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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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Mill Lodge Residential Care Home on 16 and 17 October 2018. The first day was unannounced.

Mill Lodge Residential Care Home is located in the town of Great Harwood, near Blackburn. There are facilities on two floors, which could be accessed by a passenger lift. There was a small seating area and car parking to the front of the house.

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 care home accommodates 16 older people, some of whom were living with dementia. At the time of the inspection, there were 11 people living in the home. Nursing care is not provided by the service.

The service was managed by a registered manager who is also one of the service providers. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection carried out on 2 and 5 February 2018, we found breaches of the regulations in respect of medicines management, risk management and a lack of effective monitoring systems. We also found the service had failed to notify CQC about serious incidents and deaths in the service. The provider was served with a penalty notice (fine) for failing to send us notifications in relation to notifiable incidents and events in the home.

At the last inspection, the overall rating for the service was 'Inadequate' and the service was placed in special measures. This meant the service was kept under review and an inspection would be undertaken within six months to ensure significant improvements have been made. At that time, we asked the provider to complete an action plan to show what they would do to improve the service and by when.

Following the last inspection, regular meetings had been held with the registered persons, CQC, the local authority safeguarding team and the commissioners of services. The clinical commissioning group medicines optimisation team, infection prevention control team and local commissioners of services had worked with the management team and staff to support them with improvements. The provider had voluntarily suspended admissions to the home until the commissioners were satisfied that significant improvements had been made. A recent agreement was in place to allow a restricted number of admissions to the home. An action plan was available to support further improvements and was regularly updated by the provider and shared with local commissioners and CQC.

At this inspection, we found the rating had improved to 'Requires Improvement'.

We found the registered manager and staff had made a number of needed improvements since our last inspection. However, some of these improvements had been introduced over a short period of time and further work was needed to embed these processes into the day to day practice at the home. In addition, our findings demonstrated there was a continued breach of the regulations in respect of management of medicines and a lack of effective monitoring systems. We also found an breach of the regulation in respect of records management. You can see what action we asked the provider to take at the back of the full version of the report.

New quality assurance and auditing processes had been introduced to help the registered manager to effectively identify and respond to matters needing attention. We saw evidence of regular monitoring that had identified shortfalls in the service and appropriate action had been taken to address the shortfalls. However, the audit tools had not identified the shortfalls found during the inspection in relation to medicines management and records management. People's opinions on the quality of care provided were sought.

The management of people's medicines had improved. The clinical commissioning group medicines optimisation team had supported the staff and they were making good progress to address the shortfalls found. However, we found there were still some shortfalls in medicine management practices in the home and further improvements were needed. People received their medicines when they needed them and staff administering medicines had received training and supervision to do this safely.

There had been improvements made to the systems, processes and records in a short space of time; this meant that some of the records, such as risk assessments and auditing tools, were duplicated and difficult to locate. The registered manager was aware this needed action to reduce the risk of people not receiving the care they needed. We found a number of policies and procedures were not up to date with regards to current legislation and did not provide management or staff with safe and up to date guidance. We found people's care records and staff members' personal information were stored securely in locked cabinets and were only accessible to authorised staff.

Risk assessments had been developed to minimise the potential risk of harm to people. They had been reviewed in line with people's changing needs. The registered manager and staff had accessed training, support and advice to help them develop their systems in this area and had taken steps to improve their awareness with the reporting and recording of incidents and accidents.

Safeguarding adults' procedures were in place and staff had received additional training. Staff understood how to protect people from abuse and how to report any concerns. Staff awareness of their duty and responsibility around safeguarding had improved to ensure appropriate reporting of concerns to the local authority and CQC. People told us they felt safe in the home and that staff were caring. People appeared comfortable in the company of staff and it was clear they had developed positive trusting relationships with them.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Since the last inspection, staff had received additional training to help them understand the requirements of the Mental Capacity Act 2005 (MCA). People's consent to various aspects of their care was considered. The registered manager was aware the recording of information about any restrictions placed on people needed to be improved.

Records relating to people's care and support had improved although, at the time of our visit, there was

some duplication of records which could cause confusion. Staff knew people very well and the information in the care plans included information about their needs and preferences. The registered manager was aware further improvements were needed to ensure the care records fully reflected the care and interventions that were being provided. People's care and support had been kept under review and, where possible, people and their relatives were involved in decisions and reviews about their care. Relevant health and social care professionals provided advice and support when people's needs changed.

Recruitment checks were carried out to ensure suitable people were employed to work at the home. However, improvements were required to the recruitment and selection procedures to ensure a robust and fair process was followed. Following the inspection, we were told action was being taken to improve this area. Arrangements were in place to make sure staff were supported, trained and competent. People considered there were enough staff to support them when they needed any help. Staff told us they enjoyed their work and spoke positively about the support and guidance they received from the registered manager.

The environment was clean and adaptations and decorations had been adapted to suit the needs of people living at the home. The service had been supported by the local authority infection prevention and control team and improvements were being made in line with recommendations made. Equipment was stored safely and regular safety checks were carried out on all systems and equipment. Improvements had been made to the home but there was no development plan to support this.

People told us they enjoyed the meals and their dietary needs and preferences were discussed and met. People were offered a choice of meal and food and drinks were offered throughout the day. People were encouraged to participate in activities of their choice. We observed staff spending time chatting to people, listening and singing to music and watching movies.

People and staff were happy with the service provided and considered the service was managed well. People did not have any complaints but knew how to raise their concerns. People felt they had been involved in decisions and were happy with the care and support they received; they made positive comments about the staff and the registered manager and about their willingness to help them.

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 consistently safe.

People felt safe in the home. Staff awareness of their duty and responsibility around safeguarding had improved to ensure appropriate reporting of concerns to the local authority and CQC. Improvements had been made but further work was needed to embed the processes into the day to day practice at the home.

Accident and incident monitoring and reporting and the management of risks had improved to ensure people's safety. Improvements had been made but further work was needed to embed the processes into the day to day practice at the home.

The management of people's medicines had improved. Medicines were administered by trained and competent staff. Further improvements were needed to ensure people's medicines were consistently managed in accordance with safe procedures.

The recruitment and selection practices needed to be reviewed to ensure a robust and fair process was followed in line with current guidance. There were sufficient staff available to meet people's needs.

Is the service effective?

Good 

The service was effective.

The provision of training and development for staff had improved. People felt that staff were competent and could support them effectively.

Improvements to the environment were being made and a system of reporting required repairs and maintenance was in place.

People's dietary needs and preferences were met. People were supported with their healthcare and were referred appropriately to community healthcare professionals.

Staff had received additional training to improve their understanding of the MCA 2005 legislation. People's capacity to make safe decisions and to consent to care had been recorded; the registered manager was aware this needed further improvement. Authorisations to deprive people of their liberty had been submitted where required.

Is the service caring?

Good ●

The service was caring.

Staff responded to people in a friendly, caring and considerate manner and we observed good relationships between people, management and staff. We observed some very caring interactions from staff.

People were encouraged to maintain relationships with family and friends.

People's privacy, dignity and independence were respected.

People were able to make their own choices, where possible, and were involved in decisions about their day.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Improvements had been made to people's care records but further work was needed to embed the processes into the day to day practice at the home. Each person had a care plan which included details about their needs and preferences. Care plans and associated records had been kept under review.

People had been involved in discussions about their care and some had been involved in the review of their care plan.

People had been provided with appropriate meaningful and interesting day time activities and stimulation.

There had been no complaints since our last inspection. People told us they could raise concerns about their care and treatment.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People told us they were happy and settled in their home. They made positive comments about the management and leadership arrangements at the service. They felt the service was well managed and they were very happy with the staff team.

Improvements had been made to the systems, processes and records in a short space of time which had resulted in some of the records being duplicated and difficult to locate. The registered manager was aware this needed to be acted on to reduce the risk of people not receiving the care they needed.

Some policies and procedures had been updated during the improvement process. However, all needed to be reviewed and updated to provide management and staff with current guidance.

Management and staff had improved links with other agencies and commissioners; this was improving practice and standards in the home. However, practices and improvements needed time to be embedded further to ensure they can be sustained.

The systems to assess and monitor the quality of the service and to obtain people's views and opinions had improved and were being further developed to ensure the registered manager had full oversight of the service and to ensure people were protected against risks of poor practice.

Mill Lodge Residential 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 16 and 17 October 2018 and the first day was unannounced. The inspection was carried out by an adult social care inspector, a specialist pharmacist inspector and an expert by experience on the first day. 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 was carried out by an adult social care inspector.

We did not ask the provider to send us a Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team, the infection prevention and control lead, the medicines management team and local commissioning teams. We also requested the views of healthcare professionals that were involved with the service. We reviewed the information we had and used it to decide which areas to focus on during the inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager who is also the owner, the assistant manager and two care staff. We also spoke with eight people living in the home and one visitor.

We looked at a sample of records including four people's care plans and other associated documentation, one staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, medication records, maintenance certificates, policies and procedures and quality assurance records.

Is the service safe?

Our findings

At our last inspection in February 2018, this key question was rated as inadequate. During this inspection, we found improvements had been introduced over a short period of time and were in their infancy; further work was needed to embed these processes into the day to day practice at the home. The rating has changed to requires improvement. We will monitor this at our next inspection.

At the last inspection of February 2018, we found the provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found that people's medicines were not always managed safely. We found guidance was not available to support staff with the safe administration of as needed (PRN) medicines and opening dates were not recorded on boxed medicines. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

Following the inspection of February 2018, the registered manager and her staff had been working with the Medicines Management Team (MMT) from East Lancashire Clinical Commissioning Group to make improvements in the way medicines were handled. We spoke to a member of the MMT who told us the registered manager had addressed a number of recommendations that they had made. We saw the improvement plan that the MMT had drawn up for the home to follow and the progress that had been made.

During this inspection, we found there were still further improvements to be made to ensure the safe management of medicines. Since the last inspection, protocols had been put in place for medicines prescribed to be given when required (PRN). Some of the protocols gave clear and detailed information to guide staff as to what circumstances to administer medicines prescribed in this way. However, other protocols need further development to ensure these medicines can be given safely and consistently. When medicines were prescribed with a choice of dose there was no guidance in place to guide staff how to choose the most appropriate dose.

The records showed that people were mostly given their medicines as prescribed. However, medicines which must be given before food were not given properly. We found that no arrangements had been made to give them at the correct times which meant they may not be effective in treating the symptoms they were prescribed for. There was clear information recorded to guide staff when they were applying creams, however the records about the application of creams did not always show that creams had been applied properly.

Staff administering medicines had undertaken external medication training. Assessments of staff competency, in relation to medicines management, were completed by the assistant manager. However, the assistant manager had received no formal training to support her with the assessments. We discussed accessing training and competency checks by an external provider, as recommended in the NICE guidelines.

There were audits, checks, done by the assistant manager to make sure medicines were being managed

safely. The checks showed that medicines could be accounted for. However, the checks about other aspects of medicines management were limited and they did not pick up the concerns we found on inspection. A detailed medicines audit tool was ready to be introduced that would help the registered manager to identify and respond to any shortfalls. We noted that a further visit was planned by MMT to follow up progress made with the improvement plan.

The above matters in relation to medicines are a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their visitors had no concerns about the way their medicines were managed. They said they received them on time and when they needed them. One person said, "I ask for painkillers when I need them and I get them."

There was a robust ordering system in place and everyone had an adequate supply of their medicines to ensure they could be administered as prescribed. The stock level of medicines was under control and any medicines left over from the previous cycle were carried forward to the next cycle to avoid waste. One person was prescribed a thickener to be used in their drinks and other fluids to prevent them from choking. There was guidance about how to use the thickener and this was stored safely.

At the last inspection of February 2018, we found the provider had failed to appropriately manage and assess the risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found staff had not always recorded the support provided for people following a fall, had not considered falls prevention methods and had not reported incidents to the local safeguarding authority or to CQC. In addition, risk assessments did not provide staff with sufficient guidance to minimise the risks and safety restrictors were not provided on first floor windows. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we looked at how the service managed risks to people's health, safety and wellbeing. We found improvements had been made and the registered manager had followed advice provided by the local commissioners. However, further work was needed to embed these processes into the day to day practice at the home. Therefore, we will review this at our next planned comprehensive inspection.

Risk assessments were in place including those relating to falls, moving and handling, skin integrity and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly and information about any changes in people's risks or needs was communicated between staff during shift changes.

Detailed records were kept in relation to accidents and incidents that had occurred at the service, including falls and skin tears. Referrals were made, as appropriate, to the GP and the district nursing team; we also observed falls mats in use for people who had been identified at risk of falls. We saw the incident and accident records were checked by the registered manager who carried out an analysis of the information to identify any patterns or trends. The registered manager and staff were taking advice from the falls team.

We found individual risk assessments and strategies were in place to help identify any triggers and guide staff how to safely respond when people behaved in a way that challenged the service. Records confirmed staff had received training in this area which helped to keep them and others safe from harm. We checked two people's financial allowance records; we found people's money was managed safely. Financial protection measures were in place to protect people. Staff were not allowed to accept gifts or assist in the

making of, or benefiting from, people's wills. We noted there were systems in place to respond to concerns about staff's ability or conduct.

Staff had safeguarding adult's procedures and whistle blowing (reporting poor practice) procedures to refer to. Safeguarding procedures were designed to provide staff with guidance to help them protect people from abuse and the risk of abuse. Staff had received safeguarding training and were clear about the action to take if they witnessed or suspected abusive practice. They were confident the registered manager would listen and respond appropriately to their concerns. We found their awareness of their duty and responsibility around safeguarding had improved to ensure appropriate reporting of concerns to the local authority and CQC. There was a designated safeguarding champion in the home that attended local meetings and provided advice and guidance to other staff in this area.

The registered manager could describe her responsibilities in relation to reporting incidents and safeguarding concerns; records were shown to us that supported this improvement. Action to be taken and lessons learned from incidents had been discussed with staff.

During the inspection, we observed people were comfortable in the company of staff. We observed staff interaction with people was friendly and patient. People told us they felt safe and they were treated equally. They said, "I feel a 100% safe. They keep an eye on you if you do sit outside" and, "I feel safe, everybody is nice with you. I like it here, there are nice carers."

Staff had access to a set of equality and diversity policies and procedures. We noted people's individual needs were considered when care was being provided and some information was recorded as part of the care planning process. This helped to ensure people had access to the same opportunities and the same fair treatment.

The staff team was stable and as such there had been no new staff employed recently. We looked at one staff recruitment record and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we found the application form did not ask for a full employment history, a health assessment had been requested prior to offer of employment and it was not always clear who had provided the references and in what capacity. We discussed the improvements needed to the recruitment and selection procedures to ensure they reflected the changes in legislation. The registered manager was aware of this issue and planned to undertake a review of all policies and procedures. Following the inspection, we were told new records were in place to support any new applications.

We reviewed how the service managed staffing levels. People were happy with the availability and numbers of staff and said they didn't have to wait long for assistance. However, one person said, "They are short staffed. They only have two carers on during the week and at the weekend they have three when the office is closed." We discussed this with the registered manager. We were told the registered manager was included in the staffing numbers during the week. Staff confirmed there were currently sufficient staff to meet people's needs.

During our visit, we observed staffing levels were sufficient to meet people's current needs. There were three day time care staff and two night care staff. The registered manager and assistant manager also worked alongside staff as needed. A cleaner was available five days a week and a maintenance person was available two days a week, or when needed. The assistant manager worked as a cook for five days during the week;

we did not think this was best use of her time in view of the improvements needed. We discussed this with the registered manager.

We observed people's calls for assistance were promptly responded to; staff were attentive to people's needs and available in the communal areas. We were told any staff shortfalls due to leave or sickness were covered by existing staff or by the registered manager or assistant manager; agency staff were not being used.

We looked at the arrangements for keeping the service clean and hygienic. We found all areas to be clean and odour free. People told us, "The home is clean." The local authority infection, prevention and control lead nurse had visited the home in August 2018 and provided the registered manager and staff with support and advice in this area. Recommendations were made at that time; the registered manager had responded to the advice and additional work was underway.

There were new infection control policies and procedures for staff to refer to and they had received training in this area. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection. The service had a designated cleaner and cleaning schedules were in place. An infection prevention and control champion had been appointed and was responsible for conducting checks on staff practice in this area, attending local forums and for keeping staff up to date. The laundry had sufficient equipment to maintain people's clothes. We noted replacement flooring had been provided in response to requests from the infection control lead nurse.

Equipment was stored safely and we saw records to indicate regular safety checks were carried out on all systems and equipment. People had access to appropriate equipment to safely meet their needs and to promote their independence and comfort. There were arrangements in place for ongoing maintenance and repairs and the service had access to a maintenance person who responded promptly to any requests for maintenance or repair. However, we noted a loose sink in the kitchen, damaged shelving in the laundry and the side exit door needed repairing. The registered manager assured us these areas had been noted and were being addressed. Following the inspection, we were told the laundry shelving had been replaced and hand wash dispensers had been provided.

Training had been provided to support staff with the safe movement of people. We observed staff using safe practices and offering re-assurance when supporting people to move around the home. Records showed staff had received training to deal with healthcare emergencies.

Records showed staff had received fire safety training. Regular fire alarm checks had been recorded to ensure staff knew what action to take in the event of a fire. People living in the home had been involved in practice drills with staff; this helped increase their awareness of personal safety in the event of a fire. Each person had a personal evacuation plan in place in the event of a fire, that assisted staff to plan the actions to be taken in an emergency. The fire safety officer had visited the service July 2018; good practice recommendations had been responded to.

A business continuity plan was available, to respond to any adverse events such as loss of power or severe weather. The environmental health officer had awarded the service a five-star rating for food safety and hygiene in 2016. The front door was locked; visitors were asked to ring the door bell and sign in and out to help keep people secure and safe.

We found people's care records and staff members' personal information were stored securely in locked

cabinets and were only accessible to authorised staff.

Is the service effective?

Our findings

At our last inspection in February 2018, this key question was rated as requires improvement. At this inspection the rating has improved to good.

People told us they were satisfied with the service they received and felt staff had the skills they needed. Comments included, "The staff are really good helpers", "They are very helpful, really good" and, "They look after us alright."

There had been no new admissions to the home. However, the registered manager described the assessment process. Before a person started to use the service, a thorough assessment of their physical, mental health and social needs was undertaken to ensure their needs could be met. People were enabled to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff could determine whether the home was able to meet their needs. There was recent evidence that the registered manager had considered people's current needs and staff skills before accepting any new admissions to the home.

We looked at how the service trained and supported their staff. We looked at the training plan and found that the provision of appropriate training had improved and staff received a range of training that enabled them to support people in a safe and effective way. Most staff had achieved or were working towards a recognised care qualification. Staff confirmed their training was beneficial to their role and told us they were well trained. The service had linked into training provided by the local commissioners; this had helped the staff to provide people with safe, effective and consistent care.

Staff told us they were well supported by the registered manager and could approach them to discuss any issues. We looked at the supervision plan and found all staff received regular one to one supervision; recent topics included, moving and handling, infection control, mental capacity and deprivation of liberty safeguards, falls, hand washing, safeguarding and use of the telemedicine system. Their knowledge was checked by a process of question and answers and by observed practice. However, discussions about their training needs, responsibilities, their practice and any areas for improvement were only recorded at an annual appraisal of their work performance. We discussed, with the registered manager, how this could be improved. Staff were also invited to attend regular meetings.

New members of staff participated in a structured induction programme, which included an initial orientation to the service, working with an experienced member of staff, training in the provider's policies and procedures, completion of the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the skills and knowledge which they need to provide safe, compassionate care.

Staff told us communication about people's changing needs and the support they needed was of a good standard. Records showed key information was shared between staff and healthcare professionals; staff

spoken with had a very good understanding of people's needs.

We looked at how people were supported with their healthcare needs. People considered they received medical attention when they needed. One visitor confirmed their relative had been appropriately referred to the speech and language team (SALT). People's care records included information about their medical history and any needs related to their health. Records showed that the community link nurses visited the service and monitored the care and treatment of people in their care; appropriate referrals had been made to a variety of healthcare agencies. Health professionals told us that staff were accessing remote clinical consultations, via the telemedicines system, to seek prompt medical advice and support for people; this meant professional advice could be accessed out of hours, and in some cases hospital visits and admissions could be avoided. We observed good relationships between staff and the local GP practice.

Information was shared when people moved between services such as transfer to other service, admission to hospital or attendance at health appointments. People were accompanied by a record containing a summary of their essential details and information about their medicines; where possible, a member of staff or a family member would accompany the person. In this way, people's needs were known and considered and care was provided consistently when moving between services.

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 make 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 and hospitals 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. There were policies and procedures to support staff with the MCA and DoLS and records showed staff had received training in this subject. Appropriate applications had been submitted to the local authority for consideration. There were systems in place to ensure all staff were aware of any restrictions in place. The registered manager was aware she needed to undertake checks on the progress of any applications.

People's capacity had been assessed and there was some information recorded about people's ability to make decisions about their care and support. We noted best interest decisions were recorded for some people that had been assessed as lacking capacity to make specific decisions in relation to safety. The registered manager was aware the information in people's care plans needed to be further developed to provide guidance for staff on least restrictive practice to protect people's rights.

We observed staff asking people for their consent before they provided care and treatment such as with administering medicines or with moving from one part of the home to another. Staff told us they understood the importance of gaining consent from people. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person.

We noted people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place. Each person's doctor had signed the record and decisions had been taken in consultation with relatives and relevant health care professionals. One person had a DNACPR decision put in place during a recent stay in hospital; the registered manager had contacted the GP for a review of the decision as the person's health and capacity to make decisions about this had improved. A DNACPR decision form in itself is not legally

binding. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. We discussed how the information in people's care plans could be improved in this area to ensure staff were aware of people's wishes.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals and that they had a choice. People said, "The food is nice, I like it", "It's good I can eat what I want", "It's okay; there is a choice of two things. Sometimes it is repetitive" and, "If you don't like it, you give it them back and they'll give you something else." However, two people told us the meals were 'boring and monotonous'. We were told the seasonal menus were due to be changed and that this would be done in consultation with people.

The lunchtime meals were well presented and looked and smelled appetising. People were offered additional portions and plate guards were used to support people to eat independently of staff. The menu was displayed and people were asked for their choices earlier in the day and again whilst sat at the dining table. The dining tables were set with cutlery, drinks and condiments. We observed people being supported and encouraged to eat their meals at their own pace and people being discreetly observed. We overheard friendly conversations during the lunchtime period.

Information about people's dietary preferences and any risks associated with their nutritional needs was shared with kitchen staff and maintained on people's care plans. Staff provided people with appropriate food and drink in line with their care plan. Food and fluid intake charts had been implemented for those people deemed at risk and there was monitoring of the records to identify any deficits in people's dietary intake. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people's individual needs were met by the adaptation, design and decoration of premises. We looked around the home. People told us they were happy with their bedrooms. There was a lounge, a conservatory and a dining room. A passenger lift and a stair lift provided access to both floors. Aids and adaptations had been provided to help maintain people's safety, independence and comfort. All but one of the bedrooms were single occupancy and two bedrooms were provided with en suite facilities. Some people had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. We discussed with the registered manager, how the home could be developed into a more dementia friendly environment.

Bathrooms and toilets were suitably equipped and corridors were clear of any obstructions. We noted a radiator was uncovered in the first-floor toilet; the registered manager made immediate arrangements to address this. We also noted that the ground floor toilet was key coded and designated only for visitors and staff. This meant people had to walk a distance along the corridor to access a 'resident's' toilet. We discussed this with the registered manager who made arrangement to remove the key code and to ensure the radiator was protected. We noted that all bedroom door locks had been changed at some time; this meant that the old key holes were open and would allow smoke entry in the event of a fire. Following the inspection, the registered manager confirmed this would be completed early November 2018. There was an enclosed seating area to the front of the home, a separate smoking area and a small car park.

Redecoration and refurbishment had been undertaken including re decoration of communal areas, new signage and replacement of flooring; improvements to the laundry and the sluice were underway and plans were in place to make the environment more dementia friendly. However, there was no development plan to support ongoing improvements. We discussed this with the registered manager.

Is the service caring?

Our findings

At our last inspection in February 2018, this key question was rated as requires improvement. At this inspection the rating has improved to good.

All people spoken with, were happy with the care and support they received and were encouraged to maintain relationships with family and friends. They told us they were treated with care and kindness and were treated equally and fairly. They said, "They always ask how I am; they're very caring", "The staff are very good, they're really nice. I can't grumble", "They are all kind" and, "They are kind and they look after me." Another person said, "It [the home] is just big enough, there are just enough people. I know everyone who is here." A visitor said, "[Family member] is treated well", "They treat me excellently" and, "The staff are very kind and jolly."

We observed staff taking time to talk to and listen to people and interacting with them in a caring, friendly and respectful manner. We observed appropriate humour and warmth from staff towards people; people appeared comfortable in the company of staff. We observed good relationships and staff were knowledgeable about people's individual needs and personalities. People felt that they mattered to staff. We observed staff offering people the cuddly toys that they liked; we saw people's faces light up when the carers put the toys in their hands. One person said, "Staff are my friends."

We observed people were treated with dignity and respect and without discrimination. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. People were dressed comfortably and appropriately in clothing of their choice; a hairdresser visited the home twice a month or when requested. We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. One person said, "They let you do what you can and they do the bits you can't."

People told us the staff respected their privacy. We saw one person had a 'Do Not Disturb' notice on their bedroom door. Staff were very clear the person was not to be disturbed unless it was absolutely necessary. We observed personal care was carried out behind closed doors. All staff were bound by contractual arrangements to respect people's confidentiality. People told us they were happy with their bedrooms. Bedrooms were fitted with appropriate locks and two people had chosen to have a key to their bedrooms; people told us they could spend time alone if they wished.

People could make their own choices and were involved in decisions about their day. People told us they could get up anytime they wanted and chose to spend time in their bedrooms if they wanted to. Some staff had received training in equality and diversity and were aware of the human rights principles. People's wishes and choices with regards to spiritual or religious needs was recorded and people could receive religious services in the home. People's wishes and choices with regards to receiving personal care from female or male carers and their characteristics such as ethnicity and sexual orientation were not recorded. The registered manager assured us this information would be included in people's care records to ensure

people's diverse needs were known to staff and they were protected against discrimination and harassment.

People were encouraged to express their views by means of daily conversations and by participating in annual customer satisfaction surveys. Residents' and relatives' meetings had been arranged but poorly attended. We discussed this with the registered manager, as meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. However, we found people's views were listened to and had been acted on in areas such as the provision of activities and meal choices.

Useful information was displayed on the notice board which informed people about how to raise their concerns, reporting abuse, planned activities and events in the local community. Information about advocacy services was displayed. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

A guide to the service was available; this information helped people and their relatives understand their rights and responsibilities whilst staying at Mill Lodge Residential Care Home. We discussed how the information could be provided in more detail. The registered manager told us the information could be made available in other formats to ensure it was accessible to everyone.

Is the service responsive?

Our findings

People were happy with the personal care and support they received and made positive comments about the staff and about their willingness to help them. They said, "I find the staff to be very helpful and considerate" and, "I like the way I'm looked after, they look after us very well." One person told us the staff were competent and had adapted well when their needs changed. They told us, "My knees are worse now so they take me to the toilet in the wheelchair." A visitor said, "I like [family member's] room. The staff brought me a chair from downstairs and they brought [family member] a new table."

People were happy with the service they received at Mill Lodge Residential Care Home. They told us, "There is nothing to complain about. I don't think you would find anywhere better" and, "There are no problems, only odd little bits that get sorted." A healthcare professional told us, "[Registered manager] has been engaging well, seeking advice and support from ourselves and raising concerns about residents" and, "We find all the care staff and [registered manager] helpful and able to provide good patient information to assist us with our assessments."

We looked at how the service managed complaints. People stated that they would not hesitate to speak with a member of staff or to the registered manager if they had a complaint. The service had a policy and procedure for dealing with any complaints or concerns, which was displayed in the service and made available to people on their admission to the service. However, the information incorrectly advised people to contact CQC in the first instance rather than the local authority or the local government ombudsman. We discussed this with the registered manager who assured us the complaints information would be corrected. We looked at the records of complaints. We found there had been no complaints reported to the service.

During the inspection of February 2018, we found people's care plans did not always cover the changes in people's needs or show what measures had been considered to reduce or minimise the risks to people's health and wellbeing.

During this inspection, we looked at four care plans and associated records to determine whether people received personalised care that was responsive to their needs. We found improvements had been made to the way people's care was planned and managed. We were told the community link nurses were involved in a review of people's care and care planning and had provided support and advice to the management and staff. Each person had an individual care plan, which was underpinned by a series of risk assessments. However, further improvements were needed to reduce the duplication of information and to reduce the risk of people not receiving the care they needed.

The care records had been developed, where possible, with contributions from each person and their relatives. People's needs had been assessed before they started living at Mill Lodge Residential Care Home, to ensure that the staff were able to meet people's needs.

Some of the care plans included some good information about people's likes, dislikes, preferences and routines which helped ensure they received personalised care and support in a way they both wanted and

needed. However, whilst we noted appropriate action had been taken in response to people's changing needs, we also noted this information was not consistently recorded in all the care plans. Whilst staff had a very good awareness of people's needs, the lack of information could result in people not receiving care in the way they wanted. Body maps, to record injuries, marks and bruising to people's skin, were not routinely provided but were located with the accident records following any issues. The registered manager told us the information in people's care plans was being reviewed in line with people's needs and local commissioner's advice. Information about people's changing health needs were recorded and the advice given by health care professionals was documented and followed.

People's care and support had been kept under review and records updated on a regular basis or in line with any changes. People spoken with said they were kept up to date and some people said they were involved in decisions about care and support. One person said, "They ask you what you want." Records of any communication with relatives were maintained and some people, or their relatives, had been involved in a review of the care plan.

Daily records were maintained of how each person had spent their day and of any care and support given; these were written in a respectful way although the quality of the information recorded was varied. There were systems in place to ensure staff could respond to people's changing needs. This included a handover meeting at the start and end of each shift and the use of handover sheets and communication diaries. We discussed the handover record and daily records with the registered manager; she assured us additional detail would be recorded to guide staff to people's needs and to reflect the support being given.

We looked at how people could access meaningful and interesting activities to occupy their time. There was no dedicated activities co-ordinator to assist with activities. However, we observed staff offering people activities and engaging with people in a positive manner. People told us they participated in games, jigsaws, watching TV and listening to the radio; they told us they enjoyed the birthday and Christmas celebrations. We didn't see any organised activities. However, we observed staff spending time chatting to people, listening and singing to music and watching movies. One person told us they enjoyed watching football on the TV with staff and drinking shandy.

We looked at how the service supported people at the end of their life. Where possible, people's choices and wishes for end of life care were being discussed, recorded and shared with staff. Where people's advanced care preferences were known, they were shared with GP and ambulance services. There were systems in place to ensure staff had access to appropriate end of life equipment and advice. Some staff had received training that included guidance on how to support people towards the end of their life.

We looked at how technology and equipment was used to enhance the delivery of effective care and support. We noted the service had internet access to enhance communication and provide access to relevant information for staff. E-learning formed part of the staff training and development programme. Sensors or pressure mats were used to alert staff when people were at risk of falling and pressure relieving equipment was used to support people at risk of skin damage. There was a wireless call bell system which allowed people to move around with their call bells and allow them to summon support from staff from wherever they were in the building. They had signed up to telemedicine services which allowed them to access out of hours professional advice.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced in 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted information was displayed on

notice boards and some of the information was in larger print. The registered manager confirmed information could be made available in different font sizes to help people with visual impairments. We discussed with the registered manager how the provision of information in pictures and symbols could improve people's understanding and accessibility to information in areas such as surveys, meetings and menus. We found there was information in people's initial assessments about their communication skills to ensure staff were aware of any specific needs.

Is the service well-led?

Our findings

At our last inspection in February 2018, this key question was rated as inadequate. During this inspection, we found improvements had been made and the rating has changed to requires improvement.

During the last inspection of February 2018, we found the provider had failed to notify the Commission of deaths that had occurred in the home. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009. At that time, we found the provider had failed to notify CQC of the deaths of three people that they provided support for. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, our records showed the registered manager had appropriately submitted notifications of death to CQC. This meant that CQC could effectively monitor whether the provider was acting appropriately and exercise its regulatory role by taking follow up action where required.

During the last inspection of February 2018, we found the provider had failed to notify CQC of notifiable incidents and events occurring in the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At that time, we found allegations of neglect, which had been investigated by the local safeguarding team, had not been reported to CQC. We also found we had not been notified when people had been involved in incidents that had resulted in injury and/or hospital attendance. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we found there had been no reportable significant events and incidents occurring in the home since our last inspection visit. The local authority safeguarding team confirmed there had been no further alerts. We discussed the reporting process with the registered manager and found they had a good awareness of the process to follow and what incidents needed to be reported to CQC. The notifications assist us to determine how incidents had happened and whether the provider had taken the appropriate action to prevent or reduce occurrence in the future. We will continue to monitor the provider's compliance with this and will review this at the next inspection.

During the last inspection of February 2018, we found the provider had failed to operate effective quality assurance and auditing systems. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found four breaches of the regulations and found a significant deterioration people's care and safety. This meant that the governance systems were not effective in identifying when quality and/or safety was being compromised. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we found improvements in the way the provider monitored the quality and safety of the service. We found there were new systems in place to assess and monitor the quality of the service in areas such as staffing, first aid boxes, medicines management, care planning, accidents and incidents, skin tears, infection control, complaints, the kitchen and the environment. We noted some shortfalls had been

identified and action had been taken. However, we found the systems to monitor medicines management needed further development as whilst people's medicines were safe and accounted for, the audit tool had not identified some of the issues noted during the inspection. In addition, we found the care plan auditing tool was basic and lacking in detail about the records looked at and any shortfalls found. We discussed with the registered manager, how further improvements could be made going forward.

We found some of the records, such as risk assessments and auditing tools, were duplicated and difficult to locate. The registered manager was aware this needed to be acted on to ensure staff had the correct guidance and to reduce the risk of people not receiving the care they needed. In addition, whilst we noted some of the policies and procedures including infection control, safeguarding adults, and MCA had been updated, we found other policies and procedures were not up to date with current good practice guidance. These included staff recruitment and selection, medicines management and complaints.

Whilst we found there had been improvements to the way the provider monitored the service, which were in line with the action plan, it was clear that many of these improvements had been introduced since our last inspection in February 2018, and time was needed to embed these processes into the day to day practice at the home. Further improvements were needed to the quality monitoring systems and the management of people's records. Therefore, our findings demonstrated there was a continued breach of the regulations in respect of effective quality assurance systems.

The provider had failed to effectively operate systems to assess, monitor and improve services and had failed to effectively maintain records relating to the management of the regulated activity. This was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

People were encouraged to share their views and opinions about the service by talking with management and staff and by completing feedback forms. People told us there had not been any meetings held. An annual satisfaction survey had been undertaken in February 2018; we noted there had been positive feedback from people. People had also participated in a meal time survey; we saw good evidence that people's dietary preferences had been listened to and incorporated into the menu. Family communication records showed that people's visitors had been kept up to date and they had been asked if they were happy with the service.

People, relatives and staff spoken with told us they were satisfied with the service provided at Mill Lodge Residential Care Home and with the way it was managed. People said, "The home is comfortable and well organised", "You can't beat this place, everything is great" and, "The registered manager is really nice; she pops up with a cup of tea."

Staff told us, "[Registered manager] has supported me all the way with my development when others wouldn't", "It's very much a family here, a small family", "We've worked really hard to make things better" and, "[Registered manager] is absolutely wonderful. Our opinions matter; she listens to what we have to say."

The registered manager, who was also the provider/owner, had responsibility for the day to day operation of the service and was visible and active within the service. This meant she had oversight of staff practice. She was observed to interact warmly and professionally with people and staff. The registered manager was described as 'approachable' and 'nice'.

The registered manager told us she was committed to the improvement of the service and was aware further improvements were needed. An improvement plan was available to support this. However, we

discussed with the registered manager how the plan could be more detailed to reflect the work that was being undertaken and needed.

Since the last inspection, the registered manager and staff had demonstrated their commitment to improvement of the service by attending quality improvement meetings and by attending local forums and training provided by local commissioning teams. The registered manager and staff had also been in contact with, and had followed advice from the community link nurses, the infection prevention and control team and the falls team. Improvements had been made in areas such as accident and incident recording and reporting processes, medicines management, care planning, infection control, notification of events in the service, safeguarding awareness and reporting processes and, quality monitoring.

Staff said they worked well together and were a stable team. They said they felt supported to carry out their roles and could raise any concerns or discuss people's care with the registered manager. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns; there was always a senior member of staff on duty with designated responsibilities.

Regular staff meetings had taken place and records showed they had discussed a range of issues and had been kept up to date. Staff were provided with job descriptions, contracts of employment and had access to policies and procedures which would make sure they were aware of their role and responsibilities.

We saw evidence that the service worked in partnership with a variety of other agencies. This helped to ensure that people had support from appropriate services and their needs were met. We noted the service's CQC rating and a copy of the previous inspection report was on display in the home. This was to inform people of the outcome of the last inspection.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to manage people's medicines in a safe way. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to effectively operate systems to assess, monitor and improve services and had failed to effectively maintain records relating to the management of the regulated activity. This was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.</p>