



Inspection Report on

Millbrook Care Home Ltd

**Millbrook Residential Home
Gelligroes Road Pontllanfraith
Blackwood
NP12 2JU**

02/02/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Millbrook Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	HILL VIEW CARE HOME LIMITED
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	[24 10 2019]
Does this service provide the Welsh Language active offer?	The is working towards providing the 'Active Offer' of the Welsh language and intends on becoming a bilingual service or demonstrates a significant effort to promote the Welsh language and culture.

Summary

People are mostly happy with the care and support they receive and so are their relatives. One person told us *"I didn't think that 'd end up in a home but now I'm here I am happy that I am"*.

People are supported by staff who have received the appropriate employment checks and training. Staff are guided by accurate up-to-date plans which recognise what matters to the person and their preferences as well as their needs and any associated risks.

A full-time activities coordinator facilitates a combination of group, and some 1:1, activities. There are regular resident's meetings which enable people's views to be shared with the Responsible Individual (RI). There have been positive changes made within the service because of these meetings.

Medication is administered safely, however improvements in storage and how the effects of 'as required' medication are monitored are needed.

The home is spacious, and bedrooms are personalised to the individual. The entrance to the service has been updated to a very high standard and is a pleasant area for people and their visitors. There are improvements needed to the environment and there are plans for these to be addressed.

Overall, staff are happy in their jobs and value the support they have from the management team. Both the manager and the RI are described as approachable in the feedback received. The RI completes a report on the quality of care provided by the service and the analysis of the quality-of-service provision within the document does not meet regulatory standards.

Well-being

People have control over their day-to-day lives and their preferences as to where to spend their time are respected. The service works collaboratively with health and social care professionals to ensure that people remain as healthy and well as possible. Detailed personal plans focus on what is important to a person along with details of what support a person needs. Healthy and nutritious meals are provided which consider people's dietary needs as well as preferences. There has been feedback from people in relation to the food choices and presentation and the service has acted on this. A person told us *"I can't say a bad word, everyone here works so hard and the food is lovely."*

The activity coordinator told us that they have a mixture of set activities such as 'bingo Friday' as well as being flexible and doing the activities that people want on the day. There are also seasonal activities, and the cook also supports with this, for example, supporting people to make mince pies at Christmas.

Recruitment, training, and supervision processes ensure people get the right care and support from skilled and knowledgeable workers. Staff protect people and are aware of their responsibilities to raise concerns. There is now an updated safeguarding policy and a whistleblowing policy for staff to refer to.

Overall, People live in an environment that supports their wellbeing. Bedrooms are personalised and respected as an extension of what matters to the person. The home has a resident dog, and some residents take an active role in its care, such as short walks and interaction.

Care and Support

People receive care and support from people who know them well. People's needs and how they are met are reviewed regularly and care plans are updated when there has been a change. People are supported to keep and develop their independence as much as possible and this is something which has been praised by visiting professionals. People have a choice where to eat their meals and we saw food being served hot, and people could have more if they wanted. Some staff eat their meals with people who enjoy their mealtime together. Mealtimes are quiet and unrushed.

People and relatives speak positively about most of the care staff, with most described as *'Excellent'* and *'Very caring and good at their jobs'*. Regular contact is sought from health and social care professionals who told us, *"If I call here and ask about anyone, they know the person and what is happening and background without having to open a file"* and *"What was immediately obvious is how friendly and accommodating the staff are and this makes my job much easier"*.

Most staff feel they have enough time to do their job in a caring and dignified manner, without needing to rush. Sometimes this is affected by staff shortages, however staff feel that they support each other in these situations. Staff said that they love their job and the people they care for. A full-time activity co-ordinator arranges activities for people and encourages them to take part if they choose to do so. We saw people playing a competitive game of 'hoopla' and having a 'sing along' session in one of the lounges.

Medication is stored safely and is well organised, however the temperature of the environment is not checked in line with best practice guidance. Medication administration records are completed consistently, however the effectiveness of 'as required' medication is not routinely recorded. While no immediate action is needed, this is an area for improvement, and we expect the provider to take action.

Environment

The service is split over two levels and has a choice of bathrooms, dining rooms and lounges as well as offices for the management team and staff. Overall, the home is kept to a good standard and areas where improvement is needed had already been identified by the RI. There are plans in place for development of the home. How this is completed to minimise disruption to people is being carefully considered.

The bedrooms vary in size and layout and all are personalised to people own tastes and interests. Some people like to do activities in their rooms we saw how this is supported while ensuring the environment is safe, others enjoy time reading or watching TV in the comfort of their room. The communal areas are spacious with a dining area on both floors. There is also a garden area and people have suggested, via resident meetings, they would like this to be developed. The RI and the activities coordinator have assured these requests are being acted on.

People live in a safe and secure environment. There are regular fire safety, environmental and equipment checks completed and people have an individual evacuation plan to guide staff on how to support them to leave safely in the case of an emergency. The home has a five-star rating from the food standards agency which means that kitchen hygiene standards are very good. Infection prevention and control procedures are in line with current guidance and care staff adhere to safe working practices including the use of personal protective equipment (PPE).

Leadership and Management

The RI takes an active role within the service and is a visible presence to both staff and the people living there. The RI is approachable, exceeds the minimum required service visits and holds regular meaningful conversations with people and staff. The RI is described as *“Very good at being aware of the needs of families and will interact with all the residents and their family members”*. The records of the RI’s official quarterly visits hold sufficient detail and consider a range of topics. A six-monthly quality of care report is also completed, however this does not analyse the data for the purpose of continually improving the quality of care provided. While no immediate action is needed, this is an area for improvement, and we expect the provider to take action.

There is a Statement of Purpose in place which has been updated to ensure it accurately reflects the service being provided. The service is working towards providing the active offer of the Welsh language and staff are encouraged to use simple terms where appropriate.

There are clear roles and lines of accountability within the service. Staff are supported by the management team and feel they are approachable and will act on any concerns raised with them. Staff told us *“The manager is fab, she always sees things through, and she is really knowledgeable and is a really good manager”*, *“The RI is very good to work for”*, and *“The management here is outstanding and supportive”*. Staff receive regular one-to-one supervision and there is an ‘open door’ policy where staff can speak to the manager without needing to wait for formal supervision. There are governance arrangements to ensure that all staff always have the current checks and registrations in place. People can be confident that staff supporting them have received the appropriate pre-employment checks and have access to the necessary training.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
------------	---------	--------

58	<p>At inspection on 02 02 23 we found that there were no processes in place to monitor the temperature of the medication storage rooms. There are 2 medication storage rooms, one for monthly medication storage and one for controlled drugs located separately. At inspection on 02 02 23 we found that daily medication was being stored in secure wall mounted safes in peoples rooms. There were no processes in place for the temperature of the environment where the medication is stored (peoples room) to be monitored.</p>	New
80	<p>The regulation 80 quality of care report does not meet regulatory standards. The report for Jan 2023 shows the results of questions given to individuals and there is a general statement 'overall we recieved positive feedback and will now take on board comments and suggestions that we have received and work on the areas which require improvement (pg 10) however there is no analysis of the data in terms of the quality of care and support provided and the recommendations for improvement appears to be a general comment rather than a clear outline of possible actions and a rational for what is the best way to improve service delivery. The RI could provide the information to the inspector within the conversation and a good knowledge of the service, where improvements are needed and could also explain the plans in place to implement these, however this information is not within the report. It is noted that there are three quality of care reports for Jan 2023, one titled 'Quality Assurance Jan 2023 Staff', and one titled 'Quality Assurance Jan 2023 Relatives' and one titled ;Quality Assurance Jan 2023 Professional Bodies'. There is no regulatory requirement for the report to be produced in this format and the report is to be provided to the service provider.</p>	New
16	<ul style="list-style-type: none"> Review of personal plans (Regulation 16 (5)): The service provider had not ensured personal plans had been revised when necessary. 	Achieved
34	<ul style="list-style-type: none"> 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 	Achieved

36	<ul style="list-style-type: none"> 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. 	Achieved
57	<ul style="list-style-type: none"> Health and safety (Regulation 57): The service provider had not ensured that unnecessary risks to the health and safety of individuals are managed effectively. 	Achieved
74	<ul style="list-style-type: none"> 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. 	Achieved
60	<ul style="list-style-type: none"> Notifications (Regulation 60 (1)): The service provider must notify CIW of the events specified in Parts 1 of Schedule 3. 	Achieved

Date Published 05/06/2023