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# Mill Lodge Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Mill Lodge Residential Care Home provides personal care and support for up to 16 people aged 65 and over, some of whom are living with dementia. The service does not provide nursing care. Mill Lodge Residential Care Home is a residential care home situated on the outskirts of Great Harwood, Lancashire. There were 14 people living in the home at the time of the inspection.

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

We found the systems to monitor the quality of the service were not effective. We found shortfalls around medicines management, care planning, infection control, the environment, recruitment and record keeping that had not been identified. We were also concerned that staff had not reported obvious shortfalls such as gaps in the medicine records, environmental shortfalls and the absence of window restrictors and the registered manager had not addressed actions from the last inspection. The registered manager was aware of the shortfalls in service delivery and was able to discuss improvements going forward.

Records relating to people's care and to the management of the home were not always accessible, accurate or organised. We found the records relating to the servicing and maintenance of equipment and systems were not well organised and some servicing was overdue. Care records provided staff with guidance about people's diverse needs but did not always fully reflect the care and support people were receiving; the registered manager was addressing this. The risks to people's health, safety and wellbeing were assessed and clear guidance was provided for staff. Accidents and incidents were recorded, and the information was analysed to determine whether appropriate actions had been taken.

The home needed redecoration and refurbishment; this was noted at the last inspection. We found improvement work had commenced; the registered manager was able to describe the work needed but there was still no formal plan to support this. People living in the home were happy with the improvements so far, whilst others described the environment as 'shabby' and 'outdated'.

Employment checks were carried out on new staff before they were employed. We discussed how the process could be improved. Prior to the inspection, concerns were raised about the numbers of staff available at the weekend which could impact on people's supervision and choices. The registered manager assured us this would be reviewed, using an appropriate assessment tool, and acted on. Relatives and people living in the home made positive comments about the care and support provided by staff.

People's medicines were managed and stored safely, and records were clear. However, improvements were needed in relation to recording the application of creams. We were assured the registered manager and staff were making sure infection outbreaks could be effectively prevented or managed. However, we were concerned that advice issued at the last inspection regarding safe disposal of PPE and health risk assessments had not been followed. Following the inspection, the registered manager advised this had been addressed.

The registered manager and staff were clear about when to report incidents and safeguarding concerns to other agencies. Relatives said staff were knowledgeable about their family members and they were kept up to date and involved in decisions. They had no concerns about the safety of their family members, and we observed good interactions between staff and people. One person said, "They are very good; very patient."

People looked settled and we observed them being treated with care and respect; they were engaged in various activities and discussions with staff. People and staff told us communication was good. Relatives confirmed they had been kept up to date and involved in any changes and decisions. They made positive comments about the care and support provided by staff particularly during the pandemic. Restrictions on visiting had recently been eased and this was being managed safely. People's views and opinions were sought through day to day discussions and surveys. People were regularly consulted about the standards of the meals; we noted positive feedback. The registered manager told us customer satisfaction surveys would be sent to relatives and professionals. We discussed the importance of giving staff the opportunity to share their views and to ensure they were kept up to date and made aware of their individual responsibilities and contributions to service delivery.

Management and staff worked in partnership with external agencies and had good links with a variety of professionals to enable effective coordinated care for people. We received positive feedback from a healthcare professional.

The registered manager understood their responsibility to be open and honest when something went wrong. People told us the management team were approachable and visible in the service. The registered manager and staff worked in partnership with a range of professionals to ensure people received the care and support they needed. Staff told us they received regular training and were supported.

#### Rating at last inspection

The last rating for this service was good (published 25 November 2019).

We also carried out an unrated targeted inspection to look at the infection prevention and control measures in place (published in February 2021). We discussed areas for improvement including displaying appropriate signage, introducing checks on visitors health before they entered the home and ensuring staff in high risk groups and those not receiving vaccination were subject to a risk assessment. We signposted the registered manager to local agencies for assistance with this.

#### Why we inspected

We received concerns in relation to staffing, conduct of staff and care practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mill Lodge Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

During this inspection, we have identified breaches in relation to Regulation 17 – record keeping and quality monitoring systems and Regulation 15 – premises and equipment. We also made recommendations about the management of external medicines and staffing.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Mill Lodge Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this focused 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.

As part of this inspection, we looked at the infection control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Mill Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC; the manager was also the owner. This means they 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

We reviewed information we had received about the service, including information from the provider about important events that had taken place at the service, which they are required to send us. We considered feedback from the local authority including the safeguarding team and professionals who work with and visit the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with five people living in the home, the registered manager, and the assistant manager.

We reviewed a range of records. This included three people's care records, five medication records and two staff recruitment records. A variety of records relating to the management of the service were also reviewed. We walked around the service to observe the environment; we did not look at all areas.

#### After the inspection

We spoke with two relatives, a healthcare professional and three care staff on the telephone. We continued to seek clarification from the provider to confirm evidence found. We looked at records sent to us after the inspection.

# 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 good. At this inspection, this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The registered manager was unable to provide full servicing documents to support equipment was serviced and maintained in accordance with manufacturers recommendations. The registered manager was unable to locate records in relation to portable appliance testing (overdue from 2019), hoist slings (unable to determine) and the five year electrical installation test (overdue from 2020). The registered manager explained they were unable to access servicing during the pandemic. Following the inspection, service dates have been forwarded to CQC.
- At the last inspection, we found most areas of the home needed redecoration and refurbishment and we recommended the registered manager had a recorded development plan for ongoing improvements to the home. The registered manager was able to describe the work needed but there was still no formal plan to support this. During this inspection, we found work had commenced on improving the conservatory to be followed by the laundry and six windows had been replaced. However, areas of the home were still in need of refurbishment and repair; people described the environment as 'shabby' and 'outdated'. We found torn flooring which presented a trip hazard, a toilet door without a lock, unsecured curtain rails, damaged sealant in the kitchen, shabby furnishings and restrictors on two first floor windows had been removed. These issues had not been identified by management or reported by staff.

We found no evidence that people had been harmed however, this was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to have suitable arrangements for the service and maintenance of premises and equipment.

- The registered manager assessed and managed risks to people's health, safety and wellbeing. Staff were provided with guidance about how to provide people's care in a safe way and risks had been kept under review. People had been referred to appropriate healthcare professionals in a timely way.
- The registered manager ensured accidents and incidents were recorded, analysed and acted on. The information was analysed to determine whether there were any trends or patterns and to ensure appropriate actions had been taken. We discussed considering additional information to improve this process. The registered manager agreed to address this.
- Staff were provided with the provider's mandatory safety training to help ensure people were safe.

### Staffing and recruitment

- The registered manager carried out checks on all new staff before they were employed. We discussed how the process could be improved, such as by requesting health questionnaires in a timely way and by recording why references had not been obtained.



- Prior to the inspection, concerns were raised about the numbers of staff available at the weekend when only two staff were responsible for care, cooking and cleaning. Whilst staff and residents confirmed they had no concerns about staff numbers, we were concerned this may impact on people's supervision and choices.

We recommend the provider seeks and follows reputable guidance about recommended staffing numbers and keeps this under review.

- Relatives told us staff were knowledgeable about their family member's care. Relatives made positive comments about the care and support provided by staff during the pandemic such as, "Staff have been brilliant and patient; [family member] has been welcomed into the home." We observed friendly, caring and patient interactions between staff and people living in the home; people were enjoying various activities.

#### Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. They were receiving support and advice from the local authority medicines management team. Staff were suitably trained to administer medicines and checks on their practice had been carried out.
- We found medicine administration records (MARs), in relation to the application of external creams were not always completed. This meant it was unclear whether people had received the cream in line with their prescription.

We recommend the provider consults and follows best practice guidance in relation to the safe management of people's external medicines.

#### Preventing and controlling infection

- We were assured the registered manager was accessing testing and vaccination for people and staff. They were meeting shielding and social distancing rules and admitting people safely to the service. Visits for people living in the home were carried out in accordance with the current guidance.
- We were somewhat assured the provider was using and disposing of personal protective equipment (PPE) effectively and safely. We were concerned the advice issued at the last inspection (February 2021) had not been followed in relation to using appropriate bins for PPE disposal. Following this inspection, the registered manager advised the appropriate bins had been ordered.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were somewhat assured the provider's infection prevention and control policy was up to date. At the last inspection, (February 2021) we signposted the registered manager to the local resilience team to support them with assessing and reducing infection risks to people and staff who may be disproportionately at risk of COVID-19. We found no assessments in relation to this. The registered manager agreed to address this.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had been provided with appropriate training and had access to policies and procedures. They understood how to raise any concerns about poor practice.
- The registered manager and staff were clear about when to report incidents and safeguarding concerns to other agencies. There were no open safeguarding enquiries; recommendations had been made following a recent safeguarding investigation.
- Relatives had no concerns about the safety of their family members. They said, "I am very happy with all aspects of her care. I feel [family member] is safe" and "I am confident [family member] is safe and cared for. I have no complaints about the way [family member] is looked after." We observed good interactions

between staff and people; people were settled and comfortable. One person said, "They are very good; very patient."

- Appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made with regards to any restrictions in place; this ensured decisions were taken in people's best interests.

#### Learning lessons when things go wrong

- There was no formal system in place to provide staff with a debrief or support after accidents and incidents occurred. We noted some review of practice had taken place as part of the incident action planning, however this was not consistent. We discussed recording this in a clearer way to demonstrate learning and any changes to practice that had been made.

# 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 good. At this inspection this key question has 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.

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

- The quality monitoring systems were not always effective. There was some evidence of analysis, follow up or lessons learned, however we found shortfalls around medicines management, care planning, infection control, the environment, recruitment and record keeping that had not been identified. We were also concerned that staff were not clear about their roles and responsibilities as they had not reported obvious shortfalls such as gaps in the medicine records, environmental shortfalls and the absence of window restrictors.
- We found records relating to people's care and to the management of the home were not always accessible, accurate or organised. For example, we found some equipment servicing records were missing and recruitment records were inaccurate, and policies were duplicated. Some care plans/records were well written and provided staff with clear guidance about people's diverse needs but did not always accurately reflect the care and support people were receiving. This could result in people not having their diversity, personal and cultural needs met. The registered manager agreed to review this; the detail in the daily care notes was already being reviewed.
- The registered manager understood their legal responsibilities. Notifications of any incidents had been sent to CQC and to the local authority. However, we were concerned that some recommendations and areas for improvement, discussed at the last inspection and the recent IPC Assurance visit, had not been actioned.

We found no evidence that people had been harmed however, the provider had failed to maintain clear records and failed to assess, monitor and improve the quality of service provided, which could potentially impact on people's safety and wellbeing. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was supported by the assistant manager. People told us the management team was approachable and visible within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us communication was good. Relatives said staff were knowledgeable about their family members and they were kept up to date and involved in decisions. Relatives were complimentary about how staff had helped them to maintain contact during the pandemic. Restrictions on visiting had been

eased and this was being managed safely.

- The registered manager had not sought feedback from people's relatives or from professionals visiting the home, since 2019. The registered manager advised surveys would be sent to relatives to obtain their views. Resident meetings had not taken place, but people were involved in day to day discussions and had been consulted about the standards of the meals; we noted positive feedback.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns.
- The registered manager and staff told us staff meetings were not held and updates were provided during handovers. We discussed the importance of giving staff the opportunity to share their views and to ensure they were kept up to date and made aware of their individual responsibilities and contributions to service delivery.

Continuous learning and improving care; 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

- Staff supervision sessions and handover meetings were used to ensure learning and improvements took place. Staff told us they knew how to raise any concerns and told us communication was good.
- Management and staff worked in partnership with external agencies where they could learn and share knowledge and information that promoted the continued development of the service. We discussed the benefits of attending the local meetings and training presented by local commissioners.
- The registered manager and staff had good links with a variety of professionals to enable effective coordinated care for people. This included district nurses, local GPs and local commissioning teams. We received positive feedback from a healthcare professional.
- The provider understood the duty of candour and their responsibility to be open and honest when something went wrong. The management team and staff were open and honest with us during the inspection; they were aware of the shortfalls in service delivery and were able to discuss improvements going forward.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to have suitable arrangements for the service and maintenance of premises and equipment.</p> <p>Regulation 15 (1) e</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had failed to maintain clear records and failed to assess, monitor and improve the quality of service provided, which could potentially impact on people's safety and wellbeing.</p> <p>Regulation 17 (2) a, b, d</p>