Care Quality Commission

Millbrook House (Dorset) Limited

Millbrook House

Inspection report

Millbrook House
Child Okeford
Blandford Forum
Dorset
DT11 8EY

Tel: 01258860330

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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

Millbrook House is a residential care home for 33 older people, some of whom have dementia. The building offers accommodation over three floors with lift access to each floor. People have access to communal lounge and dining areas, several other seating areas a conservatory and a large, fully accessible rear garden. There were four rooms which could be used for double occupancy and there were 25 people living at the home at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from the risks of abuse and staff understood how to report any concerns. Risks people faced were understood and safely managed and people received their medicines as prescribed. There were enough, safely recruited staff to support people and staff were familiar to people. Where there were any accidents or incidents, these were recorded and any actions and learning shared with staff.

People had their needs assessed before moving to Millbrook House and the information was used as the basis for care plans. People had choices about all aspects of their care and we observed staff seeking consent from people about their care and treatment. People were positive about the meal options available to them and had access to healthcare professionals where needed.

Staff were kind and compassionate in their approach and interactions were caring and tactile. Staff knew people well and understood peoples preferences. Visitors were welcomed and professionals involved with the service were positive about staff understanding of people's needs and interactions. People had their privacy and dignity respected and were enabled to be as independent as they wished.

People were supported to spend time in a variety of social opportunities and there were plans in place to further consider individual social opportunities for people. People and relatives were involved in decisions about their support and care plans were regularly reviewed. Feedback indicated that people and relatives would be confident to raise concerns if they needed to. End of life preferences were recorded for each person.

The registered manager was in the process of considering new electronic care plan systems and was focussing on ensuring that any system chosen would enable Millbrook House to record personal preferences, likes and dislikes for people to ensure that care plans were individualised.

People, relatives and staff were positive about the management of the home and feedback was sought through meetings, surveys and informally. Staff were positive about their roles and responsibilities and received regular supervision and training. Quality assurance processes were regular and used to discuss as a

management team where changes and actions were required.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection commenced on 7 June 2018 and was unannounced. The inspection continued on 8 June 2018 and was announced. The inspection was carried out by one inspector and an expert by experience on the first day and by one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience in dementia care and care home services.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information prior to the inspection.

During the inspection we spoke with seven people who used the service and four relatives. We also spoke with four members of staff and the registered manager. We gathered feedback from two professionals who had knowledge about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of records during the inspection, these included four care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments and meeting minutes. We looked at three staff files, the recruitment process, training and supervision records.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse by staff who understood the potential signs to be aware of and their responsibilities to report. Staff told us some of the signs they might look for and comments included "fear, if they(people) are hesitant, or bruises. If they no longer want to go out, or changes in their behaviour", "changes in personalities or routines….quiet or not eating, different or unusual behaviour".

People were supported by staff who understood the risks they faced and their role in managing these. Care plans included personalised risk assessments which explained the risk and what actions were needed to manage this. Examples included the use of sensor equipment to alert staff when a person walked who was at high risk of falls, signs and symptoms of possible infection where a person had a catheter in place and provision of a soft diet for a person who had been assessed as at risk of choking. Staff were confidently able to tell us about the risks people faced and understood how to manage these safely.

People received safe care and treatment. One person explained "I have had a few falls, they(staff) have eagle eyes and make sure I have my frame". We observed staff walking with people providing reassurance and guidance to ensure they walked safely. A staff member explained how they ensured a persons room was free from clutter and that they used their walking aid to move safely in their room. A relative explained that staff "keep us updated, even if its something minor" and this gave them peace of mind that their loved one was supported safely. Comments from people included "I feel safe because of the daily routine and the regular staff available if I need them" and "Living at home with (relatives name) became unsafe, because of falls and it was difficult for (relatives name) to cope. Here we feel safe as staff are here to help immediately".

People were supported by sufficient numbers of staff to meet their needs and spend time with them. We observed that call bells were answered without delay and that where people needed two staff to assist them safely this was available. The registered manager explained that staffing levels were discussed and agreed with the provider and they monitored call bell responses to ensure that people did not wait for assistance. The call bell tone changed if it rang for over five minutes and we observed that this did not happen on either day of inspection. People and relatives told us that there were enough staff available. Comments included "staff usually come within five minutes" , "I don't have to hang around long (for staff to answer the door) when I visit" and "Staffing levels are excellent at this home and always available when needed".

People were supported by staff who had been recruited safely, with appropriate pre-employment checks. Staff files included application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people.

Staff ensured that people received their medicines as prescribed and we saw that recording and disposal systems were in place. Where some medicines required additional checks, these were in place and we observed that staff explained to people what their medicines were for. Where people had medicines prescribed 'as required', staff asked people whether they wanted these and recorded in their Medicine Administration Record(MAR). The registered manager had worked closely with the local dispensing

pharmacy to move Millbrook House to a new medicines administration system. This had just started when we inspected and staff told us that it made administering medicines more efficient and that people were more involved and curious about their medicines. The system meant that there was a reduced risk of errors and because the medicines were in a portable tray, this prompted people to ask more questions about their medicines. and It also enabled staff to better engage with people about their care and treatment choices. MAR included photos of people's medicines and a risk indication about what actions to take if a medicine error occurred.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities and hand sanitising dispensers throughout the building and staff had access to personal protective equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these. We observed that all areas of the home were kept clean which provided a safe environment for people. One relative explained "(name's) room is always pretty clean…(staff) regularly clean the carpet and bathroom is always clean".

Fire evacuation procedures were in place and each person had a Personal Emergency Evacuation Plan (PEEP) which included details of what support they would need to evacuate the premises safely. There were regular checks of the fire alarms, fire doors and fire safety equipment.

Where people needed equipment to move safely, such as hoists or stand aids, these were available. Staff told us that there was enough equipment to support people's needs and that people had individual slings which were kept in their bedrooms to reduce the risk of cross infection. Equipment was serviced regularly to ensure that it was safe for people to use.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. Recording included one and two weekly monitoring checks after any accident and a log of any lessons learned from the incident which was shared with staff. The registered manager explained that the monitoring checks considered whether there were any developing patterns or ongoing risks which required further action. Examples included monitoring escalating behaviours which could challenge and falls.

Good

Is the service effective?

Our findings

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.

Where people were unable to make decisions in relation to specific areas of their care and treatment, assessments of capacity and decisions in people's best interests had been made. MCA assessments were decision specific and included explanations of how decisions had been made. Best interests decisions included those important to people and again, evidenced how decisions had been made. The registered manager had contacted the local authority MCA team to utilise their recording tools and ensure that this met best practice guidance.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Where People required applications to be made to the local authority, these had been made.

People were involved in pre-assessments which considered their physical, social and mental health needs before moving to Millbrook House. These assessments formed the foundation of people's care plans and identified what support people required and how needs were met effectively. The registered manager explained that they were planning to move to an electronic care planning system with the intention of further individualising care and treatment plans for people.

Staff had the correct knowledge and skills to support people and received relevant training and development opportunities for their roles. Staff told us that they received enough training to provide them with the knowledge they needed to support people. Training was provided in some areas the service considered essential, these included fire safety, moving and assisting people, infection control and safeguarding. Other topics were available which were relevant to people's care and treatment. These included end of life care, behaviour support and dementia. Staff told us that where training needed to be refreshed, this was arranged.

New staff completed an induction and probation period at Millbrook House. The induction included time spent getting to know policies and procedures, understanding their role and shadowing more experienced staff. One staff member told us that they had shadowed other staff for a week when they started and that this had been enough time to get to know the people living at the service.

People were supported to have a balanced diet and where people needed foods prepared in a certain way

to eat safely, this was accommodated. People had choices about their meals and staff gathered this information for the chef the day before meals were planned. If people didn't want what they had chosen, alternatives were prepared promptly. Feedback about the meals was positive with comments including "the food is very good and I have a good breakfast of fruit, toast and marmalade, coffee and a biscuit", "food is very good" and "I prefer to eat in my room, this is respected".

People were able to see dessert options on a trolley which was brought round to people in the communal dining room. This was positive because it enabled people to make choices but because dessert was only served by the chef, meant that it took a considerable time for each of the 15 people seated in the dining area to receive their desert. People who chose to eat in their rooms had the same choices, but were not offered these choices visually in the same way. The registered manager told us that they would consider additional staff to assist with desserts for people. Some people told us that they did not always like the meals offered, they were able to choose other options where this was the case and some meal choices had been removed from the menu where feedback had not been positive. The chef was able to tell us about people who needed a diabetic diet and also had records of people's preferences and dislikes to accommodate these.

We observed a mealtime at the home and saw that people were seated with friends and a couple were supported to share a private table. The registered manager explained that there was no background music at mealtimes because people had expressed mixed views about this, but we saw people chatting with each other and staff during their meals. People were offered choices of drinks and offered additional vegetables and potatoes which was accepted by several people.

Millbrook House used the 'red bag pathway', designed by the National Institute for Health and Care Excellence (NICE) to support transitions for people. The red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the person throughout their hospital episode and is returned home with them. The registered manager told us that they were also planning to introduce 'grab sheets' for people which would provide essential information about people's care and treatment needs, medicines and allergies so that this could be effectively communicated between services.

People were supported to receive prompt access to healthcare services when required. People's records included details about referrals to health professionals and information from anyone visiting people at the home. We saw that visiting professionals included physiotherapy, district nursing and chiropody. Feedback from professionals was positive with comments including "home are always very good, if concerned they(staff) will ring us….staff know people well and follow advice and guidance" and "concern for residents and standard of care is good……staff always know how people are".

People were able to access all areas of the home and go out if they wished. There was lift access for each floor of the home and access to outside spaces was wheelchair friendly. People had choices of different areas of the home to spend time quietly or in private with family if they wished. One relative told us "we can spend time in the sun room as a family". Some bedrooms at the home were suitable for double occupancy and the registered manager explained that where couples wished to share a room, this was respected. They explained that they had discussed whether a couple wished to have a double or single beds and staff were respectful of people's right to privacy and ensured this was provided.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the staff team and told us that they were kind and compassionate. Comments included "Staff are excellent, friendly and respond immediately to my needs depending on what it is. They are kind and caring and that includes the domestic staff", "(persons name) and I receive a high level of support and all the staff are kind, caring and respectful", "If you ask for anything, you'll get it" and "It is not like your own home, but staff are very kind , caring and friendly". We observed staff speaking with a person who was becoming upset and offering reassurance and guidance, this helped to settle the person.

People were offered choices about their care and treatment and the home was flexible in its approach to ensure that support was person centred. Staff explained how they offered choices in ways which were appropriate for people. Examples included asking a person closed questions so that they were able to indicate their choices by nodding or shaking their head and a person choosing to self administer their medicines. One person explained "I spend time how I wish".

Staff communicated in ways which were meaningful for people and we observed that interactions were relaxed and punctuated with moments of laughter. People responded positively to staff speaking with them, staff used tactile contact to connect with people and we observed that staff spent time chatting with people in communal areas, or in peoples rooms. One person could become upset when they were on their own and staff spent additional time with them which helped to calm the person.

Staff were respectful of people's privacy and dignity and we observed that they knocked and waited before entering people's bedrooms. People told us that staff respected their privacy and comments included "I have a key worker who is very kind, caring, respectful and protects my dignity when (name) is helping me with my personal care", "(staff are) always respectful, they have never intruded" and "they always knock before they come into my room". One person also explained that they were encouraged to be independent and explained "if you are capable, for example, of undressing; they encourage this".

Relatives explained that they felt welcomed when they visited Millbrook House and were able to come whenever they wished. Feedback was positive and comments included "always welcomed, no problems at all" and "They(staff) update me when we come in about how (name) is…they(staff) keep us updated, even if its something minor". We observed that staff ensured that visitors signed in for fire safety reasons and that relatives spent time with their loved ones where they wished.

Peoples information was stored in an area only accessed by staff. We saw that staff only took out care plans to write updates and then returned these to ensure that records were kept confidential.

Good

Is the service responsive?

Our findings

Care Plans included details about peoples needs and support required to meet these, but did not include personalised details about people's preferences or what was important to them. The registered manager had identified this area for improvement and introduced separate personal care plans which included individualised information about people's likes and dislikes, those important to them and information about their personal histories and interests. The registered manager explained that when they moved to an electronic care planning system, this personalised information would be incorporated into people's individual care plans.

Care plans were reviewed regularly by staff and people and those important to them were involved in annual reviews. People and relatives explained that they were asked for their views about the care provided and any changes were discussed. Relatives told us that they were kept updated by staff in relation to their loved ones changing needs. One relatives told us "if there is something not right(with name), they will tell me about it and keep me informed".

Communication between staff was effective and meant that staff could be responsive to people's changing needs. A staff member explained that they had regular handovers and a communication book was also used to share information. We observed staff speaking with each other throughout our inspection to ensure that they were flexible, respected people's choices and wishes.

People had calls bells available to ask for staff assistance when needed and other technology was used by staff to alert them if a person got up to walk, if they were at an identified risk of falls. We saw these in place as described.

People were encouraged to engage in social opportunities at Millbrook House. Some external resources visited regularly and other activities were arranged by staff. Opportunities included a regular sherry and chat, weeklytrivia and quizzes, craft sessions, exercise and musical options. Where people preferred one to one time with staff, this was provided and staff told us that they had enough tim e to spend chatting with people if this was their preference. One person explained that they preferred not to engage in any group activities but told us "staff are very good, staff stay and have a chat with me". A staff member explained "we have time to spend with people….we go and chat to people in the lounge or in their rooms".

People at Millbrook House were able to receive regular communion held at the nursing home by a local vicar. The option to attend local churches was also offered if this was important to people. The registered manager explained that they had discovered that a local church were providing dementia services for people and they were planning to support people to attend this regularly if they wished to do so. People's spiritual, cultural and religious beliefs were understood by staff and respected. One person explained "I do attend communion and it's rather lovely to be able to attend".

Feedback from people reflected that the activities staff absence and comments included "We don't have an activities co-ordinator at the moment..but some of the staff attempt to provide some sort of activities now

and again", "Activities have been a bit 'wobbly' as yet" and "There are activities sometimes offered covering a variety of things. I can attend if it interests me". The registered manager told us that social opportunities for people was an area in which they were working to improve to ensure that individual interests and hobbies were supported. The recruitment of another activity staff member was intended to personalise social opportunities for people and the registered manager understood and was developing this area at the time of inspection.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. The registered manager explained that information could be provided in large print for people if this was needed.

The service had not received any complaints in the 12 months prior to our inspection. People and relatives told us that they would be confident to raise any concerns if they needed to and felt that these would be listened to and acted upon. There was a complaints policy in place which included details of the process for complaints to be investigated and responded to. Comments from people and relatives included "I would make it known if I was unhappy about anything to my key worker or in the residents meetings" and "if there was anything I wasn't happy about I would speak to the registered manager".

Compliments about the staff and service were recorded and we saw that comments included "we would like to reiterate how thankful we are that (name) is being cared for so well and maintaining a quality of life we could only have hoped for", "I have been extremely impressed with the patience, care and respect that all the staff have provided, they have greatly enhanced (names) life at what has been a very challenging time" and "impressed by the genuine care and respect shown by all the staff as well as their knowledge and understanding of (names) needs".

People were supported with end of life care and preferences were recognised, recorded and respected. The service had been awarded 'Commend' status with a national framework for end of life care in September 2017. People had advance care plans(ACP) in place which reflected their wishes and were understood by staff. A professional was positive about the end of life care provided by Millbrook and said "they provide continuity and consistency of staff and have good relationships with people and relatives…..they ensure that ACP's are in place and build on these". A relative explained that the staff had supported their loved one at the end of their life, and had also supported the family during this difficult time. They told us "they(staff) were absolutely tremendous when (name) died……supportive to us as the family before and after". They went on to explain that they had been able to sleep at the service and the family had been able to hold a wake for the person at Millbrook which had been important for them.

Good

Is the service well-led?

Our findings

Millbrook House had a registered manager who had been in post since August 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback was positive about the management team from people, relatives, professionals and staff. Comments we received included "management is fantastic at Millbrook House", "nicest, most approachable manager…(registered manager name) is out on the floor and their door is never shut", "registered manager is very approachable…I see (registered manager name) often and they pop in to see me" and "registered manager is very pleasant, easy to communicate things to and update(about people)".

Millbrook House had a management structure which consisted of the registered manager, deputy manager and team leader. There were plans to recruit an assistant manager also which would provide additional support for the registered manager. They explained that the job description would include assistance to share responsibility and oversight for areas of the service and enable the registered manager to delegate effectively. Staff were confident and clear about their roles and responsibilities and explained that an allocation sheet was used at each shift to ensure staff understood what was expected.

The registered manager told us that they received regular support from the provider and also linked with a registered manager of another local home. They received regular practice updates from a number of national resources and linked with the local authority and safeguarding teams where needed. A professional explained that the home worked in partnership with other agencies and told us "they pulled out all the stops to work with CMHT(community mental health team) and try to meet (names) needs". The registered manager explained how they were working closely with the local GP surgery with regard to the support for one person and sought support and advice from other agencies where needed to ensure people received a high standard of care.

Feedback was sought through informal discussions, planned reviews and regular surveys. The registered manager sent out surveys to people, relatives and staff. Responses were reviewed and used as a basis for changes. The responses and actions from the last survey had been shared with people and relatives. Examples of changes as a result of feedback included reviewing weekend staffing levels and starting to assemble 'meet the team' information which included staff photos and roles to share with people, relatives and use on the Milbrook House website. A relative told us that they had received a survey which had enabled them to provide feedback about the care their loved one received.

The registered manager had introduced feedback cards which were on display in the foyer of the home where visitors were required to sign in. These were short snapshots providing the opportunity to score how visitors were welcomed, whether staff were professional, the appearance of the home and whether people were being treated with kindness and compassion. The registered manager explained that they wanted to

encourage more regular feedback to be provided from visitors to enable any other comments or suggestions for improvemets to be actioned.

The registered manager had recently attended training on the new General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. This means that people at the home will have more say over the information that the home holds about them. The registered manager explained that they had an action plan in place which identified what they needed to put into place following this training.

There were regular meetings for people and relatives and also meetings for staff. Again these were used to discuss any issues and provide updates. Minutes from staffing meetings provided updates around topics including fire safety, processes for staff if a person became unwell and updates about people's changing needs. Millbrook House also sent regular newsletters which provided updates and included photographs of events people had enjoyed. The last newletter had included photographs of a trip to a garden centre some people had attended, a visit from a donkey which people had enjoyed and information about the local dementia friendly church services.

Quality assurances systems and processes were in place and up to date. These systems were regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; pressure care, fire safety, medicines, training and complaints. The registered manager and deputy manager also worked shifts at the home during the day and some at night. This enabled them to complete spot checks of staff and ensure that any areas for improvement were identified and acted upon.