

HC-One Limited

# Millbrook Care Centre

## Inspection report

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Date of inspection visit:  
31 August 2023  
04 September 2023

Date of publication:  
25 September 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Millbrook Care Centre is a large, detached property which provides accommodation for up to 46 older people. The accommodation is situated over two floors with lift access. At the time of this inspection there were 44 people living in the home

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

Staff were recruited in line with safer recruitment processes and there were enough staff to meet people's needs. Risks were assessed and environmental checks and maintenance were completed. The home was clean and tidy, and staff followed good infection protection and control processes. The registered manager analysed events such as accidents and incidents to ensure lessons were learnt and reduce future risk. Medicines were securely stored, and people received their medicine as they needed. A small number of staff had competency assessments which were out of date, this was immediately addressed during the inspection.

People's needs were fully assessed and referrals to relevant services were made where additional needs were identified. Any advice given was followed by staff. People received the support they needed to eat and drink well. Staff felt well supported and received all the training needed to undertake their roles. People's capacity was assessed and where needed best interest decisions made, and appropriate legal authorisation requested where restrictions were needed.

People were supported by kind and caring staff. Staff knew people well. Dignity and privacy were consistently considered and people were encouraged to remain as independent as possible.

The care delivered was personalised to people's needs and people and families were actively involved in developing and reviewing care plans. People were supported by wellbeing workers to engage in activities, and trips to the local community were arranged. Complaints and concerns were investigated and learning shared. People who were approaching end of life had clear plans of support, and the necessary paperwork and medicines were in place to ensure people remained comfortable.

People knew the registered manager and felt confident to discuss any concern with them. There were a range of systems for people and their families to provide feedback and engage in the service. People felt the service provided personalised care and families were very happy with the care provided. Systems were in place to check the quality of the service, and action was taken where areas of improvement were identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 27 August 2021 and this is the first inspection under this provider.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

# Millbrook Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Millbrook Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Millbrook Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was first registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to

make. We used all this information to plan our inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 6 people who use the service, 7 relatives and 12 members of staff, including the registered manager, care workers, and auxiliary staff.

We reviewed a range of records including 4 people's care records. We looked at 4 staff files in relation to recruitment, training and support. We reviewed 4 people's medicine administration records and looked at medicines related documentation and management arrangements. A variety of records relating to the management of the service, including policies and procedures were examined.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Millbrook Care Centre. One person told us, "I'm very happy here. The staff are good and look after me." Relatives were confident that their family member was looked after well and told us any concerns were effectively communicated with them.
- Staff had completed the relevant training and understood their responsibility to keep people safe. Policies and procedures were in place to guide staff on the required action should they have concerns.

Assessing risk, safety monitoring and management

- People's needs and risks were assessed and reviewed frequently and action taken to manage and mitigate these as much as possible.
- Where specific risks, such as a risk of falls had been identified the home was proactive in implementing assisted technology to reduce the risk, such as movement sensors. Referrals were made to relevant healthcare agencies, such as the falls team or physiotherapy. The wellbeing coordinator supported people to undertake any exercise regime prescribed.
- The registered manager undertook regular checks of the environment to ensure it was safe. There was a schedule in place to ensure checks and maintenance of equipment were completed as needed. A range of generic risk assessments were in place to reduce risks in relation to the use of equipment and the environment.

Staffing and recruitment

- Staff were recruited in line with safe recruitment processes which included checks of a person's employment history and character, and with the Disclosure and Barring service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer and help employers make safer recruitment decisions.
- There were sufficient staff employed to meet the needs of people living at Millbrook. People told us, "There always seems to be enough staff around and they come when I need them." Relatives commented, "Generally they seem to do ok with staff. There have been a few new faces, but staff know [family member] well." Staff told us that staffing levels had improved.

Using medicines safely

- People were receiving their medicines safely as prescribed. One person told us, "They are pretty good at getting me my tablets on time."
- Medicines were being securely stored, and an accurate record of medicines administered was being maintained.

- Information about how people liked to take their medicines, including guidance for medicines people only had occasionally, was in place. We discussed how this could be future developed to be more person centred and detailed with the registered manager.
- Staff who supported people to take their medicine had completed relevant training and had assessments of their competency to ensure they were safe to give this support. On the first day of inspection, we found a small number of staff who occasionally support medicine administration had a competency assessment which was out of date. This was immediately addressed by the registered manager and the provider took steps to review their systems to ensure this issue would not reoccur.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no restrictions on visiting and people living at Millbrook Care Centre were freely enjoying visits from friends and family.

#### Learning lessons when things go wrong

- The registered manager had systems to monitor accidents and incidents and analysed these for themes and trends to help reduce future risk. The registered manager investigated any concerns and worked closely with other services, such as the safeguarding team if things had gone wrong. Analysis of individual events and reflective supervisions were used to support learning and lessons learnt were clearly shared through a variety of forums and meetings.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and documented within care plans. Staff knew people's needs and preferences well.
- People and relatives told us that staff understood individual's needs and met them appropriately. One person commented, "Staff know how to support me. I have no concerns about that." A relative commented, "I can't speak highly enough of staff. They really know [family member]."

Staff support: induction, training, skills and experience

- Staff received the training and support needed to undertake their roles. Staff completed a variety of training and training compliance was overall good.
- Staff told us they felt well supported and felt confident to discuss any concerns with their line manager. The registered manager told us they had an open-door policy for staff and would work alongside staff to aid working relationships. We noted the registered manager was very visible across the home.

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

- Mealtimes were calm and sociable occasions. People could meet to dine together, and those who preferred received their meals in their rooms. People were seen enjoying their meals and were generally very complimentary about the food.
- The chef told us they would provide alternative options for people if they did not like the options available and had a good understanding of people's needs, including those who required modified or fortified meals or had specific food allergies.
- People's dietary needs were documented and monitored to ensure people were eating and drinking enough. Referrals for specific advice, such as dietician and speech and language therapy (SALT) for people with swallowing difficulties, were made and advice incorporated into care plans. However, we found one instance where some, but not all, advice had been fully incorporated into the care plan. This was discussed with the registered manager and immediately addressed.

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

- The service worked closely with other health care agencies to meet people's needs. Referrals were made for specialist advice and assessments where a need was identified, including dietician, SALT, the falls team and district nurses. Advice was recorded and followed by staff as needed.
- The local doctors surgery completed regular visits to the home to review people's needs. People felt confident staff would support them to access the help they needed. Relatives commented that staff knew

when people were becoming unwell and kept them up to date on things. One relative commented, "The love and care they gave [family member] has made such a difference. She is happy and well cared for and I feel like I have my [family member] back."

- People were supported to become as independent and well as possible. The registered manager gave us examples of how people's health had improved and with support and packages of care people had been able to return to their own homes in the community.

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

- The service was clean and tidy and free of obstacles and hazards to promote people to mobilise freely. People and relatives spoke positively about the décor of the home.
- People's bedrooms were very personalised and homely. People had brought items of their own to make their rooms comfortable and personal to them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Detailed, decision specific capacity assessments were completed with people and other relevant parties. Where people lacked capacity to make specific decisions, best interest decisions were made and appropriate requests for DoLS made.
- People were supported to make decisions about their daily lives and choice was promoted as much as possible. People told us staff were respectful of their decisions with one person commenting, "They [staff] listen. I don't have any restrictions and can do what I like."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and families spoke highly of how they were supported and described staff as being kind, caring and treating them well. One relative commented, "They [staff] are exceptional in every sense of the word." Another relative commented, "Although my [family member] can be difficult they are really well cared for."
- People's equality and diversity needs were considered, and care planned for. Where people had specific needs, including cultural needs, the registered manager and staff team would work with people to ensure these needs were met.

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

- People told us they were involved in making decisions about their care plans. Records demonstrated that where possible people and families were involved in developing and reviewing care plans. People told us care was delivered as they wanted it. One person commented, "They are very good and do things the way I like it."
- Where people were unable to be involved in decision making, appropriate action was taken to seek the views of others. Relatives felt involved in decision making around care, and the registered manager understood when, and how, to seek independent advocacy support for people.

Respecting and promoting people's privacy, dignity and independence

- People felt staff were respectful, and their privacy and dignity was maintained. One person commented, "The staff are nice, they always ask and knock on the door before they come in."
- People's independence was encouraged. Care plans contained information about how to support people and what they could do for themselves. A relative told us, "They definitely try and keep [family member] independent. They still do [a lot of their personal care] for themselves."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and families told us staff gave care that was personalised and met the person's individual needs. Staff clearly knew the people they were supporting and their needs and preferences well. Interactions between people and staff were kind and positive.
- People had care plans which contained detail on how to meet a person's needs and their preferences. People told us they felt involved in how their care was delivered and were involved in discussions about their care on a regular basis. Families also felt involved and told us communication was effective.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly recorded, and care plans implemented to ensure their needs were met. We observed staff were kind and patient when communicating with people and ensured people had all the necessary equipment, such as hearing aids and glasses.
- The registered manager understood how to meet people's communication needs and used a variety of assistive technology to support people, based on individual need. The provider was able to adapt resources in a variety of formats, including different languages and large print as needed.

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

- People were supported to engage in a variety of activities and interests. Wellbeing coordinators were in place who provided a range of group and one to one support, including trips out in the local community.
- People and relatives spoke positively about the range of activities available and told us their ideas and views were used to develop the activity schedule. The wellbeing workers actively sought creative ways and accessed technology such as virtual reality to enable people to engage in a range of activities.
- Community services, including befriending groups, library services, and religious groups were accessed to support people with their specific interests and needs. One relative commented, "My family member really likes the one to one time. I can see they get a lot of benefits from this time."

Improving care quality in response to complaints or concerns

- Complaints were investigated, and a response provided by the registered manager or the provider. Apologies were offered when appropriate. People, families, and staff all told us they felt able to raise concerns and felt confident these would be addressed.
- The registered manager had implemented a variety of formats to collect feedback from people, families and staff which included suggestion boxes, regular meetings and annual surveys. Feedback was generally very positive, and any ideas or suggestions people made were used to develop plans of action.

#### End of life care and support

- People who were reaching the end of their life had detailed advanced care plans in place which contained detail about how they wished to be supported. Staff recognised where people were declining and ensured the relevant paperwork was reviewed and in place for people. Anticipatory medicines were implemented for people where this was needed to ensure they remained comfortable.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People felt happy and safe at the service and felt there was a positive personalised approach to care delivery given by staff. One person commented, "I am very happy here. I couldn't ask for more." Relatives agreed with one commenting, "Staff have been fantastic. It is so good not to have to worry about [my family member]."
- Staff felt supported in their roles and told us they all worked together to support the people living at Millbrook Care Centre. The home was a calm environment and staff quickly responded to people's needs. One staff member told us, "I think we work well as a team. We know what needs doing and work together well. We can spend time with people, have a chat. They are like part of our family."

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

- The registered manager and provider understood their responsibilities under the duty of candour. Systems of oversight were in place to ensure lessons were learnt from any accidents, incidents, safeguardings, or complaints, and this information was shared across the service. Where complaints were made these were investigated and a response given, including an apology where needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was committed to driving improvements across the home and responsive to feedback given from all sources. People, families, and staff all felt confident to raise concerns and share ideas. Any feedback given during the inspection was acted upon immediately by the registered manager.
- People and relatives told us they felt communication worked well and felt involved and able to contribute to the service development. One relative commented, "They are always looking at ways to improve and ask for ideas."
- There were systems in place to monitor the quality of the service and identify areas of improvement. Where audits had identified improvements, these were recorded in a plan and quickly addressed. The registered manager was visible in the home and people and families knew them. The registered manager made time to speak to people and families whenever they wanted to talk.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a variety of ways and opportunities for people families and staff to get involved in the service including meetings and surveys. Feedback was generally positive and people living at Millbrook and their families were actively involved.
- The registered manager told us that people living at the home, who wished to, were becoming involved in the interviewing process for new staff. Other people living at Millbrook Care Centre contributed toward oversight and improvement of areas of care in 'champions' roles which including infection prevention and dining.
- The service worked closely with outside agencies including external health care services and local community groups to meet people's needs. Library services and religious leads visited the home to provide support and people living at Millbrook Care Centre actively accessed the community.