

Enabling Futures Ltd

Millbrook House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service

Millbrook House is a residential care home providing accommodation and personal care for up to eight young adults with learning disabilities and, or autistic spectrum disorder. At the time of the inspection there were seven people living there.

The service is an adapted manor house. There is one main communal lounge. Every bedroom is en-suite and some people had their own lounges and kitchens. The building sits in the same grounds as a children's service. Some people transition from the children's to the young adults service.

The service had not been designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/ or autism to live meaningful lives that include control, choice, and independence.

The service was within a campus style setting and was linked to a children's service in the same grounds. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Governance and performance management were not always clear or effective. The manager was in the process of implementing an improvement strategy but not all staff felt this had been explained to them effectively. Relatives spoke highly of the manager and told us they were involved and supportive of the improvements.

Some staff did not understand the safeguarding procedure and told us they would fear recriminations if they raised concerns. Since the manager was appointed four months before the inspection, they had implemented a proactive approach to risk assessment. This included encouraging people to take positive risks to develop their independence.

Care planning was focused on a person's whole life, including their goals, skills and abilities. Before the manager took their role there was a reliance on restrictive practice which the manager had identified as requiring immediate improvement. The manager has since implemented positive behaviour support with the assistance of appropriate healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

We saw people were treated with dignity and respect in all their interactions with staff. Staff knew people well and knew how to communicate in a way that people understood. Staff demonstrated an understanding of the importance of people's relatives or advocates being actively involved in their lives.

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

Rating at last inspection (and update)

The last rating for this service was Good (published September 2018)

Why we inspected

The inspection was prompted in part due to concerns received about staffing and safety. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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. 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one Specialist Professional Advisor. A specialist advisor is someone who has current experiences of working in this type of care setting. In this case they were a qualified and practicing Learning Disability Nurse.

Service and service type

Millbrook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. Having a manager registered with the Care Quality Commission means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and had submitted an application to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection, including when people had got in touch with us to share their concerns. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service, however, people did not always have the capacity to express their views, so we also spoke with three relatives about their experience of the care provided. We spoke with eighteen members of staff including the manager, assistant manager, senior care workers, care workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and all medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant 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.

Systems and processes to safeguard people from the risk of abuse

- Some staff did not understand the safeguarding procedure and told us they would fear recriminations if they raised concerns. Some staff told us colleagues had been disciplined after raising safety concerns. This meant there was a risk staff would choose not to report potential signs of abuse.
- The provider had previously allowed restrictions to be placed on people in response to behaviour that challenged. The manager had recognised this and devised more appropriate support to meet people's needs. However, some staff were fearful that they or other people could be hurt. This showed the positive behaviour support the manager had put in place was yet to be fully embedded into the culture of the home.
- Some staff told us they had previously raised concerns with the provider about feeling nervous they could not meet the needs of one person. They told us their concerns were not listened to and they were still made to work with someone when they feared for the safety of another service user and themselves.
- The provider had a safeguarding and whistleblowing policy and some staff demonstrated a clear understanding of both. There was open communication between the manager and the local safeguarding authority. Safeguarding records we viewed showed that investigations were completed, and lessons were learned to prevent the same thing happening again.

Learning lessons when things go wrong

- Since the manager had commenced their role, four months before the inspection, they had initiated a strategy to learn lessons when things had gone wrong. This was in the process of being embedded into day to day practice. The manager had instigated a proactive approach, rather than the reactive approach that was in place previously.
- Relatives told us they were confident their relation was safe. One relative said, "Since the new manager has come in with a proactive approach to safety and well-being, I'm very happy that [Name] is safe and I couldn't ask for more."

Assessing risk, safety monitoring and management

- Since the manager was appointed they had implemented a proactive approach to risk assessment. This included encouraging people to take positive risks to develop their independence.
- Risk assessments were in place. People were involved in managing risks and the documentation was person-centred. Where risks to people's safety were identified, guidance was in place to ensure staff followed the least restrictive option to maintain people's safety.
- Staff had been trained in using restraint, this was only used when necessary and lesser restrictions had

been attempted. Where restrictive practice had been used, the manager ensured professional assessment was sought. This showed the manager ensured restrictions were not used unnecessarily.

Staffing and recruitment

- There were enough competent staff on duty. Staff were deployed effectively to meet people's needs. Some people living there were commissioned to receive care from two staff at all times. We reviewed rotas and saw the right number of staff were on shifts.
- Staff were supported by regular supervisions from senior staff and managers. Where there were concerns about staff providing unsafe care or being unsuitable for the role, these were responded to quickly.
- Staff were recruited safely. New staff were subject to interviews and pre-employment checks, including criminal records checks to ascertain if they were suitable to work with vulnerable people. Appropriate records were kept which demonstrated the provider adhered to guidelines set out in schedule 3 of the Act. Schedule 3 details what steps providers must take to ensure they employ staff who are suitable to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed. The provider's policy was clear and adhered to good practice standards described in relevant national guidance about prescribed and non-prescribed medicines.
- Staff were trained in medicine management and had regular competency assessments. There were clear guidelines for staff to follow when people required medicines on an 'as required' basis.
- There were appropriate procedures in place to protect people with limited capacity to make decisions about their own treatment plans, for example, when people might require medicines without their consent.
- The provider recognised that some people may be able to manage their own medicines and had guidance to ensure this was done safely.

Preventing and controlling infection

- Staff managed the control and prevention of infection well. The home was clean and free from malodours throughout. Staff had access to and wore personal protective equipment such as disposable gloves and aprons appropriately.
- People were encouraged to manage the cleanliness of their own bedrooms, lounges and bathrooms and were not restricted from keeping these areas in the way they personally preferred.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care and support was designed and delivered in line with current evidence based best practice guidance, standards and legislations. The manager had recognised that the positive behaviour support plans in place when they started their role were ineffective. They had since designed new plans that holistically assessed people's physical, mental and social needs. The plans explored the root cause of people's potential for behaviour that challenged and guided staff to respond proactively to reduce the triggers for this happening.
- The new positive behaviour support model was in the process of being embedded into daily practice, not all staff demonstrated an understanding for this. However, people were starting to achieve their desired outcomes and behaviours that challenged were reducing. The manager recognised that implementing change would take time.
- Some people had transitioned from the children's service on the same site. Relatives told us transitions were well handled. One relative said, "The transition from children's to young adults has been successful." The manager ensured there was a clear understanding of how the transition might affect people and people were involved in all decisions as they made the transition from children's to young adults services.

Staff support: induction, training, skills and experience

- Staff were given training to make sure they had the right skills, knowledge and experience to support people effectively. The provider ensured staff received training that was deemed mandatory. Since the manager had been in post they had delivered some bespoke training and arranged external professionals to deliver training to meet the individual needs and preferences of people living there.
- All staff completed an induction which included training and working alongside an experienced member of staff. Staff were assessed as competent before working independently.
- Relatives told us they felt staff were well trained. One relative said, "Staff have my full confidence."
- Supervisions and appraisals were used to monitor staff performance and encourage professional development.

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

- People had genuine choice over what they ate and drank and had access to drinks and snacks between meals. Mealtimes were set to people's individual needs and preferences and people were not rushed.
- Cultural ethical and religious needs were met in relation to food and drink preparation. Two people ate a diet that met theirs and their families beliefs. There were separate pans, utensils and crockery for people

who ate different cultural diets.

- We saw some people enjoying their meals and relatives told us their relation enjoyed the food. One relative said, "[Name's] diet has been well monitored and the food is right."

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

- The manager had forged close working relationships with other agencies. In particular the local adult learning disability team. They and the manager worked collaboratively to design and implement positive behaviour support and ensure people had access to healthcare services and support. A professional from the adult learning disability team said, "There has been an abundance of positive changes since the manager took over. We work together now, they seek our support and advice and people are receiving better care."
- People were supported to attend appropriate healthcare appointments, including the GP, dentist, optician and chiropodist. People's oral health needs were given the same priority as other health needs and where necessary there was detailed oral healthcare guidance.

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

- People chose how they would like their living spaces to be decorated and laid out. The building was big enough for people to have their own space and not crowd each other. People had their own bedrooms that they designed themselves. Most people had their own personal living space, though there were also communal areas for people who chose to use these.
- People had access to outside space, there were secure gardens with equipment people enjoyed using.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working in line with the MCA and DoLS. People's mental capacity was assessed by qualified assessors. Staff understood that people had capacity to make some decisions and not others. Staff told us they sometimes had to make decisions for people, but always did so in their best interests. We observed staff interacting with people and saw this was the case.
- Where people were subject to DoLS, these were documented in care plans. Staff and the provider understood conditions on people's DoLS and adhered to these.
- Staff demonstrated a clear understanding of MCA and DoLS and we saw they asked people's consent in a way that people could understand

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The manager ensured that people were treated with kindness. This was reflected in the feedback we received. One relative said, "I feel confident that the staff care for [Name] properly." Another relative said, "The care is second to none, staff meet [Name's] needs brilliantly."
- We saw people were treated with dignity and respect in all their interactions with staff. Staff knew people well and knew how to communicate in a way that people understood. We saw staff and people laughing together and engaging in meaningful conversations.
- Staff respected people as individuals. Staff knew and promoted people's diverse needs and preferences, including those protected by the Equality Act (2010). For example, staff respected people's cultural beliefs and liaised with their families to make sure these were met.

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

- The manager made sure staff had the information they needed to provide support in a compassionate and supportive way. Bespoke training had been given to teach staff how to meet people's individual needs and empower people to design their own care.
- Relatives told us they were active members of care planning and delivery and were always consulted before any changes were implemented. One relative said, "I get lots of phone calls and we discuss how [Name] needs their care to be."
- People who didn't have relatives as active members of their care were supported to have access to independent advocates. An independent advocate is a person who helps people speak up for themselves.
- Staff demonstrated an understanding of the importance of people's relatives or advocates being actively involved in their lives. A relative told us about a time when staff had mediated between professionals and relatives as they had different points of view.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. People lived their life as they chose and were not restricted from following their life choices. People were known by the name they preferred and took part in activities they had chosen. Each person living there was respected for their individuality.
- Staff understood people's right to privacy and confidentiality. Staff were discreet when they needed to discuss people's personal needs. People's records and documentation were stored in locked cupboards and the provider adhered to the principles of the General Data Protection Regulations.

- People's independence was promoted in that people chose how to spend their day and had active lives both in and out of the service. However, we did see some occasions where staff did some things for people rather than encourage people to do things for themselves. Relatives told us this was not usually the case and they had seen many occasions where people were empowered to be as independent as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care planning was focused on a person's whole life, including their goals, skills and abilities. Before the manager took her role there was a reliance on restrictive practice which the manager had identified as requiring improvement. The manager has since implemented positive behaviour support with the assistance of appropriate healthcare professionals. This has led to people having more choice and control over how they spend their time and a reduction in behaviours that challenge. One relative said, "[Staff] are not restricting [Name] anymore and [Name's] mood is now consistently better."
- Relatives told us care planning was person-centred and designed to empower people to live in the way they chose. One relative said, "Things have been resolved and the new manager has put so much thought in the planning." Staff were supported to understand person-centred care planning through learning and development.
- The provider applied the principles and values of Registering the Right Support and other best practice guidance. This meant the young adults were supported to live as independently as they could in a safe environment.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the AIS. They assessed and documented people's communication needs, and staff knew the best way to share information with people to make sure they could understand it. We saw staff use different methods of communication such as sign language and picture prompts to communicate with people.

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 took part in person-centred activities and the provider supported them to maintain their hobbies and interests. Relatives told us their relation lived full and active lives. One relative said, "[Name] goes out a lot and takes part in lots of activities in the house." Another relative said, "Staff just get [Name], we couldn't ask for a better placement."
- People were socially active and spent as much time as they chose going out to different places and

meeting new people. When people wanted to spend time alone and not interact, this was respected. The provider had forged links with the local community and this enabled people to be involved in community projects and engagement.

- Relatives and representatives of people were welcomed and included as part of the home. Relatives told us they visited regularly and were always made to feel welcome. One relative explained they had experienced difficulties getting to the service, so the nominated individual volunteered to drive their relative to their house to visit them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and there were pictorial signs around the home guiding people how to make complaints if they wished to.
- The manager kept a log of complaints, so they could review investigations and outcomes and ensure lessons were learned and shared with staff appropriately. Complaints that had been received since the manager was in post were handled as instructed in the provider's policy.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance and performance management were not always clear or effective. The manager had implemented many positive changes in the four months they had worked there. However, at the time of the inspection there was a lack of clarity over how the provider maintained oversight of incidents that affected people and staff. These included where people had displayed behaviours that challenged. There was not always clear documentation to demonstrate the provider or manager had reviewed incidents where people and staff had been verbally or physically abused. This meant they could not always evidence how they had developed plans to reduce the risk of the same thing happening again.
- Governance in other areas was robust and included clear audits and analysis to identify any potential areas or areas requiring improvements. Analysis was used to recognise themes and trends and therefore reach an outcome to prevent recurrence.

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

- Concerns were raised before the inspection about the use of restrictive practice and lack of safety monitoring. During the inspection we saw the manager had instigated successful improvements and used evidence-based guidelines to develop positive care planning. However, not all staff felt this had been communicated to them effectively and some staff demonstrated a lack of understanding of how to use the proactive techniques as opposed to the reactive techniques they had used before.
- We discussed these with the manager and provider who reassured us they were continuing to drive forward improvements and would support staff to develop more understanding of the evidence-based research that underpinned the positive behaviour support plans.
- All relatives spoke highly of the manager and told us they were happy with the changes they had implemented. Most staff told us they felt the manager was supportive, approachable and fair, though some staff told us they felt the manager and provider didn't listen to them and they weren't valued as employees. After the inspection, the provider and manager told us they had taken these concerns on board and were planning meetings and training to reassure staff.

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

- The culture of the service was in the process of changing. Some staff told us they felt isolated and not on board with planned improvements. The manager and provider told us they were not aware that staff felt this way and would offer reassurance after the inspection.
- Relatives and external professionals told us the culture of the service was positive and recent improvements were helping people to achieve good outcomes.

Continuous learning and improving care

- Since the manager had been in post there was a clear focus on continuous learning and improving the lives of people living there. They had assessed what needed to change and designed a strategy to drive forward improvements thoroughly.
- The manager had instigated new training courses and commissioned outside agencies to deliver training the manager deemed more appropriate to meet the needs of people.

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 manager understood the duty of candour and operated an open and transparent approach to investigations. Where things had gone wrong, the manager kept all relevant parties informed and welcomed feedback and suggestions. The manager welcomed constructive criticism and involved people and their relatives or advocates in improvement plans.
- The provider is legally required to notify CQC when certain incidents occur, we checked and saw this had been done appropriately.
- The provider had displayed their latest CQC rating on their website and prominently within the premises.