

DHCH5

Millbrook House

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Millbrook House is a residential care home providing personal and nursing care to up to 60 people. The service provides support to people living with dementia and those with mental health issues. At the time of our inspection there were 50 people using the service. The care home accommodates people in one purpose-built building.

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

We have raised one recommendation in relation to the frequency of resident meetings.

The nature of people's needs was such that it not always possible to directly gain their views. Two relatives had experienced delays in obtaining information about their relation's support. This was fed back to the registered manager for action.

People were safe living at the service. They were relaxed and comfortable with the staff team. Risks faced by people in their daily lives were recognised and reviewed. Training and reporting systems enabled concerns to be raised.

Staff levels reflected people's needs with many people being supported on a 1 to 1 basis. Staff had a good mix of skills and included experienced registered mental health nurses and other well trained and supervised care staff. The use of agency staff to support people on a 1 to 1 basis continued with the agency staff being in receipt of training and supervision.

The environment was well maintained and where issues were identified; these were addressed immediately. Ongoing refurbishment of the building continued with the design of the layout to be extended to meet the perception needs of people who were living with dementia.

Infection control measures had enabled a recent outbreak of COVID-19 to be controlled and eliminated.

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.

People were treated with respect and dignity. Support provided was person-centred in line with good practice.

The management team were fully conversant in the needs of people living with dementia and complex mental health issues. The quality of the service was checked on a regular basis in order to consolidate quality.

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

Rating at last inspection

This service was registered with us on 19 July 2021 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 7 June 2019.

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?

The service was safe.
Details are in our safe findings below.

Good ●

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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors on the first day and one on the second.

Millbrook House 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 House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on both days.

What we did before inspection

We reviewed information about the service since it was registered. We sought feedback from the local

authority and other professionals who work with the service. We used the information the provider sent to us on the provider information return (PIR). This is information providers are required to send to us annually with key information about their service, what they do well, and improvements they plan to make. We used all this to plan our inspection.

During the inspection

We spoke with 7 people who lived at the service and 5 relatives about their experience of the care provided. We spoke with 7 members of staff including the nominated individual, registered manager, deputy manager, clinical lead and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. A variety of records relating to the management of the service, including policies and procedures were reviewed. This included 7 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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's outcomes were consistently good, and people's feedback confirmed this.

Using medicines safely

- Two paraffin-based emollient creams were not stored away safely. These potentially could cause a fire risk to people.
- One of the creams had been brought in by a family member with the other being prescribed. Immediate action was taken by the registered manager to address this through risk assessments, securing the medication and providing information to staff and relatives.
- Medication administration records were appropriately signed.
- Care plans offered a detailed description of staff intervention when people became distressed. PRN (when required) medication was used as a last resort to alleviate anxiety and distress.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe.
- Systems were in place to report any concerns.
- Staff received training in safeguarding vulnerable adults.

Assessing risk, safety monitoring and management

- Risks were assessed appropriately.
- Specific risks faced by people in their everyday lives were recognised and subject to regular review.
- People had individual assessments relating to support they needed in the event of the building needing to be evacuated in an emergency.
- Checks on equipment were in place as well as checks on electrical and gas systems.

Staffing and recruitment

- Staffing levels reflected the needs of people.
- Many people required 1 to 1 support and this was provided at all times.
- Agency staff provided 1 to 1 support. These staff were familiar to people and had been included within the service's training and supervision programmes.
- Recruitment processes were robust.

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

- The first day of the inspection coincided with an outbreak of COVID-19 within the building. By our second visit, this had ended. Visitors were still able to visit their relations but were subject to appropriate checks and precautions.

Learning lessons when things go wrong

- Ongoing incidents and accidents were recorded by the service.
- These were analysed on a regular basis to prevent re-occurrence.
- Analysis of these also included how lessons could be learned from individual incidents.

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.

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

- Minor maintenance issues identified by us were addressed immediately during our visit.
- Some re-decoration was needed in the service and this had been recognised by the provider who had started a programme of painting as well as the full refurbishment of shower/bath rooms.
- Parts of the building were designed to meet the orientation and perception needs of people, for example, colours and signage. The registered manager confirmed that this was to be extended throughout the building.
- People with limited mobility were able to access all parts of the building.

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

- People's nutritional needs were met.
- Those at risk of dehydration and malnutrition were regularly reviewed and were referred to other agencies such as dieticians when required.
- People's weights were closely monitored as well as the amount of fluids that people needed to promote their health.
- Lunchtime was relaxed with an emphasis that people's individual preferences were respected. This was based on good practice guidelines from university research in relation to dementia care.
- People who required assistance while eating were supported in an appropriate manner with meaningful interactions taking place on a one to one level.

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

- People's needs and choices were recognised and responded to.
- Initial assessments of people in respect of their health, cognitive and social needs were identified and provided a baseline for their support.
- People supported had complex needs which were reflected in care plans and in staffing levels.
- Staff were aware of the individual needs and preferences of people.

Staff support: induction, training, skills and experience

- The staff team had the skills and experience to support people.
- The skill mix of the staff included mental health nurses who planned and directed care. They were supported by experienced care and ancillary staff.
- Staff received the training and supervision they required to successfully support people. This training and supervision had been extended to agency staff who provided support for those who required 1 to 1 support.

- There was a structured induction process in place to prepare staff for their role.

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

- People's health needs were met.
- People told us, "I am ok" and "I am very well, thank you".
- Records demonstrated an ongoing commentary of health professionals that had been consulted to promote people's health as well as specialist services to take their mental health and cognitive needs into account.

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.

- The service was meeting the principles of the MCA.
- People had their capacity assessed with DoLS safeguards applied for to ensure their safety and human rights.
- The service supported people in the least restrictive way with medication. For example, where covert medication plans had been devised with the best interests of people's health in mind; this was only used once people had repeatedly refused taking their medication.

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.

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

- People were supported to express their views and make decisions.
- Meetings with people living at Millbrook House had taken place but the last one had been in March 2022.

We recommend the provider increases the frequency of such meetings to ensure people's ongoing views are captured.

- People's communication needs had been assessed so that information about their preferred support could be gained from them.
- People who decided to pursue their own routines were supported by staff with attention paid to their safety and wellbeing.

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

- The diverse needs of people were reflected in care plans and through observations of interactions between staff and people.
- Staff were attentive to the individual preferences of people and always asked them first before offering support.
- Relatives of people who were about to come to live at Millbrook House were able to bring personal possessions into people's rooms to assist with settling into their new home.
- People's religious faith and cultural identity were captured in assessments and care plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- People were safe living at the service.
- Staff supported people in a way that ensured people could remain as independent in their daily lives as possible.
 - Relatives' comments received indicated that support was provided in a dignified manner.
 - Where people required discreet and sensitive support; this was provided by the staff team.
 - People's sensitive information was kept confidential.

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.

Improving care quality in response to complaints or concerns

- Processes for people to raise complaints were in place.
- A written complaints procedure was available.
- There had only been one complaint in recent months, but this related to an historical issue that had been previously investigated and unsubstantiated

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

- Care plans were person-centred.
- Care plans were based on the Namaste principle which focussed on the individual needs of people living with dementia. The provider stated that Namaste principle had had positive outcomes for people.
- These provided details of how to best support people as well as proving safe and effective interventions for staff when people expressed periods of distress and anxiety.
- Plans were regularly reviewed and included an ongoing daily commentary of how people had been supported.

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.

- The preferred communication needs of people were recognised by the service.
- Some people were able to understand verbal information while others were reliant on pictorial formats and these were made available for complaints and fire procedures.

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

- An activities programme was in place.
- Many people did not want to interact with activities as they had their own preferred routines around the home but were provided with staff support.
- The activities co-ordinator supported people with activities and utilised on-line resources to supplement activities.

End of life care and support

- No one had reached this stage of their lives at the time of our visit.
- The future wishes of people were recorded in care plans.

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.

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

- The opportunity for relatives and people to comment on the quality of support was in place, however, some relatives did not feel that any queries they had about their relations' care were responded to in a timely manner. We fed this back to the registered manager during the inspection process.
- Other relatives were positive about the management of the home, stating that they had confidence in all staff and felt that their loved ones were in good hands.
- Surveys had been sent to relatives and people this year.
- People who used the service had attended a meeting earlier in the year to gain their views of various aspects of the service such as meals and activities.

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

- People received person-centred support.
- Care planning was based on the "Namaste" principle which focussed on the bespoke support of individuals who were living with dementia.
- Those individuals who had been assessed as requiring 1 to 1 support from staff received this when required.
- Staff interacted with people in a respectful and dignified manner.
- While people were not able to communicate their views directly; people were very relaxed and comfortable with the staff team and had developed positive relationships.

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

- Registered services are legally responsible to inform CQC of any key events that affect the well-being of people.
- The provider always informed us of such events as required.
- The provider demonstrated transparency during the inspection and made all requested documents available to us.

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

- The management and team at Millbrook House understood their responsibilities.
- Robust systems were in place for assessing the quality of care provided.
- Audits and checks were in place to assess the quality of care provided including mealtimes and health and safety issues, for example.
- Quality in the service was also assessed by senior management and quality leads within the organisation. They visited regularly and reported on quality standards.

Working in partnership with others

- The service worked in partnership with other professionals.
- We received positive comments from a variety of health and social care professionals about standards of care within the service.