and /or their family or any other person who may be involved with their care. This assessment formed the basis of the person's care plan, which included information about what was important to them, people's interests and their preferences. People confirmed that they had been asked about their wishes and requirements before moving into the home.

Care plans included individual guidance about the support and care people needed and how to minimise any identified risks including falls and pressure ulcers. People's care plans were reviewed routinely monthly and a more comprehensive review took place as and when needs changed such as after a fall or on discharge from hospital.

We saw care plans covered a range of areas including; diet and nutrition, psychological health, skin integrity, managing people's pain and mobility. We saw that if new areas of support were identified then care plans were developed to address these such as short term plans for chest or urine infections or other illnesses. Care plans varied in detail but contained information staff could use to support people. We found one person had been assessed by the speech and language therapist (SALT) and recommendations made about how they should be supported with their meals and drinks and the care plans had been amended accordingly.

We found the care files to be stored correctly, neatly and tidily with contents sections clearly indexed and methodically arranged. The records included a "one page profile" of the person which illustrated a number of key elements such as likes and dislikes, hobbies and "things you need to know about me" plus communication strategies, risk assessments and "things important to me" elements. On this basis the care files helped staff to understand and respond to a person's individual needs. The use of pictorial records helped people who had communication difficulties to take part in and be involved in their own care plans.

From observations and taking to staff and people who lived at Millbrow we found that staff had a good understanding of each person's needs. Staff told us that they had comprehensive handover meetings at the beginning of each shift when each person's current needs and progress were discussed so they knew the daily support and care people needed.

We spent time observing the care provided and witnessed that staff answered call bells in reasonable time and responded to people's requests for help. People told us that they did not have to wait long for support, although it could be a few minutes when the home was particularly busy.

We spoke with staff about personalised care. We found staff had a good knowledge of the people living in the home and how they provided the care and support that was important to each person. One staff member told us that they had developed systems to ensure they could have effective communication with people who lived in the home. This included pictorial and written communication. We observed this non-verbal communication and saw that it was most effective.

People told us there were a range of activities available at the home including craft activities, events and films. We saw that an activity coordinator worked in the home weekday afternoons and observed a bingo session taking place during our visit. We also saw an ice cream van paying a visit to the home and staff told us that the people living in the home loved to see the van and listen to the sound of its "music". The activity programme was planned for the year and we saw notices around the home to enable people to see what activity was planned for each day. People told us that they could join in if they wished but were always given choices to "do what they wanted". People told us they enjoyed one to one sessions with the activity coordinator when they could have pampering sessions, go out shopping or just chat about life in general.

We looked at the way people's views were sought and complaints managed. People told us that they had not raised any formal complaints but they knew they could speak with a member of staff or the registered manager if they had any concerns. One person told us that they had made a complaint in the past and it was sorted out very quickly. Records showed that two formal complaints had been dealt with since the previous inspection. We found that matters had been appropriately investigated and

Good

Is the service responsive?

people had received a full written explanation of the investigation and any action taken as a result of the complaint. We also saw several thank you letters which complimented the staff and services provided.

Good

Is the service well-led?

Our findings

People we spoke with told us that they were happy at the home and comments included, "I like it here", "It's alright here" and "Staff are great". Relatives of people who lived at Millbrow told us that were happy with the staff and services provided. Comments included, "My mum has not been here very long but we are more than happy with the staff and the way they treat her" and "The home is much better now, it has a more relaxed atmosphere and everyone seems to be happy".

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered with the Care Quality Commission in June 2015. The registered manager, regional manager and clinical lead nurse were present and assisted us with the inspection.

The registered manager told us that their philosophy for the home was to develop care "to a standard I would want for my loved ones". They said that "This is people's home so they should have what they want".

Staff told us that the home had recently benefited from some redecoration and there was "A very pleasant atmosphere around the home". Staff said that they received ongoing supervision, training and support and the registered manager was very supportive.

We saw that the register manager carried out a range of checks and audits at the home. We also saw that they reported back to the provider organisation on a monthly basis, detailing any complaints, compliments, incident reports or accidents, sickness levels and staff training completed. We also saw that care plans, food audits, safeguarding and people's experiences and end of life were audited monthly. Wound care was audited weekly which tracked and triggered actions. Daily medication audits were in place and monthly manager medication audits undertaken.

People told us and we saw that the registered manager regularly walked around the home to check on things and see how people were. One person said "Jan Harrison (registered manger) is lovely, kind and chatty". The registered manager told us they liked to be accessible and visible around the home and be a hands on manager.

The registered manager told us there were a range of staff meetings with nurses, care staff and domestic staff. Documentation we looked at confirmed this. They told us that they tried to work with staff and engage them to discuss any ideas or areas of concern. Staff told us that they felt the registered manager was transparent and enabled them to speak their mind without fear of reprisal.

We saw that surveys were used to gain people's perceptions of the staff and services provided. Questionnaires were provided for people who lived in the home and their relatives and other professionals who may be involved with their care. We saw some questionnaires that had been returned that all the comments made were most positive.

The registered manager was out of the building when we arrived at the premises and we were initially assisted by a clinical lead nurse who was working on the upstairs unit (Sycamore). They were able to quickly access all the documentation we requested and assist the pharmacy inspector during her medication audit. We noted that all records were appropriately stored. This showed that the organisation and management of records were well managed.

We saw evidence of forward planning for the service. For example, the registered provider had audited its training arrangements to confirm that they would incorporate all the standards for the forthcoming care certificate which is about to be introduced. The care certificate sets out explicitly the learning outcomes, competences and standards of care that will be expected in the health and social care sectors and will be replace both the common induction standards and the national minimum training standards.

Registered locations such as Millbrow are required to notify the Care Quality Commission (CQC) of certain events. We checked our records and noted that notifications such as relating to the outcome of DoLS applications, safeguarding concerns or other incidents that had occurred within the home had been forwarded to CQC in accordance with the requirements of their registration.