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Millbrook House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service:

Millbrook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide care for a maximum of 60 people. At the time of this inspection 48 people were receiving care at the service.

People's experience of using this service:

Medicines were not always managed safely in accordance with the relevant guidance. We made a recommendation regarding this.

Risk assessments were completed in relation to a range of health conditions and the environment. However, a small number of records relating to the management of risk had not been completed correctly or consistently. We made a recommendation regarding this.

The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements. The issues identified during this inspection had not been identified by these audits. However, the response to address any issues and improve future practice was extensive and immediate.

Concerns identified at the previous inspection had been addressed and the service was no longer in breach of regulation.

Staff had been trained in adult safeguarding and understood their role in relation to keeping people safe. Staff had been safely recruited and deployed in sufficient numbers to meet people's needs.

Staff were trained in relevant subjects and given support to do their job. Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.

Comments from relatives regarding the quality of food were mostly positive. People were given plenty to eat and drink and supported by staff where required.

Staff and managers worked effectively with healthcare professionals to ensure that people received the care they needed.

The design and flow of the building have been improved to make it more appropriate for people living with dementia.

Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.

Relatives told us that their family members were always treated well by staff and were involved in decisions about their care. We saw a number of examples where staff spoke to people with kindness and respect throughout the inspection.

Staff knew people's personal histories and their likes and dislikes. They used this information to hold conversations and to engage people in activities.

Important information was made available in a range of accessible formats to help people understand and to promote their involvement.

Complaints were addressed in accordance with the provider's policy and best-practice guidance. None of the people that we spoke with said that they had made a complaint recently. They each said that they would feel comfortable raising any issues with any member of staff.

Each of the people that we spoke with had a clearly defined role within the service and understood their role and responsibilities.

The provider placed continuous learning and improvement at the heart of their practice. Lessons learnt from incidents and accidents in other services were shared with managers and staff to improve practice.

Rating at last inspection:

Millbrook House was rated Requires Improvement at our last inspection. The report of the last inspection was published on 6 July 2018.

Why we inspected:

This inspection was scheduled and conducted in accordance with our methodology for Requires Improvement services to ensure that concerns identified at our last inspection had been addressed.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re inspect in line with our inspection timescales for Good services.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Millbrook House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team included two adult social care inspectors, a specialist nurse advisor and an expert with experience of dementia services.

Service and service type:

Millbrook House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with CQC. This means that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

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Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the service was registered. Due to a technical issue, the provider had not been asked to provide information in the form of a provider information return (PIR) in advance of this inspection. The provider was advised to share any information of relevance during the inspection.

People living at the home were unable to engage in conversations with us because of their health

conditions. However, during the inspection we spoke with four relatives of people who lived in the home. We spoke with the registered manager, a deputy manager, a nurse, three care staff, representatives of the provider and an external healthcare professional.

We reviewed a range of records. This included five people's care records, five staff files and other records relating to the management of the home. We also completed observations of the care provided throughout the inspection.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- Medicines were not always managed safely in accordance with the relevant guidance.
- For example, the room where medicines were stored was untidy and some areas had not been recently cleaned. Medicines which were no longer in use had not always been disposed of safely.
- We also found that some medicines were not safely labelled and others had not been signed for as required.
- We raised these concerns with nursing staff and the registered manager who took immediate action to address them.

We recommend the service reviews the management of medicines to ensure that it complies with best practice guidance.

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce the risk of harm.
- Risk was appropriately assessed and recorded in care files. Risk assessments were completed in relation to a range of health conditions and the environment. However, a small number of records relating to the management of risk had not been completed correctly or consistently.

We recommend the service reviews care records to ensure that they are complete and reflective of people's needs.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in adult safeguarding and understood their role in relation to keeping people safe. We saw that staff were observant and intervened at an early stage to reduce risk.
- Systems for reporting concerns were robust and aligned to the requirements of the local authority and the Care Quality Commission.
- The relatives that we spoke with told us that their family members were safe. One relative commented, "I have no issues or worries."

Staffing and recruitment

- Safe recruitment practices were used to ensure that new staff were suited to working with vulnerable people. Appropriate checks were completed before new staff started work.
- Staff were deployed in sufficient numbers to provide safe care. Agency staff were required to complete a basic induction before starting work.

Preventing and controlling infection

- With the exception previously mentioned, the environment was visibly clean and free from any unpleasant odours. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection. Staff made appropriate use of personal protective equipment (PPE).

Learning lessons when things go wrong

- Staff understood the importance of reporting incidents and accidents. The documentation that we saw included sufficient detail to aid analysis and to identify patterns or trends.
- Significant incidents and accidents were subject to further review by senior managers.

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

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

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care. Recognised guidance and information was available to help staff support people to manage their anxiety.
- People were involved in discussions about their care and their outcomes were good. One relative told us, "Staff will ask for consent before carrying out any care."

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge.
- Staff told us that they felt well supported. Records indicated that staff received regular group and individual supervision.
- Staff were given opportunities to complete accredited training to support their career development.

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

- Comments from relatives regarding the quality of food were mostly positive. People were given plenty to eat and drink and supported by staff where required.
- People were encouraged to eat together, but had the choice to have a different meal, or eat their food in a different part of the building.
- One person was supported to eat their food as they walked around because they preferred not to sit at a table.
- Records of food and fluid intake were kept for people who were at risk of malnutrition or dehydration.

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

- Staff and managers worked effectively with healthcare professionals to ensure that people received the care they needed. We saw evidence in care records that GP's and other healthcare professionals completed regular check-ups.
- Staff were aware of people's individual healthcare needs and were able to explain how they met these needs through the provision of care, support and activities.

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

- Millbrook House has recently been extended and refurbished in some areas. The design and flow of the building have been improved to make it more appropriate for people living with dementia.
- The addition of murals, coloured doors and good signage helped people to orientate themselves within

the building. Outdoor spaces provide safe areas for people to relax.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, staff completed mental capacity assessments and the best interest decision making process was followed and documented.
- DoLS applications had been made when required.

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

- Concerns identified at the previous inspection had been addressed and the service was no longer in breach of regulation.
- People's right to privacy and dignity were supported by the way care was provided. Staff supported to maintain their independence by encouraging them to as much as they could for themselves.
- Staff supported people with their personal care needs in a discrete and sensitive manner. Staff told us how important this was to people and explained how they supported people's right to privacy at all times.
- The relatives that we spoke with were very complimentary regarding the caring nature and approach of staff.

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

- Relatives told us that their family members were always treated well by staff and were involved in decisions about their care. One person said, "They are lovely and sweet with [relative]."
- We saw a number of examples where staff spoke to people with kindness and respect throughout the inspection.
- People living at Millbrook were supported to practice their faith if they wished. People's wishes and preferences regarding faith were recorded in care records. Staff were clear about their responsibilities in relation to other aspects of equality and diversity.

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

- People and their relatives were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular meetings.
- Staff discussed decisions with people and offered choices throughout the inspection. Important decisions were recorded in care records and reviewed.
- People were supported to contact an advocate to help them with important decisions as required.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- We saw clear evidence that people's individual needs and preferences were considered as part of the care planning process. We also saw that needs and preferences were reflected in the way care was provided. However, we saw a small number of records that had not been completed to the same standard. This was discussed with the registered manager during the inspection.
- Staff knew people's personal histories and their likes and dislikes. They used this information to hold conversations and to engage people in activities. A relative said, "(Activities are) great, loads going on. [Relative] goes out on a lot of trips."
- Where people were reluctant to participate in activities, they were encouraged, but their decision was respected. One care record stated, 'Don't make [preferred name] feel pressured into joining an activity' and '[preferred name] should be allowed to disengage with an activity at any given moment.'
- People were involved in planning individual and small group activities. For example, excursions to local facilities.
- Important information was made available in a range of accessible formats to help people understand and to promote their involvement.

Improving care quality in response to complaints or concerns

- Complaints were addressed in accordance with the provider's policy and best-practice guidance.
- None of the people that we spoke with said that they had made a complaint recently. They each said that they would feel comfortable raising any issues with any member of staff.

End of life care and support

- Where people had expressed a preference, care records contained information about their end of life wishes.
- Staff told us that the information was used to support family members and to make individual arrangements.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Each of the people that we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- Notifications regarding important events had been submitted as required.
- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- The issues identified during this inspection had not been identified by these audits. However, the response to address any issues and improve future practice was extensive and immediate.

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

- The managers and the staff that we spoke with demonstrated their commitment to providing high-quality, person-centred care. This commitment was reflected in records and in their interactions with people.
- Staff demonstrated an understanding of their responsibilities in relation to the people living at Millbrook House and the need to act with honesty and integrity.
- Managers and staff were aware of the potential limitations of living in a large residential service and had taken effective measures to ensure that people received individualised care that met their needs.

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

- People living at the service and their relatives were involved in discussions about concerns and improvements in different ways. They were invited to attend regular meetings and complete questionnaires, or they could choose to engage less formally by speaking to staff, the registered manager, or a representative of the provider.
- Staff were supported to express their views and contribute to the development of the service at team meetings and handovers. The staff that we spoke with said that they could approach the registered manager, or the provider at any time.

Continuous learning and improving care; Working in partnership with others

- The provider placed continuous learning and improvement at the heart of their practice. They made use of audits, reports and other forms of communication to monitor and improve the safety and quality of care. Audit processes were amended in response to issues identified during the inspection.
- Lessons learnt from incidents and accidents in other services were shared with managers and staff to

improve practice.