

Millreed Lodge Care Limited

Millreed Lodge Care Home

Inspection report

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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

We inspected Millreed Lodge Care Home on 3 May 2016 and the visit was unannounced. Our last inspection took place on 18 August 2015. At that time, we found the provider was not meeting the regulations in relation to privacy and dignity, safeguarding service users from abuse and improper treatment, safe care and treatment, good governance and staffing. We told the provider they had to make improvements and found on this inspection the necessary improvements had been made.

Millreed Lodge Care Home provides nursing care and accommodation for up to 33 older people and people living with dementia. At the time of our visit there were 19 people in residence and two people were in hospital.

The accommodation is arranged over two floors and there is a passenger lift. All of the bedrooms have en-suite toilet facilities. The lounge and dining areas are on the ground floor.

The service has 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.

We found staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their various roles. Staff told us they felt supported by the registered manager and area manager and were receiving formal supervision where they could discuss their on-going development needs.

People who used the service and their relatives told us staff were helpful, friendly and caring. We saw people were treated with respect and compassion. They also told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

The cook had a good knowledge of people's dietary needs and preferences. People told us there was a choice of meals and the food was good. We also saw there was plenty of drinks and snacks available for people in between meals.

Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People who used the service and relatives told us they were happy with the care and support being provided. We saw people looked well groomed and well cared for.

People's healthcare needs were being met and medicines were being managed safely.

Activities were on offer to keep people occupied both on a group and individual basis. The activities co-

ordinator was aware of people's interests and was providing relevant sessions for them.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

We saw some redecoration and refurbishment had taken place since our last inspection to improve the living and bedroom accommodation. We also saw there was a plan in place to continue with a programme of environmental improvements.

People told us the cleanliness of the building had improved . We found the home to be clean, tidy and odour free.

Visitors told us they were made to feel welcome and could visit at any time.

A complaints procedure was in place and people told us if they had any concerns they would tell the registered manager.

We saw systems had been introduced to monitor the quality of the service. We saw these were identifying areas for improvement and actions had been taken to address any shortfalls identified. People using the service and relatives were being consulted about the way the service was being managed and their views were being acted upon. We concluded as the audits were relatively new the provider needs to ensure the development of their quality systems continues so they can be assured the service is being well managed and developed in line with best practice.

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 were being recruited safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The premises were clean and there was an on-going redecoration and refurbishment plan in place.

People's medicines were handled and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

The service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Records showed people had regular access to healthcare professionals, such as GPs, opticians, district nurses and podiatrists.

Is the service caring?

Good ●

The service was caring.

People using the services told us they liked the staff and found them helpful, friendly and kind. We saw staff treating people in a patient, dignified and compassionate way.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care records were up to date and were being reviewed every month.

There were activities on offer to keep people occupied.

People knew how to make a complaint and the complaints procedure was displayed in the home.

Is the service well-led?

The service was well-led.

The registered manager was being supported by the area manager to bring about improvements. People were positive about the management of the home.

Quality assurance systems had been put in place but these needed to be tested over time to ensure they were effective in driving forward improvements.

Requires Improvement 

Millreed Lodge Care 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.

This inspection took place on 3 May 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of our inspection we spoke with eight people who lived at Millreed Lodge Care Home, three relatives, the area manager, the registered manager, the deputy manager, one nurse, one care worker, one housekeeper, the cook and the activities co-ordinator.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included; three people's care records, staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

Safe recruitment procedures were in place. Staff files showed completed application forms detailing previous employment and qualifications. Proof of identity documents were on file. Checks on people's backgrounds took place including ensuring a Disclosure and Barring Service (DBS) check and references were undertaken.

At the last inspection in August 2015 we found there were insufficient staff deployed to meet people's needs. At this inspection the number of people living in the home had reduced from 30 to 19 and we found overall there were enough staff to meet people's needs. The registered manager told us the usual staffing levels were one nurse and five care staff during the day and one nurse and two care staff at night. Our observations of the care and support provided showed these levels were sufficient to meet people's current needs. This was confirmed in our discussions with staff who felt there were enough staff. The registered manager told us they had assessed people's dependencies and were in the process of implementing a staffing tool which would help them calculate safe staffing levels as and when occupancy and dependencies increased. We saw staff were available and present in communal areas and worked well together ensuring people's requests for assistance were dealt with promptly. We saw the nurses worked alongside the care staff directing and supporting them.

At the last inspection in August 2015 we identified a number of concerns regarding the management of medicines. This included a lack of protocols for 'as required' medicines and people not receiving their medicines as prescribed. At this inspection we found medicines management had improved in all areas.

Medicines were stored safely and securely. We saw the temperatures of the treatment room and medicines fridge were recorded daily. The records showed the medicine fridge temperatures had on occasions exceeded the recommended maximum temperature of 8°C. However, we saw action had been taken to remedy this and the temperatures were now within the safety range of between 2° and 8°C.

The nurse told us no one received their medicines covertly. We observed medicines being administered and saw the nurse was patient and kind with people and took great care when administering medicines explaining to people what the medicines were and stayed with them until they had been taken. We reviewed the medicine administration records (MAR) and found these were well completed. We saw there was information about allergies and any special instructions for how people liked to take their medicines was recorded. We saw there was a system in place for checking the MARs which ensured any recording errors were identified and action taken. We found suitable arrangements were in place to make sure people received time-specific medicines at the right time. For example, medicines prescribed with particular instructions about when they should be taken in relation to food.

The administration records for topical medicines such as creams and lotions had improved. Topical medicines administration records (TMAR) were kept in people's rooms which included details of where to apply the creams and how often. The TMARs were completed by the care staff who applied the cream. These were checked by the nurses who then signed the MAR to confirm administration. We saw both sets of

records were well completed.

We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered.

The quest pharmacist had recently reviewed the medicines of all the people currently living at the home and had recommended some changes. The pharmacist had written to people's GPs and copies of the recommendations were in people's care files. We saw the recommended changes had been made to some people's medicines and the registered manager told us the others were awaiting review by the GP.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw that controlled drugs were stored securely and records were accurately maintained. Records showed daily stock counts of controlled drugs were carried out by two nurses.

We found staff responsible for the administration of medicines had received training in February 2016 and the registered manager told us competency checks had been completed for all the nurses and were reviewed every six months. We saw the home's medicine policy had been reviewed and updated in April 2016 and there was an up-to-date copy of the British National Formulary available for nurses as a reference tool.

When we inspected the service in August 2015 we found action was not always being taken to mitigate risks to people using the service. On this inspection we saw improvements had been made. Care records, for people using the service, contained identified areas of risk. Risk assessments were in place for falls, nutrition and tissue viability. We saw where risks had been identified action had been taken to mitigate the risk. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress and cushion in place and they were having barrier creams applied to particular high risk areas. This meant staff were identifying risks to individuals and taking action to reduce those risks.

People using the service told us they felt 'safe' at Millreed Lodge Care Home. One person said, "I feel safe here because you are not on your own." Visitors also said they felt their relatives were in 'safe hands.' Staff we spoke with understood safeguarding and were able to describe what they would do if they thought people who lived at the home were at risk. Staff were able to tell us about different types of abuse and both said they would report any concerns to the registered manager.

The training matrix showed staff had received safeguarding training. The registered manager had a clear understanding of the safeguarding procedures and the process for making referrals to the local authority safeguarding team. This meant staff understood how to keep people safe.

At the last inspection in August 2015 we identified some issues with infection prevention at the service. On this inspection we found the number of housekeeping hours had been increased and we found all areas of the home clean and odour free. People using the service and relatives told us cleanliness at the home had improved. We spoke with the infection prevention lead who told us about some of the checks they made. For example, a recent mattress audit had resulted in a number of mattresses being replaced. We also saw from the records checks had been made to ensure staff were using the correct hand washing technique.

On the previous inspection we identified a number of concerns with the environment. On this inspection we found the areas we had identified had been rectified. For example, the back staircase had digital locks fitted so only staff could access them, some new carpets had been fitted and areas of the home had been

redecorated. We also saw there was a redecoration and refurbishment plan in place to ensure the improvements continued.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. The registered manager was completing 'daily walk rounds' to check the premises was in good order.

Procedures were in place to act in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people using the service.

Is the service effective?

Our findings

When we inspected the service in August 2015 we found staff training was not up to date. On this visit we found improvements had been made.

One relative told us, "I am confident in the staff, they are confident in their jobs and residents are safe."

The registered manager told us all new staff were enrolled on the Care Certificate. The Care Certificate provides care workers with standardised training which meets national standards. We spoke with one recently employed staff member who confirmed they had completed the Care Certificate. They said they felt the training and induction they had received since starting at the home was very good and felt this had prepared them for their role well.

We looked at the training matrix and saw a significant amount of training had been completed since the last inspection. This included mandatory training such as safeguarding, moving and handling, health and safety and fire safety as well as training in other areas such as record keeping and confidentiality. The registered manager told us further refresher training was being organised for the staff who now required updates. Staff we spoke with praised the training they received. They said the registered manager supported them in their roles and carried out regular supervision with them where improvements and any training needs were discussed. This was confirmed in supervision records we reviewed. The registered manager told us all staff received six supervision sessions annually and these were planned in for the rest of the year. Staff appraisals were booked in for May and October 2016.

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. The application procedures for this in care homes are 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 were being met.

When we inspected the service in August 2015 we found people who used the service were not protected from being deprived of their liberty. On this visit we found improvements had been made.

We saw the care planning process included the completion of mental capacity assessments. The registered manager had made appropriate DoLS referrals for some people who lacked capacity to consent to their care and treatment and were subject to a high level of supervision and control by staff. At the time of the inspection there were six DoLS authorisations in place, with 12 authorisations applied for which were with the local authority awaiting assessment. The registered manager understood the correct process to follow, which provided assurance that the service would continue to act appropriately within the legal framework.

One of the DoLS authorisations we reviewed had a condition which had not been acted upon. We discussed this with the registered manager who told us this would be addressed straightaway.

The training matrix showed some staff had received training in MCA and DoLS since the last inspection and the registered manager said further training was planned.

Our observations showed staff explained what they were proposing to do and asked people's permission before carrying out any task to ensure it was what the person wanted or needed.

People told us they liked the food. One person said, "The food is very good. We're spoilt for choice." A second person told us, "The food is top hole!" We saw people were offered a choice at breakfast which included porridge, cereals and toast as well as a cooked option. We saw one person enjoyed having a bacon sandwich. People were supplied with drinks and snacks throughout the morning with offers of biscuits, cake and fruit.

We observed the lunchtime meal and saw people were offered a choice. Menus were displayed which showed the meals available in words and pictures. People were offered a choice of hot and cold drinks. Where people needed assistance from staff we saw this was provided in a caring and compassionate manner. For example, we saw one staff member assisting a person with their meal described each mouthful saying, "Are you ready for some mashed potato now (name of person)" and "Is that nice? Would you like some more?" They were patient and made sure the person had finished each mouthful before offering anymore.

The cook had a good knowledge of people's dietary preferences and told us how they fortified foods for people who were at risk of losing weight. They also told us how they used their knowledge of people's particular likes to tempt them if they were not eating. For example, one person would often eat a banana sandwich if they did not want anything else.

We saw people's weights were being monitored closely and records showed people were maintaining their weight, with the exception of one person whose weight loss was planned. We saw some people's nutritional intake was being monitored closely, with additional fortified drinks/snacks being given. We saw from the food and fluid charts the nurse on each shift was signing these records to show they had checked the person had received sufficient nutrition and fluids. We concluded this monitoring ensured people were receiving adequate nutrition and hydration.

One visitor told us staff were quick to react if people were unwell and involved relevant healthcare professionals. In the three care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, district nurses, dieticians, opticians and podiatrists. This meant people's health care needs were being met

Is the service caring?

Our findings

When we inspected the service in August 2015 we found people were not always being treated with dignity and respect. On this visit we did not see anything of concern.

People using the service told us, "The girls [staff] do their best for me and everything is going fine." "I'm satisfied, the staff are very nice." "The staff are very helpful and friendly."

Relatives told us, "The staff are all helpful and kind" and "The care is fantastic and care staff are marvellous. The new area manager has made it clear the home needs to be run for the benefit of the residents."

One of the nurses told us, "it's a good staff team. They are understanding and helpful and will 'go the extra mile' for the residents. I wouldn't change them for anything."

We found life histories and information about people's personal preferences, interests and hobbies in the three care files we looked at. The activities co-ordinator told us they had compiled these with people who used the service and/or their relatives. These provided staff with valuable information about people's lives and experiences to help them understand them and offer appropriate support.

People looked relaxed and comfortable around staff. There was a calm and friendly atmosphere and we saw staff took time to sit and chat with people. We saw staff had developed good relationships with people and knew them well. We saw one staff member walking with a person who was going to see the hairdresser and the person was laughing and joking with the staff member saying, "I bet you won't recognise me when I come out of there, I'll look so lovely."

We observed staff were kind, caring and compassionate in their interactions with people.

People were clean, well groomed and comfortably dressed which showed staff took time to assist people with their personal care needs when required. One relative told us, "[Name] is always nicely dressed." People told us the laundry service was good and we saw people's clothing had been neatly put away in wardrobes and drawers.

We saw staff ensured people's privacy and dignity were respected. For example, asking people discreetly and quietly if they wanted to go to the toilet.

One relative told us, "The cleaners work with people's individual routines and clean the bedrooms when it is convenient for that person."

We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. Beds had been made with matching, clean bed linen. This showed staff respected people and their belongings.

Visitors told us communication with the service was good. For example, one person said, "They [staff] will ring if [name of relative] is off colour to let you know."

Visitors told us they were made to feel welcome and could come at any time. They also said they were always offered a drink.

Is the service responsive?

Our findings

When we inspected the service in August 2015 we found people's care plans did not accurately reflect their current needs. On this inspection we found new care files had been introduced so care plans all followed a standardised format, making it easy to find specific information quickly.

One person who used the service told us, "If I use the nurse call bell it is answered promptly."

We reviewed three people's care records which were detailed and person-centred. They showed what the person could do for themselves and the support they needed from staff which included any particular preferences. For example, preferred times for getting up and going to bed. The plans were reviewed monthly to keep staff up to date with people's needs.

People told us about the cellar being flooded on Boxing Day 2015. The water damage meant the passenger lift was out of action and the hot water was affected. One relative told us how well staff had dealt with the situation, making sure people who were unable to go downstairs had their meals brought to them. They also said kettles were made available in the spare rooms to make sure people could wash in warm water. This showed us staff were able to respond appropriately to an emergency situation.

We saw the complaints procedure was on display in the hallway and complaints leaflets were readily available. People who used the service and relatives told us if they had any concerns they would feel able to raise them with the registered manager or another member of staff.

The registered manager told us they had not received any complaints. They confirmed there was provision to make sure full details of any complaint received would be documented together with the action taken and outcome.

One relative told us the activities co-ordinator was very good and said, "They spend time with people who are in bed or in their rooms on a one to one basis. They will do what people want to do when they want it."

We spoke with the activities co-ordinator who told us they worked Monday to Friday for four hours each afternoon. They explained some group activities were arranged and people enjoyed the visiting entertainers. They showed us a range of games, reminiscence material and puzzles they used to keep people occupied.

We saw one person enjoyed reading the daily paper and we found magazines, newspapers and books were freely available in the home. In the conservatory music was playing in the background which promoted a calm and pleasant atmosphere. We asked one person if they liked the music and they said, "Yes I do." One person's records showed in the past few months they had enjoyed a hand massage, looking at old photos, had tossed pancakes on Shrove Tuesday, had some cake and a sherry to celebrate the Queen's birthday and had attended two sessions when entertainers had visited. We saw photographs displayed of people smiling wearing Easter bonnets they had made. This showed us activities were on offer to keep people occupied.

Is the service well-led?

Our findings

When we inspected the service in August 2015 we found policies and procedures were out of date, there were no effective systems in place to monitor the service or to identify improvements which needed to be made. Records we asked for were not readily available or did not exist and the downstairs office was disorganised.

At this inspection the registered manager was being supported by the area manager to implement change and improve standards at the service. The area manager told us they were spending four days a week at the home and this would continue until the changes were embedded and being sustained.

We found records we requested were readily available and up to date, a range of audits were taking place and the downstairs office was more organised.

We asked people using the service, relatives and staff what had improved since our visit in August 2015. These are some of the comments people made; "There have been lots of changes since your visit. There are more staff, recruitment has been happening and the new staff are nice. There is more staff training going on and support from the owners is apparent. The current area manager is on the ball. There are more housekeepers the home is cleaner and we have now got a gardener" and "More staff, new paperwork for care plan, time off of the duty rota to complete care plans" and "The residents are happier, the staff are happier and the care is better. We have a meeting every morning with a representative from each department. Name, [the registered manager] will mention any issues or jobs which need to be done."

We asked staff if the service was well-led. One staff member said, "Name [the registered manager] is a good boss, she is approachable and she listens." Another told us, "The area manager is very helpful and supportive."

We saw the service had the CQC quality rating of 'Inadequate' from the August 2015 inspection on display in the hallway.

We saw the minutes from a staff meeting which was held in March 2015 and attended by the provider. The minutes stated, "When things go wrong we need a greater degree of openness, honesty and transparency within the service. When things go wrong we say so but also indicate how it's going to be put right." This showed us the service wanted to promote an open, honest and transparent culture.

We found a very positive atmosphere in the home. Staff and relatives were pleased with the changes which had been made so far and were looking forward to planned improvements to the environment.

The registered manager was completing a range of quality audits which had been introduced. We saw audits of the environment, care plans, mattresses, accidents/incidents, weights, catering and medicines. We saw issues were being identified from these audits and action taken. For example, storage units for staff's protective gloves and aprons had been ordered, so these items could be stored discreetly in people's en-

suite toilets.

We saw the results of the satisfaction questionnaires which had been sent out in November 2015 had been analysed and were displayed in the hallway. Where issues had been raised we saw a response had been provided. For example, one person had commented there were not enough staff to which the response had been more care staff, a cleaner and kitchen assistant had been recruited and an activities co-ordinator was in place. This showed us where people had raised issues these had been addressed.

Satisfaction surveys had also been sent out approximately two weeks prior to our inspection. Once these are returned the results will be analysed and a report compiled about the findings and any action taken as a result.

We concluded as the audits were relatively new the provider needed to ensure the development of their quality systems continues so they can be assured the service is being well managed and developed in line with best practice