Shaw Healthcare Limited

Mill River Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This focused inspection took place on 3 December 2018 and was unannounced. Mill River Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Mill River Lodge is situated in Horsham in West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. Mill River Lodge is registered to accommodate 60 people. At the time of the inspection there were 57 people accommodated in one adapted building, over three floors which were divided into smaller units comprising of ten single bedrooms with en-suite shower rooms, a communal dining room and lounge. These units provided accommodation for older people, those living with dementia and people who required support with their nursing needs. The home also contained an unregulated day service facility where people could attend if they wished; however, this did not form part of our inspection.

Since the previous inspection on 15 May 2018, the registered manager had left. A registered manager is a '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 home is run. The management team consisted of an acting manager, an acting deputy manager and team leaders. A registered manager from one of the provider's other homes managed the home three times per week. This provided clinical oversight for the registered nurses and people who received nursing care. An operations manager also regularly visited and supported the management team.

We carried out an unannounced comprehensive inspection on 15 May 2018. The home was rated as 'Requires Improvement' for a third consecutive time and a breach of legal requirements was found. This was because there was a lack of person-centred care. Not all people had access to activities or sources of stimulation to occupy their time. Quality assurance audits were not always conducted. Records to provide guidance to staff, as well as document their actions, were not well-maintained and were sometimes illegible. The registered manager and provider lacked oversight of the shortfalls that had been found as part of the inspection. Notifications, to inform CQC of specific incidents or events had not been submitted. There was a risk that because of this we would were not aware of incidents and did not have sufficient oversight to ensure the appropriate actions had been taken. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mill River Lodge on our website at www.cqc.org.uk. Following this inspection the overall rating remains 'Requires Improvement'.

At this inspection we found that some improvements had been made. The provider had arranged for a registered manager, who was also a registered nurse, from one of their other homes, to manage the nursing floor three days per week. This ensured that there was clinical oversight of people's nursing needs and of the nursing decisions taken by staff. Quality assurance processes were conducted. When areas for improvement had been identified these were monitored and actioned. The management team acknowledged that progress had been made and told us that further improvements were planned.

There were concerns about the provider's oversight and overall ability to maintain standards and to continually improve the quality of care. The provider's quality assurance processes were not always effective. Shortfalls that were found at the inspection had not been identified by the management team or provider. Records, to document staff's actions and provide guidance for staff were still areas of concern. Some records were illegible. This made it difficult for staff to know what was required of them. Staff did not always document their actions. It was not apparent if people had been provided with the required care to meet their needs or if staff had failed to document their actions. The provider had not learned from concerns that were found at inspections of their other services and had not shared this learning to ensure that improvements were made across all their services. These were areas of concern.

People, a relative and staff were complimentary about the changes to the leadership and management of the home. Staff told us that they felt valued and supported. People and a relative told us that they felt involved and part of people's care. Notifications to CQC had been submitted.

Partnership working and links with external healthcare professionals ensured that staff did not work in isolation and good practice was shared.

Person-centred care had improved. People's personal preferences were respected. They told us that when they requested a gender of staff to support them with their personal care needs, that staff respected this. People could plan for their end of life care. People's wishes were acknowledged and respected when they did not feel comfortable discussing this.

People's access to interaction and stimulation meant that people were not socially isolated. They told us that they enjoyed the activities and that there was sufficient interaction to occupy their time. One person told us, "Staff are kind, they talk to me. I like living here. I have things to do and friends to see."

People and their relatives were involved in contributing to plans about their care. Regular reviews ensured that the care people received met their current needs.

People were aware of their right to comment or complain about their care. Residents' and relatives' meetings, as well as surveys, provided people with an opportunity to do this. When feedback had been provided and suggestions had been made, these had been listened to and acted upon.

We found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Good

The service was responsive.

Staff respected people's wishes and preferences. People and their relatives had been involved in discussions about people's care. Reviews, ensured that people received care that met their current needs.

People had access to stimulation and activities to meet their social needs.

People were made aware of their right to comment or complain about their care.

People could plan for their end of life care.

Is the service well-led?

Requires Improvement

The home was not consistently well-led.

Some improvements had been made. However, there was a failure to continually improve the home sufficiently. Quality assurance processes had not identified the shortfalls that were found at the inspection. Records did not always document staff's actions and did not always provide staff with sufficient guidance.

People, a relative and staff were complimentary about the leadership and management of the home.

Partnership working with people, relatives and external healthcare professionals ensured a coordinated approach to people's care.

We could not improve the rating for the well-led key question from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Mill River Lodge

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 home, and to provide a rating for the home under the Care Act 2014.

We undertook an unannounced focused inspection of Mill River Lodge on 3 December 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 15 May 2018 had been made. The inspection team consisted of two inspectors. They inspected the home against two of the five questions we ask about homes: is the home responsive and is the home well-led. This is because the home was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspections for these Key Questions were included in calculating the overall rating in this inspection.

Prior to this inspection we looked at information we held, as well as feedback we had received about the home. We also looked at notifications that the provider had submitted. A notification is information about important events which the provider is required to tell us about by law. We did not ask the provider to complete a Provider Information Return (PIR). This was because the inspection was unannounced and we were returning to the home to ensure improvements had been made. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we communicated with the local authority to seek their feedback. During our inspection we spoke with six people, one relative, two visitors, three members of staff, the acting deputy manager, a registered manager from one of the provider's other homes and the operations manager. We reviewed a range of records about people's care and how the home was managed. These included the individual care records for five people, quality assurance audits and records relating to the management of the home. We observed care and support by spending time observing the support that people received.

The home was last inspected on 15 May 2018, the home was rated as 'Requires Improvement' and we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service responsive?

Our findings

We have inspected this key question to follow up on areas identified as needing improvement at our previous inspection on 15 May 2018 during which the provider was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because person-centred care was not always maintained. One person, who was living with dementia, had strong beliefs and personal preferences. Staff had not always respected this and it was not evident that efforts had been made to identify if the person continued to hold their long-held beliefs or if their preferences had changed. At this inspection, improvements had been made and the provider was no longer in breach of this Regulation. People told us that staff respected their preferences with regards to the genders of staff that supported them with their personal care needs. The management team were aware that improvements were needed to document the decision-making process and actions of staff to demonstrate that staff were promoting person-centred care to all people. More information about this can be found within the well-led section of this inspection report.

At the previous inspection on 15 May 2018, an area identified as needing improvement related to people's access to stimulation and interaction to meet their social needs. At this inspection, it was evident that improvements had been made. People told us that staff took time to interact with them and our observations confirmed this. People were not socially isolated. Efforts were made to ensure that people had access to activities or sources of stimulation on a one-to-one basis, dependent on their needs and preferences. One person told us, "I like living here. I have things to do and friends to see." A relative told us, "There are lots of things for my relative to take part in and events going on, they like the music and the entertainers they bring into the home." People's life experiences were known and respected. A member of staff told us, "When people first move in we review their care plans and their likes and dislikes and review their past and what they like to do. I know that [person's name] ran a post office and had cats and that has supported me to have conversations with them. One person living in a different unit ran a post office too, I supported them to meet and have a conversation and they developed a friendship."

People's needs continued to be assessed before they moved into the home and on an on-going basis. Regular reviews ensured that the guidance provided to staff in people's care plans, was current and reflected people's needs and preferences. A relative told us, "We are happy with my relative's care. I am kept informed of how they are and we are involved in reviews of their care. Staff always talk to me and keep me informed of anything that has happened with my relative." The provider's system for reviewing people's care was referred to as 'Resident of the day'. Staff told us that each day of the month a different person's care was reviewed, unless changes had occurred before this time. They told us that on that day the person's room was deep-cleaned and their care plan fully reviewed to ensure that it remained current. A member of staff told us, "Resident of the day helps and it really helps to get to know people, yesterday was [person's name]. The cleaner deep-cleaned the room, [the person] was watching and giving instructions. They sat with staff and directed them how they liked their clothes to be stored. All monthly updates are done and we sit one to one with the residents and family. We always talk to people to gain their views."

When people required support with their mental health, staff ensured that they liaised with external

healthcare professionals as well as doing all they could to support the person with their emotional wellbeing. A relative told us, "Staff understand my relative's needs and know their mood changes well. They always try different ways to support them so they get it right."

People's individuality was recognised and prompted. People could wear clothes of their choice and furnish their rooms with ornaments from home and items that were important to them. This helped to maintain people's identities.

People were provided with a call bell so that they could call for assistance from staff. For people who were unable to use a call bell, due to their capacity and understanding, regular checks were undertaken to ensure people's safety when they were in their rooms.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 25 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Staff ensured people's communication needs had been identified at the initial assessment and formed part of their care plans. These documented the best way to communicate with people. Information for people and their relatives, if required, could be created in such a way to meet their needs and in accessible formats to help them understand the care available to them.

Residents' and relatives' meetings as well as surveys provided opportunities for people and their relatives to share their opinions. People told us and records confirmed, that people could speak freely and air their views. People and their relatives told us that they would feel comfortable raising concerns or complaints. When people or their relatives had done this, records showed that the provider had taken appropriate and timely action to deal with these.

People were provided with the opportunity to plan for their end of life care. Staff respected people's wishes if they did not want to discuss this aspect of their life. Some people had chosen their preferred place of care, who they would like with them at the end of their lives and their funeral arrangements.

Requires Improvement

Is the service well-led?

Our findings

We have inspected this key question to follow up on the concerns found at our previous inspection on 15 May 2018 during which the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because there were concerns about the clinical oversight of the nursing care people received. Quality assurance systems had not always been conducted by the registered manager. Audits that had been conducted by the provider had not always identified the short falls that had been found at inspection. Those that had been identified, had not had sufficient action or monitoring undertaken to ensure improvements were made. Records did not provide staff with sufficient guidance to inform their practice about people's needs and abilities. Some records were not legible which made it difficult for staff to understand what they were required to do. Records had not always been completed to confirm the action that staff had undertaken. This meant that it was not always possible to determine if people had received the required care or if staff had failed to document their actions. We issued a warning notice to the registered manager for the breach of Regulation 17, requiring them to become compliant with the regulations by 31 August 2018.

At this inspection, some improvements had been made. Service manager and provider audits had been undertaken. When the provider had conducted their audits, they had monitored the required actions to ensure these were completed. Progress had been made with some records and staff worked to ensure further improvement. The provider continued to recruit for a clinical lead. In the interim period, a registered manager, who was also a registered nurse, worked at the home three days per week to provide oversight of people's nursing needs and the practices of nursing staff. However, we continue to have concerns about the provider's oversight. The changes that have been made need to be sustained and embedded in practice. The management team acknowledged that they had made progress since the last inspection and told us that they were aware there was more still to do.

Shortfalls that were found at this inspection had not been identified within the audits that had been conducted. The inability to identify the concerns that were found at this inspection, raised concerns about the effectiveness of the quality assurance systems used by the provider. The provider's audits had not identified that people's capacity had not always been assessed in relation to specific decisions relating to their care. Two people's Deprivation of Liberty Safeguards (DoLS) had expired. One of these people had been discharged from the home and had then returned, however, a new DoLS application had not been made. This meant that these people were being deprived of their liberty unlawfully. Records, although improved, were not always legible, did not always contain sufficient guidance and did not always accurately document staff's actions. Although improved, staff had not always documented their practice to demonstrate that they had respected people's preferences and long-held beliefs.

Some records, to provide guidance to staff and to document the care people had received, were detailed and provided staff with sufficient guidance. For example, staff were informed of the type of hoist sling to use for one person. Not all records, however, were completed in their entirety and these incomplete records made it difficult to ascertain if people had received appropriate care or if staff had failed to complete the

required records. One person was assessed as being at risk of developing pressure wounds. They had access to pressure-relieving equipment and registered nurses to maintain their health. Staff had been advised, within the person's care plan, to support them to reposition every four hours to help maintain their skin integrity. There was no evidence, however, that the person had been supported to regularly reposition. When staff were asked if they documented when they supported the person to change position, they told us that they did not. They explained that the person disliked being supported and would often refuse support. There were no records that documented this to demonstrate that staff had offered to reposition the person and they had refused.

Insufficient guidance in one person's care records did not provide staff with the necessary information to inform their practice. One person had a condition that affected their emotional well-being. Records, to advise staff of this did not contain sufficient detail about the person's condition, how this could affect them and how staff could support the person effectively. Records of some people's fluid intake and output was required to be recorded and tallied throughout the day. This helped ensure that people were receiving sufficient amounts of fluid and that they were not retaining fluid. Records for some people showed that this had not occurred. Although there were no concerns about the amount of fluids they had consumed, by not totalling their fluids there was a lack of oversight to assure the management team that people were receiving appropriate amounts to maintain their hydration and health.

People and relatives told us that they were involved in reviews about people's care needs. It was not evident, however, that this was documented to demonstrate that this good practice had taken place. Most records continued to be illegible. There were plans to provide electronic guidance for staff to overcome this and this was still in the process of being fully implemented. Staff were not always provided with legible guidance to inform their practice.

There are concerns about the provider's oversight and overall ability to maintain standards, to continually improve the quality of care and embed learning from their other services. There has been reoccurring themes throughout the provider's other services in relation to the Mental Capacity Act 2005 (MCA) and DoLS. During inspections of the provider's services it has been identified that there is a lack of understanding about MCA and DoLS. This has now been identified in 9 out of 12 of the provider's services in the Sussex area. It was not apparent, at this inspection, that appropriate action had been taken in response to this. The provider had not ensured that they continued to improve through shared learning of concerns being noted at some of their other services.

The provider had not assessed, monitored or improved the quality and safety of the services provided. They had not maintained an accurate, complete and contemporaneous record for each service user. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection on 15 May 2018, the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. They had not notified us of certain events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. This continues to be dealt with outside of the inspection process. At this inspection, improvements had been made. The provider had informed us of events and incidents that had occurred at the home.

People, a relative and staff spoke about an improved atmosphere. People were involved in the running of the home. Regular residents' and relatives' meetings ensured that people could air their views and discuss any ideas or suggestions. Regular surveys were sent to gain further feedback. People and their relatives were

complimentary about the change in leadership. Feedback from people and a relative, as well as records, showed that staff were aware of their responsibilities to comply with the Duty of Candour CQC Regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. A relative told us, "They are doing a wonderful job and the care has much improved as has the communication. We now feel informed of how our relative is doing and people and staff seem happier and more relaxed now the management has changed."

Staff told us that they had confidence in the management team and felt well-supported. The management team were working hard to ensure that staff received regular supervision and that they felt supported. Staff meetings enabled staff to be provided with feedback about their practice and to be kept informed about the running of the home. They told us that they felt able to share new ideas and suggestions and that these were respected. The management team were visible and it was apparent that staff felt comfortable in their presence.

There were links with external healthcare professionals and local authorities to ensure that people received a coordinated approach to their care and staff learned from other sources of expertise.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The registered person had not ensured that systems and processes were established and operated effectively to: Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.