



Inspection Report on

Millbrook Care Home Ltd

**MILLBROOK RESIDENTIAL HOME
GELLIGROES ROAD PONTLLANFRAITH
BLACKWOOD
NP12 2JU**

Date Inspection Completed

29 October 2019

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Description of the service

Hill View Care Home Ltd is registered with Care Inspectorate Wales (CIW) to provide a service 'Millbrook Care Home' to accommodate a maximum of 38 individuals. The service provides residential and dementia care for people aged 55 and over. Amjad Ali is the responsible individual (RI) and they have been appointed by the registered provider to represent the company and oversee the service. There is a manager in post who is registered with Social Care Wales.

On the days we visited the home we were told that 37 people were in residence.

Summary of our findings

1. Overall assessment

People who live in the home and their relatives told us they are happy with the care and support provided, including the activity arrangements in place. Systems are in place to give opportunities for people to feedback to the provider with regards to the quality of the service provided. The mealtime experience in the home is uplifting. The provider has oversight of the service, however, some improvements are needed to fully satisfy regulatory requirements. Staffing levels, skill mix and deployment of staff need to be reviewed to ensure people's needs are met and risks are consistently mitigated. The processes for the revision of people's personal plans and staff induction need to be strengthened.

2. Improvements

This is the first inspection of this service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five of this report sets out details of our recommendations to improve the service and areas where the care home is not meeting legal requirements. In brief these relate to:-

- Staffing: Sufficient number of suitably trained, competent and experienced staff need to be deployed to support and meet the needs of the individuals.
- Review of personal plans: Personal plans need to be revised as required.
- Quality assurance: The RI needs to ensure reporting processes are strengthened.
- Supporting and developing staff: The service provider needs to ensure all staff receive an induction programme appropriate to their role.
- Health and Safety: Risks to people within the home need to be managed safely.

1. Well-being

Our findings

The service supports people's physical well-being. Records showed the service produced personal plans that included essential aspects of physical and mental health. We found evidence within personal plans that external healthcare support is sought in a proactive way. We received feedback from visiting health professionals commenting how proactive the home is and maintained good lines of communication. The provider has clear oversight of individual's health and has established excellent relationships with community services, GP's and mental health teams. Staff are trained to provide the care and support required by the people living at the service. We conclude people receive the support they require to remain as healthy as possible.

People are happy and well cared for most of the time. Opportunities to engage in activities are plentiful. People and their relatives were very complimentary of the care and support received and we found staff to be caring and hard working. Mealtimes were an enriching social experience for people and choice was afforded. We found there were occasions when support was not always provided in a timely manner and safe staffing levels were not always maintained. People's well-being is not consistently promoted and staffing levels should be reviewed to ensure people's day to day needs can be met during busy periods.

Safe practices may not always be maintained consistently. Generally risks were identified as part of the assessment process and personal plans were in place, however plans were not always revised and updated as necessary. We observed where people needed to summon staff assistance for support they had a call bell close by, however, people were not always responded to in a timely manner. Policies and procedures were aligned to current legislation, national guidance and safeguarding procedures. Staff were aware of the procedures to follow if they had concerns about an individual's safety and received safeguarding training. We observed on more than one occasion, people were not always protected from unnecessary harm and considered improvements were needed to ensure risks to people are consistently mitigated. Medication systems were not always robust, and some improvements are required in staff practice. The correct protocols protect people from having their liberty restricted unnecessarily. Systems are in place to safeguard people; however, the application of these systems require strengthening.

People are supported to live in accommodation which meets their needs. The home was clean and well maintained. Visual aids such as signage and pictures help orientate people to minimise confusion. The environment was homely and contained various themed areas and was considered to be overall 'dementia friendly.' We found external areas were appealing and well kept. People's bedrooms were personalised. We found checks on the identity of people entering the home were not always maintained. We conclude, people live in accommodation, which help them achieve their well-being.

2. Care and Support

Our findings

Personal plans were not always revised and amended in a timely manner to reflect changes in the individual's care and support needs. We saw support plans from the local authority and the personal plans we reviewed had mostly taken these support plans into account. We sampled four people's care documentation and found personal plans had been reviewed, however the revision of personal plans following this review was not consistent and specific information was not always updated. We reviewed care documentation for one person who had been assessed as high risk of falls. Records indicated this person had fallen on five separate occasions during September 2019 and October 2019, however, this failed to initiate a revision of the falls risk assessment and mobility support plan on file. We noted the falls risk assessment was not accurate. Further, we noted one person had experienced several falls prior to admission in March 2019, however, the admission assessment completed by the provider had not included detail of this high risk indicator. We found in one person's personal plan there had been input from a dietician in October 2019, however, the associated meals and drinks plan had not been updated to reflect the recommendations made. We conclude, whilst people's needs are assessed, the revision and updating of personal plans need to be strengthened.

People were not always supported by sufficient numbers of staff to ensure their well-being. During breakfast we observed one person attempted to mobilise with the use of their walking frame. The person appeared very unsteady. We saw a staff member quickly approach the person and supported the person to sit back in the chair and asked them to wait until staff were able to support with mobilisation. We saw two members of staff then leave the dining area with another person. A short time later we observed the same person attempted to mobilise on a second occasion and appeared to be unsteady. We intervened and quickly captured the attention of a senior member of staff and expressed our concerns. Further, we observed six people were in the first floor lounge unsupervised. We noted call bells sounding for periods of time in excess of five minutes. On two occasions, call bells had been sounding for over 10 minutes with no staff available to attend to people in a timely manner. We spoke to members of staff and we were told consistently that they found it difficult to meet people's needs with current staffing levels. During our discussion with the RI and the manager we were informed that staffing levels at night had been reduced by one member of staff. This was not in line with the Statement of Purpose (SOP). We were told the decision to reduce staffing levels at night had been made approximately two months ago due to staffing difficulties, this included problems with recruitment. The decision to reduce staffing levels had been made without consultation with CIW or the updating of the SOP. Following our first visit to the service, CIW received an updated SOP from the provider. CIW received reports from the provider that indicated staff response time to call bells are normally completed in a timely manner. We advised the RI that they must ensure staffing levels are sufficient at all times to meet people's identified needs and we were given assurance that this would be addressed immediately. We conclude, staffing levels were insufficient in order to meet people's needs consistently.

People are supported to stay healthy and participate in activities of interest. We found evidence within personal plans that external healthcare support is sought in a proactive and preventative way. We received positive feedback from health professionals who frequently visited the service, they told us staff were responsive and reported matters of concern. We saw staff interacting positively with people during our visit gently reassuring people, making sure they were comfortable. We observed lunch being served in the main area of the home. We saw people were relaxed and chatted amongst each other and noted staff enjoying the dining experience alongside people, making this a social occasion. People had access to activities. We observed people in a small group taking part in a quiz. We saw people laughing and generally enjoying the activity. We spoke to relatives who were complimentary of the care and support provided at the home and told us there were always things to do. There was a hairdresser present during our visit and we observed how people enjoyed this experience. We spoke with the activity co-ordinator who told us different activities were organised such as exercise sessions, music with movement, arts and crafts and baking. We were told singers and artists visit the home and special occasions such as St David's Day, Easter and St Valentine's Day are celebrated. We looked through an album of photographs and an activities folder that showed people enjoyed these occasions. However, we found people's day to day experience of activity enjoyment and socialisation was not always recorded. We conclude, people are happy, have things to look forward to and are supported to access external healthcare services as needed.

Systems to manage medication are in place. We examined a sample of medication administration records (MAR). There were secure arrangements for storing medication stock in a lockable room, accessible only to authorised staff. We found people's daily medication was stored in a locked safe within individual rooms, we considered this to be good practice and afforded people dignity and respect. There was a system for monitoring controlled drugs and for the temperature of the medication room, however, we noted fridge temperatures were not monitored. We completed a stock check of some medication and found these to be accurate. We found prescribed creams did not always have evidence of the date the medication was opened. We noted the stock balance of some medications was not always carried forward onto the next MAR, therefore, an accurate stock check of some medications would not be possible. We identified that when PRN "as required medication" was given, some staff were recording the administration and the effectiveness of the medication on the reverse of the MAR, however, we noted this practice was not always consistent. We discussed the administration and review of anti-psychotic medication at the home, we were told people's medication was reviewed on a regular basis, however, oversight of this area needed strengthening. We conclude, systems are in place with regards to the management of people's medication, however, some improvements are needed.

3. Environment

Our findings

People benefit from a spacious, clean and homely environment. We found the layout of the home enabled people to easily spend time privately or communally. The décor in the communal areas was homely and welcoming. Bedrooms were personalised and contained items such as family photographs, keepsakes and furnishing. We saw some environment enablers to support people to find their way around more independently. The signage for dining areas and lounge areas was large and clear, however, this was not always consistent for toilets, bathroom or shower areas. We found themed areas displayed in the home that are used to generate conversation in order to spark peoples' past interests and hobbies. We saw photographs displayed of people enjoying activities and themed events. We observed some consideration had been given to contrasting colours within toilets, however, this needed further development. We saw seating areas were arranged in clusters to encourage conversation and we were told coffee mornings are on offer for people and their relatives. We observed that some communal bathrooms and toilets did not have locks fitted to the doors in order to afford people using these facilities privacy and dignity. People had access to pleasant external areas that are used during warmer months. We conclude, people's well-being is enhanced by having access to a clean and welcoming environment which meets their needs.

People cannot be assured that health and safety practices are consistently safe. On the first day of inspection, we found the entrance to the home was secure, however, on being allowed to enter the home our identification was not checked or requested. We found this practice had improved during our second visit. We saw there was a visitors book in use and saw evidence of its daily use. We observed a staff member walking through a communal corridor carrying a full red laundry sack. We noted the staff member was not wearing any personal protective clothing. We found continence aids were not always disposed of safely in communal bathrooms. We viewed records of electricity, gas safety, lifting equipment and fire safety checks completed. We noted a fire risk assessment was completed in December 2018 and actions signed off by the provider as completed. We noted CCTV was being used to enhance security arrangements. We recommended the provider included the CCTV arrangements in the service user guide and develop a policy to describe how CCTV would be operated. Fire drills had been completed on a regular basis with the outcome recorded. We found people's personal records were not always stored securely. We saw a domestic trolley was left unattended in a communal area. There were various cleaning chemicals on this trolley that has the potential to be hazardous to someone's health if not used in a safe manner or stored securely. This shows that whilst some aspects of health and safety checks were sufficient, systems are not always robust.

4. Leadership and Management

Our findings

The provider was seen to have oversight of the service and takes account of peoples' views. We reviewed the visit reports completed by the RI. We noted monitoring visits had taken place and visit reports completed. We reviewed quality assurance reports completed in April 2019 and noted the information had been analysed. During our visit we observed the RI engaged with residents. We found good levels of support were provided by the RI and the manager told us they felt very much supported in their role. The home is currently part of a pilot project looking at the prevention and reduction of falls. We spoke to the manager who explained that staff had received training in the use of specialist lifting equipment. We saw evidence that falls were being reviewed and information analysed and the data was feeding into the pilot, however, falls management not always being updated within personal plans. The provider had notified CIW that applications had been made to the local authority regarding residents identified as potentially lacking mental capacity to make decisions about their care and/or welfare. This is known as deprivation of liberty safeguarding. It is a legal process which seeks to ensure care arrangements for such residents are proportionate and in their best interests. However, we found evidence of an event within the home which had not been reported to CIW. We discussed this with the manager and RI and explained the service provider has a regulatory responsibility to inform CIW of such events. We were assured that this would be looked into and followed up as necessary. As detailed in the report, we discussed the SOP with the RI and how this is fundamental to the service and the importance of informing CIW of any proposed changes. Further, the RI must report to the service provider on the adequacy of the resources available at the service, such reports must be made on a quarterly basis. We noted these reports had not been completed. We conclude, people can be assured that the provider has systems in place to evaluate the service provided, however, some improvements are needed to meet regulatory requirements.

People receive care from staff that are supported, supervised and appropriately trained. We spoke with five members of staff and received positive comments about their experiences of working in the home. Comments included, *"They are brilliant here to be honest,"* and *"It's a lovely care home, the manager is great."* We examined four staff files and saw evidence of staff supervisions and appraisals which provided staff with a regular opportunity for formal discussion on a one to one basis with their manager. We also saw evidence of regular team meetings taking place which demonstrated staff were kept informed of important matters within the home. We reviewed a staff training matrix. This indicated that the majority of staff received key training. This included areas such as dementia awareness, moving and handling, first aid, safeguarding, and health and safety. We spoke with staff who all displayed a good knowledge of how to record and report matters of a safeguarding nature. We found documentary evidence of an induction checklist being completed, however, this did not demonstrate that an induction was undertaken in line with Social Care Wales, All Wales Induction Framework. We spoke with one member of staff who told us they felt a more detailed induction would have been helpful. We conclude that

people benefit from a staff team that are supported, valued and trained for the work they are to perform, although induction processes need to be strengthened.

People are supported by staff who have been through recruitment checks. We examined four recruitment staff files and found Disclosure and Baring Service (DBS) information on all files viewed. These checks are important as they identify the suitability of people to work with vulnerable people. However, we identified some discrepancies in relation to employment histories (one staff), employment references (three staff) and identification (one staff). We noted photographs and contracts of employment were on staff files. We conclude recruitment practices require some improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection of this service since it was re-registered under RISCA.

5.2 Recommendations to meet legal requirements

We found that the service provider is not meeting its legal requirements under RISCA in relation to:

- Review of personal plans (Regulation 16 (5)): The service provider had not ensured personal plans had been revised when necessary.
- Staffing (Regulation 34 (1) (b)): The current level of staffing is not sufficient to meet the needs of residents. The impact on people using the service is that they are at risk of not having needs met due to lack of staff available.
- Supporting and developing staff (Regulation 36) (2) (a)): The service provider must ensure all staff receive an induction appropriate to their role in line with Social Care Wales recommendations.
- Health and safety (Regulation 57): The service provider had not ensured that unnecessary risks to the health and safety of individuals are managed effectively.
- Oversight of adequacy of resources (Regulation 74 (2)): The RI must report to the service provider on the adequacy of the resources available to provide the service in accordance with the requirements on service providers in Parts 3 to 15 of the Regulations. Such reports must be made on a quarterly basis.
- Notifications (Regulation 60 (1)): The service provider must notify CIW of the events specified in Parts 1 of Schedule 3.

We did not issue a non-compliance notice on this occasion as we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

5.3 Recommendations for improvement

- The service provider needs to make improvements to the arrangements for the recording and administration of medicines received at the home.
- The provider is required to develop a CCTV policy to cover the use and operation of CCTV in the service.
- The service user guide to include the arrangements for the operation of CCTV in the home.
- Employment references for staff to be requested from the most recent employer.
- A full employment history, together with a satisfactory written explanation of any gaps in employment to be recorded on staff files.
- A copy of the person's birth certificate to be kept on staff files.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme and was part of the CIW review of outcomes for people living with dementia in care homes. We made an unannounced visit to the home on 24 October 2019 between 08:30 a.m. and 6:00 p.m. and 29 October 2019 between 06:05 a.m. and 5:05 p.m.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We considered the information held by CIW about the service, including the last inspection report and notifiable events and a concern received since the last inspection.
- We spoke with people living at the home during the day, including relatives, and staff.
- Discussions with the RI and manager.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- Discussions with visiting health professionals.
- We looked at a wide range of records. We focussed on the staff rota, staff supervision records, staff training records, medication charts, four staff recruitment records, and four people's care records.
- Consideration of the home's statement of purpose and service user guide.
- Consideration of the providers auditing reports, including RI visit reports.
- Consideration of the health and safety records, including fire safety.
- Consideration of the home's policies and procedures.
- We used the Short Observational Framework for Inspection (SOFI 2) tool. The SOFI 2 tool enables inspectors to observe and record care to help us to understand the experiences of people living in the home.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Registered Service Provider	HILL VIEW CARE HOME LIMITED
Responsible Individual	Amjad Ali
Registered maximum number of places	38
Date of previous Care Inspectorate Wales inspection	08/06/2017
Dates of this Inspection visit(s)	24/10/2019, 29/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language.
Additional Information:	

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