Millfield Lodge Care Home Limited

Millfield Lodge Care Home Limited

Inspection report

Mill Hill
Potton Road, Gamlingay
Sandy
Bedfordshire
SG19 3LW
Tel: 01767 650734
Website: www.millfieldlodgecarehome.co.uk

Date of inspection visit: 2 December 2014
Date of publication: 20/01/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This inspection of 2 December 2014 was unannounced inspection. Millfield Lodge Care Home Limited provides a care and nursing service for up to 31older people including those living with dementia. People are cared for on the single floor. There were 24 people living in the home when we visited. The home did not have a registered manager in post. The provider was in the process of recruiting a new manager. A registered

Summary of findings

manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the provider and staff were knowledgeable about requesting DoLS authorisations following the recent Supreme Court judgement. We saw that staff were adhering to the policies and procedures in relation to the MCA and DoLS to ensure that people were only deprived of their liberty where this was lawful. Records viewed showed us that, where people lacked the capacity to make decisions that they were supported to make decisions that were in their best interests.

There was a process in place to ensure that people's health care needs were assessed. This helped ensure that care was planned and delivered to meet people's needs safely and effectively. Staff knew people's needs well and how to meet these. People were provided with sufficient quantities to eat and drink.

Staff knocked on people's doors and gained permission before entering. People's privacy and dignity was respected at all times. People were able to close or lock their door if this is what they preferred.

Care records we viewed showed us that wherever possible people were offered a variety of chosen social activities and interests. However social activities and stimulation for people living with dementia was limited.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

Staff were only recruited after all appropriate checks had been completed. Staff told us and records confirmed that staff were only employed within the home after all pre-employment checks had been satisfactorily completed. Checks had been completed for things such as fire monitoring, water legionella temperature and lifting equipment in the home to ensure there was a safe environment.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits completed by the provider and senior staff identified areas to help drive improvement and actions were taken. Commissioners of the service had differing views about the leadership of the home

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People we spoke with told us they felt safe living at the home and that staff were always kind. However, following accidents and incidents the actions taken to ensure people's safety were not always effective.

Staff confirmed to us and records showed that they were only employed at the service after checks had been satisfactorily completed to establish staff's good character.

There was a sufficient number of staff employed at the service to ensure people's needs were safely supported.

Requires Improvement

Is the service effective?
The service was effective.

People living at the home were cared for by staff with the right skills and knowledge.

People were provided with a sufficient quantity to eat and drink throughout the day. Meals were provided according to people's wishes and included vegan and soft food diets.

Staff had a good understanding of the MCA and DoLS and we found that people were only deprived of their liberty where this was lawful.

Good

Is the service caring?
The service was caring.

People were cared for with compassion and dignity. People were happy with their care.

People or their relatives were involved in planning care to ensure it met people's preferences and choices.

Staff respected people's privacy and dignity by gaining permission before providing any personal care.

Good

Is the service responsive?
The service was responsive.

People were involved in their care assessments and contributed to their care planning.

Regular reviews of people's care were completed to ensure people were provided with care based upon their most up-to-date care and support needs.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The provider visited the home nearly every day to ensure an appropriate standard of care was maintained.

The service had links with the local community and took opportunities to engage with them as much as possible.

The provider was actively seeking to employ a registered manager and had also sought additional support to assist with the management of the service.

Millfield Lodge Care Home Limited

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 checked 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 2 December 2014 and was unannounced. This was the provider's first inspection under its current registration as Millfield Lodge Care Home Limited.

The inspection team consisted of an inspector and an inspection manager.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider information return. This is information that the provider is required to send to us to which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We also spoke with two local authority contracts monitoring teams, and health care professionals, including a GP.

During the inspection we spoke with six people living in the home, five relatives or friends, the provider and five staff members. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records, service user (residents) and relative's meeting minutes and medicines administration records. We looked at inspection records for electrical, water and other systems' safety in relation to the management of the service, staff recruitment files, training records, and complaints records.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. One person said, "The staff speak to me like I speak to them, we get on very well." Another person said, "I love it here, [name of staff] is near my room and they are always asking if I am alright." All relatives we spoke with told us that they had no concerns about the safety of their family member. A relative said, "There are door alarms and staff soon react if the alarm activates."

All staff we spoke with demonstrated a thorough knowledge of how to report any concerns about people's safety to. Staff confirmed that they had receiving training in safeguarding and were clear about actions that they should take should they need to raise concerns. Information was clearly displayed throughout the home, including people's rooms on who to contact if they ever had any concerns.

All care plans we looked at included detailed analysis of risks to people's health. These included risks to people living with dementia, pressure ulcer care, choking and mobility. For each situation we found that appropriate action had been taken to minimise people's health risks. Staff told us that they were aware of each person's risks and that people such as those who required support with their mobility were safely supported.

Accidents and incidents were recorded, including an analysis of these and any trends. We saw that for most of these incidents, appropriate and timely action had been taken. However, on one occasion following a person falling, the GP had been contacted the day after the person's fall but this had not been recorded. This was not in line with the provider's protocols for unwitnessed falls. In addition, actions taken to prevent or identify further falls had not always been effective. This increased the risk of people not being supported safely.

We saw that there was a personal evacuation plan for each person. This included information on how each person was to be supported in the event of an emergency including any medications they had been prescribed. People could be confident that plans were in place to support them in the event of an emergency

Staff we spoke with told us that if they had any concerns at all about the safety of people they would have no hesitation in whistle-blowing (whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work) about poor standards of care if this was required. The provider told us that they took appropriate action where whistle-blowing occurred. This included reporting to the local safeguarding authority and the CQC.

People told us, "If I use my call bell staff soon come to see what I need." On the day of the inspection agency staff were used to cover unplanned staff absences. The provider told us that they used the same agency staff for consistency and the staff confirmed this to us. Each person's care records included a dependency assessment record which identified how many staff were required to care safely for each person. People and staff told us and we saw that there was a sufficient number of staff with the right skills to meet people's care needs. We found there were sufficient staff to safely support people.

When we arrived at the home we saw that the medicines administration round was in progress. We found that four tablets had been left in a tray and one other loose tablet on top of the unattended drugs trolley. A person was wandering in the corridor and had access to these tablets but did not take any. However, there was still a risk that they could access these medicines. We alerted the provider to this situation immediately and they secured the loose medicines and told us they would discuss this with the staff straight away.

We looked at the recording, storage, administration and disposal for people's medicines. We found that there was a record for each person with guidance for staff to follow where medicines had to be administered at a specific time before meals and in a certain way such as not letting the person lie down.

We also found that the provider followed safe medicines administration procedures for people who required their medicines mixed in with their food (covert medicines). Management of controlled drugs was also found to be safe, secure and staff who administered medication had received training. This meant that people were provided with the support they needed with their prescribed medication in a safe way.

Good

Is the service effective?

Our findings

People told us that the staff knew their needs well and staff rarely had to ask people what assistance they needed. All of the people we spoke with told us the food was good and plentiful. One person said, "I like to eat in my room and the food is really good. When I first came here I was quite underweight and now I am a healthy weight."

The majority of staff told us they regularly received training to update their knowledge. They had recently received training in health and safety, medicines administration, moving and handling and safeguarding people from harm. We also noted that additional training was to be provided over the next two weeks. This was confirmed by the person who was going to provide the training. Two staff told us about their induction to the home and said they felt supported by nurses, senior carers and the provider.

All of the staff we spoke with had a good understanding of the needs of people in the home. We saw that staff spoke at a pace people were comfortable with and that they gave people living with dementia the time they needed to respond to them. One person we spoke with in their room told us that they preferred to be alone and that staff were always calling in to see them.

People's care plans, where required, included information about how people's behaviours which could challenge others were to be safely and effectively managed. This included what could trigger a person's behaviours and what calming measures worked for each person. We also saw that guidance was provided for staff on how to prevent people's behaviours from escalating. This included avoiding the issues that could cause the person anxieties. People were supported with their behaviours in a respectful way.

Throughout our inspection we found that staff were always polite with people when offering any support. This included obtaining permission before assisting the person with personal care. We observed that this was done reliably. People were only provided with care where they had agreed to this.

Staff we spoke with were knowledgeable about the MCA and DoLS and what action they would take if they felt a person's ability to safely consent to their care had changed. The provider was aware of the recent case law judgements regarding this subject and there was one person living at the home whose freedom had been lawfully restricted. We noted that where care was provided this was approved to be carried out in a person's best interests, such as medicines mixed in with their food

People's care records included a recent mental capacity assessment which had been regularly reviewed. Where people were identified as having no or limited capacity to make decisions about their care we saw that families, friends, health care professionals had been involved in deciding what care was to be provided in the person's best interest. For example, if a person would not normally consent to their medication and if the person's health would be affected then medicines were administered in the person's best interest.

We spoke with the home's chef. They told us about the meal options available and how the provider bought local fresh meat and vegetables to ensure people had a balanced and nutritious diet. We were also shown soft and pureed food diets that were available for people at risk of choking. These meals were presented in a way that people wanted. There was fresh fruit available in the home for people to help themselves. People were supported to be involved with their meal choices and were offered healthy eating options.

During our observations at lunch time we saw that people were offered a visual choice of food and three choices of drink. We noted that the tables were well presented with a choice of condiments and sauces and the food was hot. Staff supported people in a dignified way whilst respecting people's independence. One person was overheard saying, "Thank you so much that was a wonderful meal." Staff asked people if they wanted any more food and also what they would like for dessert. This showed us that people were supported to have sufficient quantities to eat and drink.

We spent time observing the care and support people had with their meals who were not able to attend the dining room. We saw that people were offered respectful support to eat and drink sufficient amounts. We found that a record was kept for the quantity of food and fluid consumed for each person. People at an increased risk of weight loss were supported with fortified food supplements and records showed us that people's weights were stable.

In all the care records we looked at we noted that people's health conditions were monitored frequently and where

Good

Is the service effective?

health care professional support was required we saw that the majority of referrals had been made in a timely way. A GP confirmed that this was the case. This meant that for people with complex care needs such as pressure ulcer care or support from a dietician that appropriate advice had been sought and followed whenever this was required. Observations and records viewed confirmed that this was the case.

Good

Is the service caring?

Our findings

All of the people told us and we saw that staff and management were caring. One person said, “The staff are fine. They are all very nice and I couldn’t wish for any better. I am really happy here.” During our observations throughout the day we saw that staff provided compassionate and sincere care. One person said, “You (staff) are ever so good to me.” A relative told us, “My [family member] knows exactly what they want and if they didn’t get it they would say straight away. They have fitted in here really well.”

The atmosphere within the home was calm in all areas we visited and throughout our inspection we observed that staff offered sincere and dignified care. Staff were seen engaging in conversations with people and referring to people in a respectful way. We noted that staff always knocked on people’s doors and gained people’s agreement before entering their room. People told us, “I need help with my personal hygiene and the staff always close and lock my door” and “I prefer to have a female carer which happens most of the time.”

People’s care records showed us that people’s cultural, spiritual beliefs and values had been identified and we saw that these were adhered to. This was for appropriate music, diets and religious services. This told us that people’s equality and diversity needs were respected.

People, their families or representatives had been involved in planning the delivered care. This was demonstrated by people’s signatures and comments from family members. One recent comment was, “I am happy with the care and they (staff) are all so kind to [family member].” Where people had made advanced decisions about their care and families signed on their behalf we saw that this had been recorded and also the reasons for this. People’s end of life wishes were individualised and provided a record of the support and things that were important to the person to be in place during their end of life care. Examples of this included what the person wanted wear and who they wanted to be with them for end of life care.

Staff respected people’s privacy and kept discussions about people and their care restricted to those people or staff who needed to be aware. For example, during shift handovers and by keeping people’s records secure. Staff told us that they conducted the shift handover in a private office. In these discussions people’s on-going care was considered to ensure that staff knew what care had been provided and what care was needed. People could be confident that their day to day needs were met in a caring way.

To support people with their independence the provider ensured that equipment was available, such as walking frames, slings and hoists. One person told us, “I used to walk everywhere and I can still get around with my walking frame. I am ever so happy here I wouldn’t want to go back home now.” We observed people being hoisted and assisted with their mobility and staff did this in a caring and sensitive way to help reduce any of their anxieties.

All of the relatives and visiting friends we spoke with told us that they could call in and visit their family member whenever they wanted and they were always made welcome. One relative said, “I call in nearly every day and [family member] is always clean and well dressed.”

Good

Is the service responsive?

Our findings

All of the people we spoke with told us that the care they were provided with met all their needs. One person said, "I told them (the provider) that I love watching my football team on television and that's what I am able to do." A relative said, "In the early days [family member] started living here we had to make some changes until [family member] was settled. They are settled here now though."

All of the care records we looked at were detailed and individualised and these had been cross referenced to care plans regarding the person's care. Examples of this included, what the person liked to do, the support they needed to do this and what was needed to maintain the person's well- being. Most care plans included a detailed life history of the person and it was possible to determine how the person or their family had been involved in providing this information. We found this was then put into practice to meet people's care needs in the way they wanted. A person said, "We get to do sing-alongs, garden parties, dancing and trips out. I like them all."

Most care plans included a detailed record of what was important to the person. We saw that people's care needs had been assessed when they first started to use the service. This assessment formed the foundation upon which each person's care was based. We also saw that regular reviews had been completed for each person's care and that where changes were required we found that action had been taken. This included the provision of equipment for the prevention and care of people's pressure ulcers. A GP told us that no one had developed a pressure ulcer in the home and those people with a pressure ulcer, which had been acquired elsewhere, were getting better.

We found from speaking with people and the home's management that the home had links with various aspects of the local community who came to sing at the home. Meeting minutes viewed and staff we spoke with confirmed other community links including religious service providers. People were supported to maintain their spiritual beliefs and values that they liked. On the morning of our inspection there was limited social stimulation offered to people. Staff told us that usually they would spend more time with people but two staff were on sick leave.

Later in the day, we saw that the television was showing a film which most people were watching contentedly. Staff were heard and seen chatting and laughing with people and there was much more social interaction.

All of the people and relatives we spoke with had told us they knew how and who to complain but they had no concerns about the care provided. One person said, "I used to do all my personal care but now I need help which is exactly what I get." A relative told us, "Some clothing gets mixed up but this is on the odd occasion." The provider discussed recent complaints they had received and that they were co-operating fully with those parties affected. The provider had kept the CQC fully informed and was open and honest in managing complaints to people's satisfaction. The provider told us in their provider information return and we found that as a result of these issues an additional housekeeper had been employed. Staff we spoke with told us they would record any complaints or speak to the provider if anyone raised any concerns. They also told us that complaints were always responded to.

Good

Is the service well-led?

Our findings

People and relatives we spoke with told us they knew who the provider was and that they saw them frequently. One person said, "I see [name of management] nearly every day. I get on with them well. They have to be strict at times (with staff) but that's because they are in charge."

There was not a registered manager in post as the previous manager had recently left. The provider was in the process of recruiting a new manager to become a registered manager. This was the third such occasion in the past 12 months. The provider told us that due to the home's rural location it was difficult to recruit the right person.

The provider and management team had a good knowledge of the day to day running in the home as well as any issues affecting the quality of care. We found that staff worked as a team to support the provider. Records viewed and staff we spoke with confirmed that regular checks and audits were completed of staff's medicines administration and health and safety to ensure the right standards were adhered to. Staff we spoke with were happy working at the home. One said, "I enjoy it here. I have no complaints. The managers know that I am doing the job properly."

Senior staff received daily feedback from almost all of the people living in the home regarding day to day aspects of their health, care and the environment. This helped the provider identify where improvements could be made.

All staff were aware of the management structure at the home and the lines of accountability. The provider had arranged further training as a result of concerns from local authority contracts monitoring. This was in relation to the safety of people, care plans and record keeping. We found that this training was planned to commence on the 03 December 2014 with further training as required. We also found that improvements had been made. This was for call bells being within reach, fluid and food and repositioning charts which we found had been completed. This showed us that the provider aimed to improve the service.

The provider told us in their provider information return that the management team were kept up-to-date with current nursing guidance, as registered nurses, using Department of Health, CQC and the National Institute for Health and Care Excellence (NICE) websites. Evidence found during inspection confirmed that staff were following these guidelines.

Due to recent safeguarding concerns at the home, two local authorities were in discussion with the provider at ways they could support them in managing the home until a registered manager was recruited and in post. The provider had begun to recruit additional support and we found that these staff were making further improvements. The provider told us that the key things they wanted to achieve over the next three months was to recruit a new registered manager and recruit five permanent nursing staff as opposed to the use of agency staff.

Staff told us that the provider was approachable. Staff said, "The provider is regularly at the home due to there not being a registered manager." Another member of staff said, "We can approach them at any time. I get regular supervision and support." The supervision matrix and other records we looked at confirmed that this was the case.

Visions and values of the home were discussed at staff meetings and staff shared these values of always putting people first. Meeting minutes we looked at showed us that staff were supported as well as reminded what standard of care was expected. Staff we spoke with knew their roles and responsibilities and that the recent contracts monitoring visits had helped improve standards. This was in record keeping, hygiene, storage of lifting hoists and quality of care plans.

People and relatives were provided with a variety of ways on commenting about the quality of the care provided. Methods used by the provider to gather information about the quality of the service included a quality assurance audit which had been carried out in August 2014. The results of this audit and people's comments had been analysed and appropriate actions taken where required. One person said, "I am regularly asked if everything is okay, which it is."

The provider motivated staff using various rewards and they told us they were considering additional rewards where staff had excelled. The majority of staff told us they felt motivated and well led but some felt the provider was at the home more than they needed to be. The provider told us that once they had recruited a registered manager that they would be able to step back a little more.