

Milton Lodge Limited

Milton Lodge Retirement Home

Inspection report

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Colchester
Essex
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Tel: 01206841215

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Milton Lodge Residential Home accommodates up to 35 people in one adapted building. Accommodation is provided over two floors with a lift available for people who have mobility needs. Some people may be living with dementia. Nursing care was provided by the local community nursing teams. There were 31 people living in the service on the day of our inspection visit.

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

People's care was delivered safely. The staff team was consistent, employed in sufficient numbers and had the skills, training and recruitment checks in place to help ensure people were cared for safely. Risks within the service both individually and organisational were assessed and managed.

People's needs in relation to their health, diet and overall well-being were understood and met consistently.

People benefitted from a kind, caring and committed staff team. People and their relatives told us they were treated with kindness, compassion and respect. We observed positive and caring interactions between staff and the people they supported. People were able to be independent as possible and were also provided with prompt, sensitive support when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had a positive culture and was led by a passionate and committed management team. Staff felt valued in their role and were determined to achieve good outcomes for people. The registered manager and staff had formed positive relationships with health and social care professionals and liaised with these services to help ensure people's full range of care needs were met. Quality assurance systems were effective in continuing to drive and sustain improvement across the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last The last rating for this service was Good (published 20 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Milton Lodge Retirement Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Milton Lodge Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of

this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the deputy manager and the provider's operations manager. The registered manager was not available on the day of our inspection visit.

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received further evidence from the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Milton Lodge Residential Home. A person living in the service said, "I'd recommend this home to anybody. The care is so good – we are all in safe hands."
- Staff knew what to do if they felt somebody was at risk of abuse. A member of care staff said, "I know how to report to the local authority, I know about whistleblowing and I know that I can go and speak to a senior or manager if I have any concerns."
- The management team were aware of their responsibilities for keeping people safe and knew to alert the local safeguarding authority and the Care Quality Commission (CQC) of any alleged or actual abuse brought to their attention.

Assessing risk, safety monitoring and management

- Risk assessments had been completed when people first moved into the service. These were detailed and included information for staff to follow to keep people safe from harm. Risks identified had been reviewed regularly to ensure they were being monitored and managed effectively.
- Staff monitored people's safety daily and appropriate equipment was in place. This included pressure mats which alerted staff when people, who were at risk of falls, moved around the service.
- Safety checks had been carried out on the environment and on the equipment used.

Staffing and recruitment

- People told us overall, there were suitable numbers of staff working at the service to keep them safe. One person said, "If I use my buzzer they are always pretty quick to come, but it depends on what other people they are helping, sometimes we have to wait a little. I'm alright with that."
- Staff members told us there were enough staff rostered on shift to enable them to meet people's needs appropriately.
- Recruitment processes remained robust ensuring only the right people were employed at the service.

Using medicines safely

- People told us they were happy with the support they received with their medicines. One person said, "'I take 15 pills a day. Seven with breakfast, three at lunch and five at night. I trust the staff completely with my medication."
- Staff responsible for supporting people had received training in medicine management and their competency had been regularly checked.
- Medicines were stored and managed safely.

Preventing and controlling infection

- The staff team had received training on the prevention and control of infection.
- Personal protective equipment (PPE) such as gloves and aprons were readily available, and we observed staff using it during our visit.
- We did observe some personal items had been left in two of the bathrooms. Multiple users of these could have caused infection control issues. They had been removed by the end of our inspection visit and the operations manager has told us how they will be reinforcing the service infection control policy.
- The premises were clean and odour free.

Learning lessons when things go wrong

- Systems were in place for all accidents and incidents to be reviewed for any patterns and trends and to mitigate future risk.
- Staff understood their responsibilities to raise concerns in relation to health and safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they arrived at the home, and care plans reflected their physical, mental and social needs.
- Nationally recognised assessment processes were used. For example, waterlow assessments to assess people's skin and the malnutrition universal screening tool for nutrition.
- Where people had a specific medical condition information as to how this was managed was in their care plan. For example, one person was insulin dependent diabetic and their care plan detailed how this was managed.

Staff support: induction, training, skills and experience

- People told us that staff had the training needed to support them. One person said, "I've been here for around 12 months now, and I think the staff are really polite and very careful with us. Nothing is too much trouble for them and what's nice is that we have a laugh together. They know what they're doing".
- Staff had received an induction into the service when they first started working there. Staff who had not worked in the care sector before completed the Care Certificate.
- Staff received regular refresher training to ensure their knowledge and skills were up to date.
- Where staff took on individual champion roles they received training to support them with this. For example, the infection control champion told us they had received support to attend external training.
- Staff were complimentary about the support they received from other members of staff and the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- People were very complimentary about the food. One person said, "I always have porridge and toast for breakfast at seven o'clock in my room and there's always a choice of three things for lunch, and I always have cheese on toast for tea. I think the food here is very good. Lunch always at 12." Another person said, "'I like the food here. I always have marmalade and toast for breakfast and cereal, we've got lasagne for lunch today."
- Care plans contained personalised information about people's dietary needs and preferences. For example, the care plan for a person living with dementia recorded that they preferred to eat in the afternoon.
- People's weight was regularly monitored. A relative told us, "The food is out of this world here. In fact, I'd say that there is too much food" They went on to say, "The staff have really helped [relative] when she came in she was five stone seven pound, and she is now seven stone five pounds. We are so content with this home, and we are so happy she is here. Absolutely no problems here."

- We observed the lunch meal and saw it was a relaxed and enjoyable time with people receiving the support they needed in a convivial atmosphere.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team worked with external agencies including commissioners and healthcare professionals to provide effective care. We observed the district nurse visiting on the day of our inspection.
- Staff were observant to changes in people's health and when concerns had been raised, support from the relevant healthcare professionals such as their GP had been sought
- Care records demonstrated that people accessed external healthcare professionals when needed. For example, chiropodist, optician and falls specialists.

Adapting service, design, decoration to meet people's needs

- The service was accommodated in an adapted and extended building. Some of the corridors were quite narrow, but staff told us, and we observed there was room for a wheelchair.
- The design of the building meant that the storage of equipment presented a challenge. We observed a bathing chair stored at the top of some stairs and wheelchairs were stored in the lounge. The deputy manager told us of their plans to put a small shed in the garden to store such equipment.
- There was a large summer house in the garden which had recently been used during a recent barbeque. However, it was underused on a day to day basis and had not been accessed by people on the day of our inspection despite it being a warm sunny day.
- There were numerous posters and display on the walls of the service. Some of these were out of date and some did not respect people's dignity. We discussed our concerns with the operations manager and deputy manager during our inspection. Since the inspection we have received an action plan as to how this will be addressed.
- There was a plan in place as to how the environment was to be maintained and improved. The main lounge was being re-decorated on the day of our inspection. People had participated in choosing the wallpaper for the lounge.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and any restrictions on people's liberty had been authorised.
- We observed staff giving people choices as they delivered their care and support. For example, which lounge they wished to sit in.

Is the service caring?

Our findings

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff treated them well. One relative told us, "'It's brilliant for her here. Nothing is too much trouble. [Relative] is socialising with everybody here, but when she was at home she rarely saw many people, so being here is great for her, and she chats away".
- During the inspection we observed staff interacting in a friendly, respectful and positive manner with both people living at the service and any visitors to the home. Staff communicated clearly with people. For example, getting down on the same level as people to speak with them and communicating clearly what they were doing when supporting people with a hoist.
- Staff demonstrated that they knew people well and responded to their needs. We observed a person becoming distressed during our inspection visit. Staff responded quickly to this providing distraction to the person who had become distressed and reassurance to others in the room.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt staff listened to them and that they were able to make routine choices about how they spent their days. This was confirmed by our observations on the day of our inspection visit.
- People and their relatives when appropriate, had been involved in developing their care plans.
- Relatives told us communication with staff was good and that they were kept well informed of their family members wellbeing. A relative said, "The home keeps in touch with us and let us know anything about Mum."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support and promote people's independence. One person said, "I am an early bird, I'm first up I think. The staff help me to put my socks and trousers on, but I do everything else. They are very careful and gentle with me. The night staff always pop their heads in and check I'm alright, I like them a lot".
- Relatives told us that they were made to feel welcome in the service. One relative said, "The home is always the same when we come in, and we do come in very often. The staff are friendly, they love a chat and keep us updated on everything here."
- Care plans were stored securely on the service IT system.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained person-centred information which reflected people's needs. People were involved in the development of their care plans.
- The information in electronic care plans supported staff to deliver personalised care and support to people which met their specific needs. A member of staff said, "The pods [hand held electronic devices] have everything and anything on them. They are easier than going through pages of paper
- We observed staff encouraging people to express their preferences and have control in their lives to maximise opportunities to be independent.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The deputy manager told us that if needed information was provided to people in an accessible format. They gave us an example that the meetings of resident meetings were printed in large print to make them easier to read.
- Staff knew people well and knew how each person communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a range of activities that were specific to their needs, likes and dislikes. This included regular activities such as craftwork sessions and baking as well as visits to the service by a variety of entertainers. One person said, "I like my own company. I always have a look at the list they give us about what's on during the month. I go along to some things. I like that I have the choice, I do like the bingo".
- Staff used social media to explore opportunities within the local community to promote inclusion. This had resulted in people having the opportunity to engage in one off activity such as attending a local football match and a person having a real barber experience as well as regular community contact. One person told us, "I put a wish in for somebody to play scrabble with me, and we now have a lovely lady coming in later today for a game with a few of us. She now comes in each week."
- We received some concerns about a lack of activities taking place at weekends. We fed this back to the operations manager. They have told us they are now exploring ways of making improvements in this area.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and people knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint.
- Although not received as a formal complaint the deputy manager explained how the laundry system had been changed in response to feedback..

End of life care and support

- Care records contained information about people's end of life wishes.
- When the service provided support for people at the end of their life they worked with the local hospice and Clinical Commissioning Group support services.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff described an open and inclusive culture in the service. A person said, "The manager here is good, and you often see her around, helping". A member of staff told us that, "When the big boss [owner] visits he will say hello he takes time to speak with us." They went on to say this made them feel valued in their role.
- People and relatives repeatedly told us that, "Nothing was too much trouble," for staff when they were providing their care and support.
- Staff described the management team as supportive and approachable. One member of care staff said, "This is a good home, we all feel involved, we are equal and are asked our opinion."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found the leadership team to be honest and open. They were motivated and committed to providing high quality care. The deputy manager and operations manager were present throughout the inspection and were open to suggestions and feedback.
- People, relatives and staff told us management were approachable and listened to their views and feedback.
- The service acted within its duty of candour, that is, to tell relevant people when something went wrong.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by the provider, operations manager, a deputy manager and senior care staff. The provider and operations manager visited the service regularly. During their visits they met and spent time with people and staff as well as undertaking quality checks and overseeing improvements.
- Systems had been developed to ensure performance remained good and continued to improve. For example, there were regular checks of the environment, medicines and records. A maintenance worker was employed to help ensure any environmental tasks were dealt with promptly. There was a plan to improve the environment.
- The registered manager was aware of their regulatory responsibilities. For example, notifications were made promptly, and the Provider Information Return had been submitted on time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff views were sought by way of regular meetings. This helped ensure on-going improvement of the service.
- The service encouraged outside agencies to come into the service and engage with people. This helped to ensure people did not become socially isolated.

Continuous learning and improving care; Working in partnership with others

- The registered manager used a variety of methods to keep up to date with best practice and changes in legislation. They used an online care managers network and meetings with other managers within the group.
- The provider, registered manager and staff worked closely with other agencies to help ensure the best outcomes for people. Feedback from other agencies was positive.