

Lancashire County Council

Milbanke Home for Older People

Inspection report

72 Station Road
Kirkham
Preston
Lancashire
PR4 2HA

Tel: 01772684836
Website: www.lancashire.gov.uk

Date of inspection visit:
31 January 2023

Date of publication:
07 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Milbanke Home for Older People is a care home for up to 45 older people who require nursing or personal care. It is situated in a residential area of Kirkham. The home supports people living with dementia and mental health needs. There are accessible gardens for people to use and car parking is available at the home. At the time of our inspection visit there were 33 people who lived at the home.

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

We found medicines were not always administered safely. Risks to people were not always well assessed and managed to ensure correct information was available for staff to deliver support for people. We found shortfalls in their procedures for the recruitment of staff. Staffing levels were not always sufficient during the 24-hour period. At night people could be at risk due to the number of staff on duty. One person said, "Sometimes at night I have to wait a while if I need some attention."

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 did not support this practice. However, for best interest decisions and Deprivation of Liberty Safeguards, we found were not routinely completed to ensure those with authority consented to care and treatment.

There was a programme of staff training and regular updates were documented for staff to attend courses. However not all staff had received regular updates and refresher training. The management team were aware of this and were in the process of updating their training schedule.

Auditing systems for managing risk were sometimes ineffective as they had failed to identify concerns we found.

Designated staff kept the building clean and tidy and maintenance checks were in place and up to date. Staff were seen to wear appropriate personal protective equipment (PPE) as latest guidance stated. Safeguarding training was provided, and records showed staff had been trained and regular updates provided. Staff were aware of the processes to follow to enable people to be safe. A staff member said, "We have access to safeguarding training and the new manager is keen to have all staff trained and skilled."

Mealtimes were relaxed and organised and comments from people were complimentary about the quality and quantity of meals and snacks provided. One person said, "We have a great cook who makes some great cakes." A relative said, "I know there is always plenty of choice and drinks available anytime."

The provider was clear about their responsibilities to notify CQC of incidents about significant events that occurred at Milbanke. People and relatives told us they had confidence in the new manager and management team who were open and transparent. They sought people's views in various ways. The manager was receptive to our inspection and was aware of concerns and shared with us documented action

plans they had ongoing to make improvements prior to our visit. Staff spoke positively of the new management team and shared with us how things had improved and continued to improve throughout the service.

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

Rating at last inspection

The last rating for this service was Good (published 14 October 2019.)

Why we inspected

We received concerns in relation to the management of medicines, staffing levels, quality assurance systems and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Enforcement and Recommendations

We have identified breaches in relation to medicines management and risk management. Some risk assessments lacked detail about the actions to take and control measures to lessen risks. Instructions for medicines that were given as and when required were not always available and when they were present, they did not always contain any person-centred information. We also made 6 recommendations around recruitment, staffing levels, risk management, staff training, and quality assurance systems.

Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Milbanke Home for Older People

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.

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 2 inspectors and a pharmacist inspector.

Service and service type

Milbanke 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.

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 (CQC) 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 the inspection there was not a registered manager in post. A new manager had been in post for one month and had applied to register with CQC. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. Inspection activity started on 31 January 2023 and ended on 06 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. We also looked at information we had received and held on our system about the home, this included notifications sent to us by the provider and information passed to us by members of the public. The provider completed the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at Milbanke, 2 relatives and the manager. In addition, we spoke with 8 members of staff including senior carers, domestic staff, catering staff and the area manager. We observed staff interaction with people, also, we reviewed a range of records. These included care records of 4 people, medication records, and 2 staff files in relation to recruitment. We also reviewed a variety of records relating to the management and maintenance of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems the provider had in place and staff training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as good. At this inspection the rating has changed 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.

Using medicines safely

- Instructions for medicines that were given when required were not always available and when they were present, they did not always contain any person- centred information.
- Allergy information was not always recorded on medicine administration records. This meant there was a risk people might be given medicines which they had previously reacted too.
- Staff records did not always reflect if they had their competency to administer medicines checked. This meant we could not be assured that all staff were competent to complete this role.
- For 1 person prescribed a medicine to manage their anxiety we found that staff did not always record information regarding episodes when the medicine was administered. Staff did not always record the outcome when medicine used as "when required" were administered.
- Although the service was conducting audits into management of medicines, we found that these had not picked up on the issues found during the inspection. The service were not completing audits of the controlled drugs at the intervals required by the service's medicine policy.

When medicines are not available to people as prescribed or are not managed in line with good practice this demonstrates a breach of Regulation 12(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had systems and processes in place for the safe storage, administration and use of medicines. When people received medicine patches staff accurately recorded their use Records used for topical preparations such as creams were completed accurately.

Assessing risk, safety monitoring and management

- People's records were not always complete, accurate or up to date, so they supported people to stay safe. People told us they felt safe living at Milbanke. However, potential risks to people's health and welfare were not always effectively assessed, monitored or recorded.
- Risk assessments were not always completed. For example, there was limited information for situations, behaviour that challenged, or risks associated with health issues. One person had displayed inappropriate behaviour towards staff and no strategies had been put in place to manage that behaviour.
- Some risk assessments lacked detail about the actions to take and control measures to lessen risks. For example, assessments about falls and pressure area care where the person was at high risk.
- A new management team was now in place and the manager informed us they were aware of shortfalls in their systems and care management records. We did note improvements were ongoing. One of the

management team said, "We do know we have a lot of work to do but have identified areas we need to improve."

Risks were not robustly assessed and managed to make sure people were safe. This was a breach of Regulation 12 (Safe care and treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection visit, the manager confirmed they had implemented a system for assessing and reviewing the risks identified and had submitted an action plan to explain the changes.

Staffing and recruitment

- Staff recruitment processes were in place. Pre-employment checks were completed to help ensure suitable people were employed. One staff member said, "I had to wait until all checks had been completed." However, checks such as those that required a full employment history were missing from a staff record we looked at. There was no evidence this impacted on the care of people. Following the inspection visit the manager implemented systems to ensure recruitment procedures were more robust.

We recommend the service review their recruitment processes to ensure all checks were completed prior to employment.

- We had concerns about the number of staff on duty during the night-time period. For example, staffing rotas indicated 3 staff on duty with 33 people living at the home. This may put people at risk of not receiving support in a timely manner. One person said, "Sometimes at night I have to wait a while if I need some attention."
- We discussed the staffing levels with the manager who assured us that staffing was discussed on a daily basis and if more staff were required to meet changing needs they would be added to the rota. We were assured the management team would review their dependency tool to assess the amount of staff required.

We recommend the service review their staffing levels to ensure sufficient numbers were available to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and confident with staff that cared for them. One person said, "I feel safe here the staff and new manager are wonderful and always check on me."
- There were effective safeguarding processes in place. The management team and staff had a good understanding of safeguarding people. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Staff told us they had received training in areas of safeguarding adults which was regularly updated.

Learning lessons when things go wrong

- The management team reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent them happening again. A staff member said, "We have a system now in place to ensure staff are aware of any incidents and what we can learn to reduce future occurrences."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative replied in a recent survey, 'The cleaning staff are so friendly and do a brilliant job.'
- The provider was making sure infection outbreaks can be effectively prevented or managed. The provider was facilitating safe visiting in line with government guidance. This meant people could visit their relatives all days of the week in line with government guidance.

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 the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- People's consent for care and treatment was gained in line with the law and good practice. The manager was in the process of ensuring documentation was in place. However where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems at Milbanke supported this practice.
- We could not be entirely assured MCA processes were consistently implemented. For example, one person had been identified as lacking capacity. However, there was no information within the person's care records to demonstrate capacity had been formally assessed. We discussed this with the new manager and they had begun to review processes to bring them in line with the MCA.

We recommend the provider reviews systems and processes to ensure the MCA code of practice is consistently followed.

Staff support: induction, training, skills and experience

- Staff were competent and confirmed they had had access to training courses relevant to their role. For instance, a staff member told us they were supported should they wish to enhance their skills by undertaking specialist training. One staff member said, "The new manager is very keen to support us with different training skills." However, records looked at identified gaps in their mandatory training schedule. For example, not all staff had received all their required fire safety training.

We recommend the service review their staff training schedule to ensure all staff receive regular updates and access to courses in line with their mandatory training programme.

- We received an updated programme of staff training following the inspection visit to incorporate individual staff training schedules in line with their guidance.
- Processes were in place to support staff in their roles. This included providing staff with an induction when they first started working at the home and supervisions. Supervisions allow staff to discuss performance and training needs with a more experienced member of staff.
- Staff confirmed supervisions had taken place. One staff member said, "Yes I have had a supervision with the new manager and very useful to. [Manager] is very approachable and I feel confident and able to talk with the new management team any time."
- A formal induction process was in place when staff commenced work. Staff told us it had provided a good first understanding in care, familiarisation with processes and enable them to be confident to carry out their role.

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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. However, one record we looked at did not contain their preferred choices and social preferences. This was rectified by the management team during the inspection process. Assessments from health and social care professionals were also used to plan effective care. The views of the people were also considered. A relative said, "I was involved in [relative] care from the start."
- People told us the care was effective. For example, one person said, "I needed some medical attention and since the new manager came, they seem more on the ball. I am much more confident things will get done."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service.
- People were provided with meals of quality and choice. Comments from people were positive and included, "Yes love the food and choices."
- The registered manager had good systems to reduce the risk of malnutrition and manage people's food intake. They continued to focus on helping people to improve their nutrition in ways that offered choice and maximised their independence.

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

- Accommodation was accessible, safe and homely. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- A plan of refurbishment for the premises was currently being undertaken. One person said, "It's a nice place and I keep my room like my home."
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. We saw good examples of this where people had put up family pictures and artwork that were special and individual to them.

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-centered 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 changed to requires improvement. This meant people's needs were not always met.

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

- The service should have a manager registered with the Care Quality Commission. 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. However, the manager in place was in the process of being registered by us and an application had been submitted.
- Documentation maintained to ensure positive outcomes for people was sometimes inconsistent. For example, one person prescribed medicine to manage their anxiety, we found staff did not always record information when medicine was administered.
- The new management team had a number of audits to enable them to identify and act upon any issues and develop the service. The manager informed us more auditing had been planned. A staff member said, "We are short of meaningful audits to ensure we identify concerns and improve the home, but we are on to it." However, we found auditing systems were inconsistent and not always effective. They had failed to identify the concerns we found during the visit. We found no evidence that people had been harmed.

We recommend the service continue to seek guidance and continue to implement meaningful auditing systems so that the service improves.

- When we looked at some records, we found they were not always an accurate reflection of a person's needs and were not updated to reflect recent changes in people's needs. For example, reviews of care were not undertaken consistently and in a timely way. This could put people at risk.

We recommend the service review all care records to ensure they were up to date and accurate so that the correct care can be delivered.

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

- There was a positive culture evident and from comments we received this was only recent. Staff told us they felt supported and valued by the new manager A staff member said, "Yes things are lot better [manager] is really nice and approachable. Also, "We have a very competent manager and things are so much better."
- People spoken with described a caring, relaxed environment to live in. A relative said, "It is a lovely place and staff seem happier now."
- The manager encouraged candour through openness. The manager and staff were clear about their roles,

and understanding of quality performance, risks and regulatory requirements. Duty of candour was understood by the management team. It was clear if any complaints were made, they would be listened to, and their concerns and worries would be investigated.

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

- The manager encouraged people to provide their views and about how the home was performing, for example recent surveys completed by the new management team had been returned and were positive. For example, one person commented, 'Overall lately we are very satisfied with [relative] care at Milbanke. I visit most days and I know I can discuss any issues with the manager.'
- The management team hold 'resident' and staff meetings for the exchanging of views and ideas.

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required.
- The management team worked with other agencies and relatives to share good practice and enhance care delivery.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not always provided with care and treatment in a safe way. The provider had not ensured the proper and safe management of medicines. Regulation 12(1) (g) Risks were not robustly assessed and managed to make sure people were safe. Regulation 12. (2).(a),(b)