

Colleycare Limited

Milford Lodge Care Home

Inspection report

Priory End
Hitchin
Hertfordshire
SG4 9AL

Tel: 01462432524
Website: www.bmcare.co.uk

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14 June 2019

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Milford Lodge is a purpose-built care home which can accommodate up to 60 older people. The accommodation was arranged over three floors and at the time of our inspection there were 56 people living at the home.

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

People felt safe and were happy living in Milford lodge. They told us their needs were met promptly by staff during the week, however at weekends there were less staff around. Risks to people's health and well-being were assessed and staff knew how to mitigate those. Staff knew how to safeguard people from harm and where to report their concerns.

People felt well-cared for and trusted staff's ability to meet their needs effectively. People's nutritional and hydration needs were met and they were satisfied with the quality of the meals. Staff felt supported by the management team and had training to understand their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were met by a kind and caring staff team. People's dignity and privacy were respected, and staff involved them in decisions about their care and support.

People had opportunities to take part in organised group activities or pursue their hobbies and interests. Complaints were investigated and responded to in accordance with the provider's complaint policy.

The registered manager and the provider used a range of audits and governance systems to check the quality and safety of the care people received. However, improvements were needed around the quality of the recorded information in people's care plans and further actions needed to be considered where improvements were not effective.

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

Rating at last inspection

The last rating for this service was good (report published on 04 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-Led findings below.

Milford Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of the inspection on 15 May 2019 was carried out by two inspectors 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 second day of the inspection on 14 June 2019 was carried out by two inspectors.

Service and service type

Milford Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information, we held about the service including notifications. These include information about important events which the provider is required to send us. We received feedback from the local authority and reviewed the commissioner's report of their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information providers are required to send to us with key information about their service, what they do well and any improvements they plan to make.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant manager, team leader and care workers. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a social care professional for feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at the home. One person said, "Yes (felt safe), people come if I need them, my family visit a lot. I have the buzzer here." Another person said, "Yes, I feel very safe. I've got to know all the carers. I see them walking about at night. They come in and see that everything's alright. They're very good, and they're all very nice which is good." Relatives told us people were safe.
- There were safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff told us they received training and were confident in telling us what and how they would report their concerns internally and externally to local safeguarding authorities.
- Staff told us when things went wrong lessons were learnt. For example, there was a staff meeting held due to a safeguarding concern and staff were reminded of the importance of good communication and documentation.

Assessing risk, safety monitoring and management

- Safe procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) in place so that staff were familiar how to assist people in case of an evacuation.
- Risks to people's wellbeing were assessed and assessments were in place to mitigate these. Staff knew people well and they told us how they ensured that risks to people's well-being were minimised. However, assessments needed developing further to document in detail what measures were in place to mitigate risks. For example, for people at risk of developing pressure ulcers, the risk assessments or care plans did not always detail what pressure relieving equipment was in place.

Staffing and recruitment

- People told us staff were quick to answer their calls and they felt there were enough staff during weekdays, however they felt weekends were not as well staffed. One person said, "The time for them coming depends. It's not very long, it depends where they are. The most is five minutes." Another person said, "I suppose there are (enough staff), not always. They can't help if staff are off sick. I think there's less (staff) at weekends."
- Staff told us they felt there were just enough staff, however in case of an emergency they struggled. One staff member said, "I feel we have enough staff, but if we fell short it has a big impact and we struggle."
- We discussed this with the registered manager who told us they were reviewing people's dependencies to ensure staffing was correctly calculated.

Using medicines safely

- People's medicines were managed safely. We noted that medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded. However, one medicine we checked was not accurately carried forward from one cycle to another and not all the medicine boxes were dated on opening.
- Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. The home was clean and there were no lingering malodours. Staff were seen to make use of personal protective equipment (PPE) and use it appropriately when delivering personal care to people. Handwashing posters were placed near the sinks in bathrooms and toilets to remind staff of the importance of handwashing.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior of them moving to Milford Lodge and care plans were developed with relevant risk assessments.
- When needed, best practice was sought and communicated to staff in order to ensure people's care was provided effectively. Staff were supported by a health professional who visited regularly. This also helped to ensure care was delivered in line with good practise and recognised standards.

Staff support: induction, training, skills and experience

- People told us staff were sufficiently trained to provide effective care and support. One person said, "Yes (staff are knowledgeable), it surprises me what they do know actually; who to get in touch with for different things. I ask things and they're always able to tell me."
- Staff told us they received training which prepared and supported them for the roles they performed. Training had been provided in key areas, and staff competency was checked through discussion with staff and observations of their practice. However, annual refresher training and yearly competency assessments lapsed in some areas and the registered manager was organising training for staff to complete these.
- Staff told us they felt supported and had regular supervisions.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the quality of the food provided however they wished for more choices. One person said, "Yes, the food is very good, absolutely fine. It's not as hot as I would like it to be. It would be nicer if it was hot. There is no choice, but I've always been able to eat some of it if not all. They would get something different if I really didn't like it." Another person said, "You eat what you're given. There's enough, I don't know if there are second helpings. There is very little choice."
- At meal times people sat at nicely laid tables with a choice of drinks offered and condiments on tables. Gravy was put in a bowl on each table for people to serve themselves. Salad was brought up for a person and salad cream was offered. People were offered wine with their meal, which some accepted and enjoyed. Food was plated up for everyone by the cook and they were ticking people off their list as the meal was served. This ensured everyone received their meals. People were able to eat independently, and staff offered help where needed, for example cutting food up.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff working at the home were able to identify when people`s needs changed and seek professional advice. We saw that people were referred to GP, dieticians, physiotherapists and other professionals when their needs changed.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people`s best interest.

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

- The home was designed in a way so that people could move around easily, whether this was independently or with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible. There were large comfortable lounges with ample seating for everyone and designated dining areas so people could enjoy a meal together if they wished. People's individual bedrooms included personal items to help create a homely feel.

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

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 interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- Staff asked for people`s consent before they delivered any aspects of care. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of hot and cold drinks, where they wanted to spend their time and what they wanted to wear. People could freely walk around and staff engaged with them, often walking along. We saw some people chose to stay in their bedroom or lay in in the morning and this had been respected by staff.
- Care plans showed if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. DoLS applications were submitted to the local authority by the registered manager to ensure that any restriction applied to people`s freedom, in order to keep them safe was done lawfully.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "The staff are very kind and caring and professional, they are patient with residents." Another person said, "I can't think of any that aren't (kind and caring). A lovely lot." Relatives told us they observed staff being patient and approaching people with kindness and compassion.
- We saw caring interactions between care staff and people in the home. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary.
- Staff, and the management team, demonstrated that they knew people's needs and preferences well.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were in control of the care and support they received. Staff respected their choices.
- However, not all the care plans showed that people's life histories were used to shape people's care. Care plans had little evidence to show that people were regularly involved in reviews. This was an area the registered manager was working on.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt at ease with staff and their dignity was promoted. One person said, "Yes (privacy and dignity are maintained). The curtains are closed. Staff knock and wait before coming in. I can't complain." Another person said, "They always knock on the door and ask if they can come in."
- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care and support as they liked it. One person said, "I like everything here."
- Staff knew people's likes, dislikes and preferences well. People were encouraged to stay independent but also to accept help when there was a risk of injury if they were doing things on their own. A person told us, "Not really discouraging me. They say 'no, don't worry, one of the girls will do that for you'. I'm happy about this for now but I'm looking forward to being able to do everything myself." The person told us they were confident that staff will help them re-gain their independence.
- Some care plans were more personalised than others. For example, one person's care plan described how they liked to talk about their past and they often thought it was their first day at the home. However, more details were needed to ensure people's likes, dislikes and preferences were recorded in their care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed what communication needs they had. We saw staff adapting their verbal communication to people's ability and gave them time to respond if it was needed.
- We observed staff making sure that people's hearing aids were in good working order and they changed batteries if it was necessary.
- Throughout the home there were white boards where staff displayed posters with activities and other information for people to read so that they were up to date with upcoming events.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they liked some activities and they attended these. One person said, "Sometimes I go (to activities), not every day. They [staff] tell you what's on."
- The activity programme covered seven days a week and was varied, with religious services, games, yoga, films in the in-house cinema, an outing, a birthday party, quizzes and hairdresser. Eleven people were fully engaged in the activity session we observed with laughter and pleasant banter. The activity organiser arranged a test of reminiscence session from an outside provider. There were books and magazines

available and several people had newspapers.

- Activities for people who were unable to leave their bedroom were not as varied and needed further developing.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and if they have done in the past the issues were resolved quickly. Relatives told us the complaints they had were mainly about missing clothing in the laundry and that staff were trying to find any missing clothing.
- We looked at records held and saw that where a complaint was made, this had been responded too and resolved in line with the providers complaints procedure
- Compliments received were recorded and shared with staff.

End of life care and support

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing the end of their life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.
- Staff were supported to meet people`s end of life care needs by the GP and a regularly visiting specialist nurse.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Through audits and feedback from social care professionals the registered manager identified that the quality of the records kept about people's needs needed improvement. This was a reoccurring theme and although the registered manager discussed this with staff in meetings it had little to no effect.
- The care plans and daily monitoring records we checked were not always detailed or completed with enough information. For example, for a person the fluid chart document demonstrated that poor fluid amounts were offered by staff offered and even less was accepted by the person. The assistant manager felt this was poor recording as they knew fluids were promoted throughout the home and there were strategies for people on nutritional and fluid watches to be offered jelly and fortified food and drinks. This was confirmed by staff members we spoke with.
- Only one care plan we checked detailed what equipment was in place for a person to keep them safe, the other care plans were not detailing this accurately although this had been a requirement when completing people's care plans. However, equipment checks were in place so that equipment was safe to use. We recommend that all the care plans had to be reviewed and daily monitoring charts to be reviewed more frequently so that when staff had not recorded accurately this could be addressed promptly.
- Representatives from the local authorities monitoring team told us that medicine administration errors were a reoccurring theme and improvements implemented by the registered manager were not sustained. They told us they were arranging to support staff to improve in this area. Following the inspection the registered manager sent us evidence that a review requested by the Local Authority was carried out by a care home pharmacist. The pharmacist concluded that the service had measures in place to prevent medicine errors and regularly audited medicine management processes to ensure these were safe.
- The registered manager told us, and records confirmed that refresher training for staff was not up to date and they were working on booking staff on training as a matter of urgency. Competency assessments were not carried out at a frequency required by the provider. The registered manager told us that some of these will be carried out by the assistant manager who was newly promoted to this role.

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

- Since our last inspection in 2016 the registered management changed. This had an impact on staff members morale, which the registered manager was addressing. Staff told us the registered manager was approachable and they could always ask for their support. One staff member said, "It was hard but it's

getting better (change in management). [Name of registered manager and assistant manager] are approachable and helpful."

- Not every relative felt that staff were doing enough to protect people's personal belongings. They told us often items were going missing from people's bedrooms. Although this was reported to the appropriate authorities the home's processes could be improved like locking bedroom doors when people were not in or discuss other measures. The registered manager told us they offered people and relatives the choice to lock the bedroom doors, however not everyone chose to do this.

- Staff had not had a consistent approach towards managing people's pressure care. Some people who were assessed by them as being high risk of developing pressure ulcers had foam mattresses in place when others had airflow mattresses in place. The registered manager told us they provided the foam mattresses and only if people's skin showed redness or broke down they involved the district nurses team who then ordered the more efficient mattresses.

- When people developed redness and pressure ulcers, these healed after air flow mattresses were put in place and they received care from the district nurses' team.

We recommend that the provider reviews their processes of management of pressure ulcers to ensure they were more proactive and prevented unnecessary pain and discomfort for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff what went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to manage all the aspects of the service. The registered manager had an overarching governance system which monitored how staff fulfilled their role.

- Staff told us they had knew their responsibilities and how the provider was expecting them to deliver care and support to people.

- Accidents and incidents were monitored and where the same people were having falls actions were taken by staff by involving health care professionals in people's care. However, further actions to look at any environmental factors, staffing or lighting had not been considered. Records showed that the majority of falls (37) from February 2019 to March 2019 happened between 8pm and 8am, however this had not been analysed to establish if more staff were needed during the night to keep people safe.

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

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home where managers as well as staff attended.

- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.

Working in partnership with others

- The management worked in partnership with health and social care professionals to meet people's needs effectively. For example, the GP visited the home weekly and more often if it was needed. A nurse practitioner specialised in elderly care supported the home to monitor people's care and help staff identify

people`s changing health needs.