Fyldecare (1990) Limited

Milton Lodge Rest Home

Inspection report

Milton Lodge Rest Home
35 Mount Road
Fleetwood
Lancashire
FY7 6EX

Tel: 01253776011

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14 March 2017

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06 April 2017

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

The inspection visit at Milton Lodge Rest Home took place on 14 March 2017 and was unannounced.

Milton Lodge is a care home for up to twenty one older people who require nursing or personal care. It is situated in a residential area of Fleetwood. The home has three floors and is serviced by a passenger lift to all levels. Four bedrooms have a shared occupancy for two people. There are two rooms with en-suite facilities. At the time of our inspection there were 21 people living at Milton Lodge Rest Home.

The service had a registered manager. 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.

At the last inspection on 30 November and 01 December 2015, we asked the provider to take action to make improvements with regard to meeting people's nutritional and hydration needs. We asked the registered provider to submit an action plan to demonstrate what improvements they were going to make. We used this inspection visit in March 2017 to check the required improvements had been made

During this inspection, we found action had been taken to improve the service. Staff were present and available to monitor and offer appropriate support to people with their meals. Mealtimes were relaxed and social experiences where friends and relatives were welcome. We saw regular snacks and drinks were available between meals to ensure people received adequate nutrition and hydration.

As part of our inspection visit, we had a walk around the home, we found these areas were clean, tidy and well maintained. The provider had ensured risks to individuals had been assessed and measures put in place to minimise such risks. However, throughout our inspection visit, we noted the kitchen door remained open and there were times when the kitchen was empty and the dining room unstaffed. We have made a recommendation about environmental risk management.

We observed the management of staff throughout our inspection. We found staffing levels ensured people were safe. There was an appropriate skill mix of staff to ensure the needs of people who lived at the home were met.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

The provider had recruitment and selection procedures to minimise the risk of unsuitable employees working with vulnerable people. Checks had been completed prior to any staff commencing work at Milton Lodge Rest Home. This was confirmed from discussions with staff.

Staff responsible for administering medicines were trained to ensure they were competent and had the required skills. There were appropriate arrangements for storing medicines safely.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had liaised with healthcare providers and responded promptly when people had experienced health problems.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the management team were accessible, supportive and approachable.

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

Care plans identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at Milton Lodge Rest Home. The activities were arranged for individuals and for groups.

The provider had regularly completed a range of audits to maintain people's safety and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs safely. Recruitment procedures the service had were safe.

Medicines were administered and stored in a safe manner.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training to meet people's needs.

There were regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

People told us they liked the staff and they were kind. Relatives spoke positively about the care at Milton Lodge Rest Home.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider supported people to participate in activities to stimulate and maintain people's social health.

People and their relatives told us they knew how to make a complaint. People felt confident the registered manager would deal with any issues raised.

Is the service well-led?

Good

The service was well led.

The registered manager had clear lines of responsibility and accountability.

The management team had a visible presence throughout the home. People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had worked in partnership with outside agencies to deliver quality care.

Milton Lodge Rest Home

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 team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of dementia care.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

Not everyone shared their experiences of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about Milton Lodge Rest Home. They included nine people who lived at the home and four relatives who visited people during our inspection. We spoke with the registered manager, one member of the management team and four staff. We spoke with one health professional who visited during our inspection. We had a look round the home to make sure it was a safe environment for people who lived there.

We checked documents in relation to three people who lived at Milton Lodge Rest Home and three staff files. We looked at documents in relation to the administration, recording and auditing of medicines. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

We asked about protecting people from abuse or the risk of abuse. Staff were confident about their role in keeping people safe from avoidable harm and abuse. They demonstrated they knew what to do if they thought someone was at risk of abuse. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "If I had any concerns I would go to the manager or CQC." Information about safeguarding was displayed within the home. This included step-by-step guidance on how to make an alert. This showed staff could protect people by identifying and acting on safeguarding concerns quickly.

During the inspection, we had a walk around the home, including bedrooms, bathrooms, the kitchen and communal areas of the home. We found these areas were clean, tidy and well maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves and aprons when necessary.

Throughout our inspection visit, we noted the kitchen door remained open. There were times when the chef was not in the kitchen and no staff were in the dining room. This gave people unsupervised access to the kitchen. We spoke with the registered manager about the risk to people and they told us no one had ever sought to enter the kitchen area. They also commented they would review and asses the risk.

We recommend the service complete an environmental risk assessment on people's health and safety when unsupervised to ensure their care and treatment is provided safely.

As we completed our walk around, the water temperature was checked from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. All legionella checks were systematically completed by an outside agency.

We checked the same rooms for window restrictors and found all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. We saw evidence that indicated bedroom checks were regularly completed and these included ensuring the window restrictors were operational. This showed the provider had a system that monitored people's surroundings for risks and kept people comfortable and safe.

We found call bells were positioned in bedrooms close to hand allowing people to summon help when they needed to. During our inspection, we tested and observed the system and found staff responded to the call bell in a timely manner. Throughout our inspection visit we heard call bells and noted staff responded within a safe timescale.

We asked staff about staffing levels at the Rest Home. All the staff we spoke with said staffing levels were sufficient to meet people's needs. We observed staff going about their duties. We noted staff were not

rushing and had time to respond to people in a safe and timely manner. We saw the deployment of staff throughout the day was organised. People and their relatives we spoke with told us they had no concerns about staffing levels. One relative told us, "No matter what time we come, staff are always there, nearby."

During the inspection, we viewed three care records related to people who lived at Milton Lodge Rest Home. We did this to look how risks were identified and managed. We found individualised risk assessments were carried out appropriate to peoples' needs. Care documentation contained instruction for staff to ensure risks were minimised. For example, we noted people's mobility and stability was documented. How many staff were required to support them and what aids were required to do this safely was also documented. Each person's moving and handling assessment was reviewed monthly. Staff we spoke with were able to tell us effective ways to support the person to keep them safe. This demonstrated staff were knowledgeable of the risks identified and how to address these.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at three staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work with Milton Lodge Rest Home until they had received their DBS check.

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Recording (MAR) forms for four people. We also observed the administration of medicines by a trained staff member. We did this to see if documentation was correctly completed and best practice procedures were followed.

We shadowed one staff member who was administering medicines. We observed consent was gained from each person before having their medicine administered. One person joked with the staff member saying, "Thank you mother." On finding out we were assessing the staff members skills, the staff member asked the person if they were doing a good job. They responded, "Of course you are, bless you." They further commented, "They [staff] are wonderful." Each person was offered a fresh drink with their medicines. The MAR was then signed. Medicine audit forms were seen and checked as correct. The registered manager completed medicine competency assessments and the local pharmacist completed medicine audits. This showed staff had knowledge of the risks to individuals and the provider had a system that ensured people received their medicines safely.

Medicines were stored in a designated medicine room that was locked when not in use. Only staff that were trained to administer medicines had access to this room. The medicine trolley stored within the room was locked and secured to the wall.

Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

Good

Is the service effective?

Our findings

We spoke with staff at Milton Lodge Rest Home about their experiences of induction and ongoing training. We looked at training records and certificates of staff working at the home. We did this to assess if they had the skills and knowledge to support people effectively. One staff member told us, "My induction was good, I was shown round the home and met the ladies." They further commented, "I did two weeks of shadowing [more experienced staff]. People checked if I was doing the job right."

At our last inspection of Milton Lodge Rest Home on 30 November and 01 December 2015, we found The registered manager did not have thorough monitoring systems and care planning records in place to manage the risks posed to people with their assessed dietary needs.

This was a breach of Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs.

During this inspection, we were able to observe breakfast and lunchtime at Milton Lodge Rest Home. We asked people about their experiences of the food and drinks offered. We received mixed reviews on the meals provided. Comments included, "The food is brilliant." And, "The food is good." However, we were also told, "Now and again the food could be better." And, "The food is very good on and off." We shared this feedback with the registered manager who told us they would review the meals being served.

We saw the deployment of staff during meal times was organised, with staff monitoring what people ate. The registered manager told us they no longer worked in the kitchen when the chef was not present, alternate arrangements were now in place. This allowed them to be available and offer additional support to people should it be required.

Staff did not rush people, allowing them sufficient time to eat and enjoy their meal. One person arrived for breakfast after everyone else had left the dining room. They apologised for being late. We overheard the staff member reassure the person telling them not to worry and they had saved them some breakfast, asking what would you like? The person made some specific requests on what they would like which was speedily accommodated.

Not long after breakfast, we heard people requesting cups of tea and coffee. One or two people asked for a slice of toast to accompany their drink. Mid-morning we saw people being offered tea, coffee and biscuits as the drinks trolley travelled round the home. At the time of our inspection, there was only one person who was unable to request additional drinks and snacks. They were receiving appropriate support in their bedroom.

There was a choice of foods on offer at lunchtime. One person told us, "The chef makes me special food as I am a diabetic." We noted people had a choice of where to eat their meals. They could eat in their room, remain in the lounge or eat in the dining room. We were told that friends and relatives regularly stayed for meals at the home. After lunch staff offered additional drinks to people and their visitors. We observed Milton Lodge Rest Home was a very social environment with people sat together with visitors drinking

sherry, tea and coffee.

The dining tables were set with linen tablecloths condiments and fresh flowers. The registered manager told us the fresh flowers followed the seasons. Currently it was daffodils and next it would be carnations. They stated tablecloths were changed after each meal, commenting, "We want it to look nice for people."

We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. We spoke with the chef regarding special diets. They were aware one person required soft foods and another person was diabetic. They told us they ensured there was suitable food available for the person. The provider and chef had knowledge of the food standards agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The provider had achieved a food safety rating of five. Services are given their rating when a food safety officer inspects the premises. The top rating of five meant the home was found to have very good food safety standards.

We asked staff about the training they received. They told us training was provided at a good level and relevant to the work undertaken. We were told and records confirmed staff received regular training. The registered manager provided a mixture of face-to-face and electronic learning. Electronic learning is the use of technology to deliver training anytime, anywhere using computers, tablets and mobile phones. The registered manager told us face-to-face training was required for moving and handling so staff could have practical experiences during their learning. They also stated it was good for team building that staff got together.

Regarding ongoing training, we noted the provider had a matrix that showed what training staff had completed and what training needed to be refreshed. We saw a note that identified which staff were required to update their knowledge on specific subjects and a timescale this was expected to be completed by. Staff we spoke with were in the process of completing a qualification in health and social care. One staff member told us, "I am enjoying the training. I am learning a lot, there is loads I didn't know." This showed the provider shared knowledge and information that increased and maintained staff member's skills and abilities, relevant to their roles.

We asked the registered manager how they supported their staff. They told us staff received supervision both formally and through hands on support from themselves. We saw staff received regular supervision and appraisal to support them to carry out their duties effectively. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. We noted the registered manager worked alongside staff during our inspection. This was confirmed by staff we spoke with one staff member commented, "[Registered manager] is always here, you can always go and talk to her." This showed the registered manager was available to support and guide staff in delivering effective care.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in Rest Homes and hospitals

are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005. At the time of our inspection, the provider had submitted five applications to deprive people of their liberty.

We looked at care records and found the provider routinely assessed people's capacity. This meant staff acted lawfully when supporting people to make decisions. We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. We observed staff consistently offered choice to people and checked for their agreement before taking any action. The provider and registered manager were awaraware of the need to support people within the principles of the MCA 2005 and had liaised with people and their relatives when submitting applications to deprive people of their liberty.

People's healthcare needs were carefully monitored and discussed with the person and their relatives as part of the care planning process. Care records seen confirmed visits from GPs and other healthcare professionals. We noted the provider had liaised with the district nurse team and received regular planned visits to monitor people's health. One person told us, "The district nurses come twice a day to do my insulin injections." On the day of our inspection, a social worker visited the home to review the care of a person recently placed at the home. They told us they had no concerns related to the care and support people received and people's care notes held all the information they required. They also commented they looked forward to visiting the home. This confirmed good communication protocols were in place for people to receive effective support with their healthcare needs.

Good

Is the service caring?

Our findings

People said that they were treated with kindness and respect. One person said, "Staff are 100% fantastic." A second person said, "I am very happy. Well looked after. The staff are very kind." Further remarks related to a staff member who was dancing to the music, "That girl makes us laugh." And, "I like living here." A relative told us, "[My relative] is well cared for."

The atmosphere in the home was calm, relaxed and friendly. One staff member commented, "The home is very welcoming, it has a homely feel." It was apparent that positive, caring relationships had been developed with people. For example, we saw one person sitting alone in the dining room. A member of staff approached them and suggested they sit together in the lounge. We saw several minutes later the person and staff member were sitting talking and laughing in the lounge. Staff spoke with people in an adult and respectful manner.

Care records we checked were personalised around the individual's requirements, and held details of valuable personal information. For example, one person enjoyed meeting other people and had joined the land army at the age of 18. A second care plan held the names of the person's family and extended family. We also saw people had had their life documented on paper from birth to present day with significant events recorded. The activities co-ordinator told us this allowed people to reminisce and share information about themselves.

People and staff had knowledge of each other's lives. Throughout the inspection, we overheard several conversations where staff showed an interest in people and shared their own personal information. We noted people who lived at the home question staff on ongoing occurrences in their lives. This showed the registered manager had nurtured an environment where positive relationships could develop.

People had been supported to look smart and to dress in co-ordinating clothes. One relative told us their loved one needed support with their personal care. They commented, "[Relative] is always nice and clean, and it doesn't matter what time you come." Support was provided in a discreet and caring way, when asking people if they required support with their personal care. Staff addressed people by their preferred name, which was not always their first name. The registered manager explained it could get confusing when talking to medical professionals who used the person's first name when everyone at the home knows them by their preferred name.

People's privacy was respected. We observed that staff respected people's private space and as such, they routinely knocked on people's bedroom doors and sought permission before entering. People's bedrooms had been personalised to reflect their own interests and hobbies. We noted some bedrooms had mini fridges that held snacks and drinks. Most bedrooms had family photographs and personal items on display. This showed the provider had respected people's individuality.

Family and friends we spoke with said they were made to feel welcome. We observed staff had a rapport with visitors and the visitors enjoyed this. We noted family and friends continuously visited throughout our

inspection. Visitors arrived in ones and twos and came carrying gifts of beer or accompanied by dogs. We were told there were no restrictions on when people visit. One family member told us, "Whenever I come the staff are always pleasant. They always have time for you." This showed the provider had developed strong caring relationships with relatives and friends of people they supported.

We spoke with the management team about access to advocacy services should people require their guidance and support. There was no one currently living at the home that had an advocate. The registered manager showed us a file with information on advocacy that could be provided to people and their families if required. This ensured information was available on additional support outside of the home to act on people's behalf if needed.

We saw evidence conversations had taken place with people who lived at the home and family members about their end of life wishes. There were do not attempt cardiopulmonary resuscitation (DNACPR) forms in people's care plans which ensured end of life wishes were valid and current. People had preferred priorities for care information within their care plan. This is a document for people to write down their wishes and preferences regarding the last year or months of their life. It aims to help people and carers plan their care when they are dying. This highlighted the provider had recognised end of life decisions should be part of a person's care plan and had respected their decisions.

We asked the registered manager about end of life care for people. We noted the registered manager had attended six steps end of life training at the local hospice. They told us, "I learnt a lot on the course and refreshed my memory on what we do." They further commented, "We look after the ladies well and offer extra care. It is also about talking with relatives and giving support to them afterward and not just during a relatives passing." This showed the provider had developed an awareness and knowledge to support people positively during their end of life care.

Good

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs, likes and wishes. For example, one person told us, "The staff help me with my cream and shoes but I do the rest as I can manage." One relative commented, "The staff know what they are doing and they do it in a clever way." They explained they had witnessed the registered manager support their agitated relative in a respectful, responsive way which calmed the situation.

We looked at care records belonging to three people who lived at the home. There was evidence pre-assessments had taken place before a person moved into Milton Lodge Rest Home. Pre-assessment information included level of comprehension, alertness, aggression and anxiety levels. The pre-assessment allowed the provider to assess people's needs so they could make a decision as to whether or not they can meet the person's individual needs before it is agreed they move in.

Care records were person centred and contained detailed information about people's life history as well as likes and dislikes. Person-centred approaches help provide accessible, responsive and flexible services that meet the diverse needs and preferences of people. For example, we noted one person was allergic to shellfish. A second person walked with a frame and required support from one carer.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence. Relatives were involved wherever appropriate, in developing the care plan. We saw evidence records were updated monthly or when people's needs changed. This showed the provider had developed care plans responsive to individual care needs.

We asked about activities at Milton Lodge Rest Home. We received mixed feedback on what was on offer at the home. Feedback was positive with the exception of two people who felt there could be more activities in place. We also noted in feedback received through satisfaction questionnaires that two responses stated more activities could be arranged. We spoke with the registered manager about this who told us they are planning to introduce a craft session into the weekly timetable. They had a volunteer who was keen to support them with this activity.

We saw the current weekly timetable of activities available for people to participate in, if they wished to do so. People we spoke with confirmed a range of activities took place at the home. There was an activities co-ordinator who worked at the home two days a week, on the days they were not at the home staff on duty supported people with activities. On the day of our inspection, we observed people and their relatives playing dominoes. Several people and friends reminiscing together whilst having a sherry. The activities co-ordinator supported someone out for a walk and later held a quiz in the lounge. We were present when two hairdressers arrived for their weekly visit. Several people had their hair washed and set which they enjoyed.

There was a volunteer who visited once a week to play dominoes with people and they had a student who

visited regularly to chat with people. We were told about regular visits from members of the clergy. The registered manager ensured a lounge was available for people to gather with the priest undisturbed. This showed the registered manager respected people's spiritual diversity and catered for their religious requirements

The activities co-ordinator told us they used technology as part of their personalised activity program. They supported people to skype relatives in other parts of the country. Skype means making video or audio call using a computer and the internet. The activities co-ordinator sat with people, composed letters, and sent via e-mail to relatives. They took group photos of people and visiting relatives and shared via email. One person told us about activities, "The staff will get you things you need. I mentioned that I would like to try crochet so the staff brought me some crochet hooks." This showed the care team listened and were responsive to people's requests.

The registered manager told us when someone who lives at the home has a birthday, they always have a party. They stated this usually involved an entertainer visiting the home, balloons and a homemade cake. There was also evidence of themed parties around annual events. The senior carer shared plans they had for St Patrick's day and we saw recently purchased decorations to be displayed at Easter. About activities, one relative told us, "Seems to be always something going on, bingo, dominoes, party time or dancing." This showed the provider recognised activities are essential and provided a varied timetable to stimulate and maintain people's social health.

We asked about complaints received at Milton Lodge Rest Home. We noted there was a formal complaints procedure. There had been only one recent complaint. We were aware of the complaint prior to the inspection taking place. The provider had investigated in accordance with their policy and procedure. They had met with the complainant and other relevant parties. The service listened to people's concerns and complaints and people's feedback was welcomed. One relative told us, "I have no complaints."

People living at Milton Lodge Rest Home were aware of the formal complaints procedure. One relative told us, "I cannot fault them, I have never complained." A second relative left a comment through a visitor's satisfaction questionnaire stating, 'I have no complaints whatsoever, I have been coming here three years and found the staff pleasant and do a wonderful job.'

Other comments we read in the satisfaction questionnaires included, 'A great home no complaints love coming to visit.' We also recorded, 'We could not have found a more caring place for mum to live her next stage in her life. She is safe, loved and cared for.'

Good

Is the service well-led?

Our findings

The provider promoted a positive culture within the home with people, their relatives and the staff team. People, relatives and staff told us the management team were visible within the home. The management team were knowledgeable about the care and support needs of all the people living at the home. Everyone we spoke with told us they could speak to the registered manager or another member of management whenever they needed to. One person told us, "The home is well – led." A second person commented, "The management are good." One staff member told us, "It's a good place to work. The management are good, they are fair."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they got along well as a staff team and supported each other. One staff member told us, "Staff have become friends." The registered manager commented, "We never use agency staff because staff here cover for each other to make sure the ladies [people who lived at Milton Lodge Rest Home] have consistency."

We saw evidence of Milton Lodge Rest Home being awarded the Investors in People (IIP) assessment award. IIP is a nationally recognised framework to assist organisations to improve their performance and objectives through effective development of staff. The registered manager told us they had an onsite visit. The assessor looked at supervisions and team meeting documentation The award showed the provider had a system that lead, supported and managed staff successfully.

We saw minutes, which indicated regular staff meetings, took place. Topics discussed included, people who lived at Milton Lodge Rest Home, how to improve their safety and activities. On the day of our inspection, there was a staff meeting for carers who worked evenings. There were also planned meetings for the domestics and chefs and night staff. This showed the provider offered opportunities for staff to contribute and guide the service being delivered.

The registered manager told us they had found using satisfaction questionnaires, a more fruitful way of gathering people's and visitors views than group meetings. We noted that regular questionnaires had been dispersed and people's views collated and where appropriate actioned.

We did see evidence of one recent meeting for people who lived at Milton Lodge Rest Home. The meeting was led by the activities co-ordinator and related to the refurbishment of the main lounge. People's views were then shared with the provider. We saw people's suggestions, noted that most of their requests had been fulfilled, and were present in the lounge. The provider told us the refurbishment was ongoing. This showed the provider sought people's views to guide their delivery of quality care.

The provider completed a comprehensive range of audits as part of their quality assurance for monitoring the home. They completed regular audits of all aspects of the service, such as bedroom checks, legionella, emergency lighting, water temperature and hoist checks. They completed health and safety checks of the

building.

We saw there were regular medicine audits. The registered manager told us this involved meeting with the pharmacist. The checks included viewing records related to the receipt of medicines and a review of all handwritten records and MAR forms.

The services liability insurance was valid and in date. There was a business continuity plan in place. A business continuity plan is a response planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider is required to notify us about and working with other agencies to maintain people's welfare.