

Mr Karamchand Jhugroo & Mrs Pryamvada
Jhugroo

Mill Lodge Residential Care Home

Inspection report

Belmont Road
Great Harwood
Blackburn
Lancashire
BB6 7HL

Tel: 01254883216

Date of inspection visit:
09 November 2021
10 November 2021

Date of publication:
19 November 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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

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

People told us they felt safe and were happy with the service they received. They said staff were kind and they were treated well. Staff understood how to protect people from abuse and recruitment processes ensured new staff were suitable. We discussed improving the processes around the use of agency staff. There were enough staff to meet people's needs and to ensure their safety; additional staff were being recruited. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments enabled people to retain their independence. Infection control was well managed, and the home was clean and free from hazards. Improvements were being made inside and outside the home; there was a plan to support this.

Management and staff had developed friendly, caring and respectful relationships with people and their families. People were treated as individuals which helped protect their dignity. People's equality and diversity was respected and care was tailored to their needs, routines and preferences. Staff knew people well. Safe visiting processes were in place to ensure people could see their visitors and could maintain relationships that were important to them. People spoken with, did not have any complaints about the service but were confident they could raise any issues.

People were happy with the way the service was managed and staff told us they enjoyed working at the home. The systems to assess and monitor the quality of the service and the practice of staff, had improved. Appropriate action was taken when shortfalls were noted. The management of records relating to people's care and to the management of the home had improved. People's views and opinions of the service were sought and acted on.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 May 2021).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced focused inspection of this service on 29 and 30 April 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mill Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector

Service and service type

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

The service had a manager registered with CQC; the registered manager was also a director. 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 the inspection

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

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

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with six people living in the home, the registered manager and the assistant manager. We looked at feedback provided from a recent (July 2021) survey completed by people who live in the home, relatives and visiting health and social care professionals.

We reviewed a range of records. This included three people's care records, six medication records and two staff recruitment records. A variety of records relating to the management of the service were also reviewed. We walked around the service to observe the environment.

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider failed to have suitable arrangements for the service and maintenance of premises and equipment. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- Equipment was serviced and maintained in accordance with manufacturers recommendations.
- The management team ensured repairs and maintenance were done promptly. Improvements had been made to the home and a formal plan was available to support this. Improvements included redecoration, new mattresses, furnishings, flooring and a new conservatory. The laundry was being re-located to a new extension. People were happy with the improvements made so far.
- The registered manager assessed and managed risks to people's health, safety and wellbeing. Staff were provided with guidance about how to provide people's care in a safe way and risks had been kept under review. People had been referred to appropriate healthcare professionals and advice sought in a timely way.
- The registered manager ensured accidents and incidents were recorded, analysed and acted on. The information was analysed to determine whether there were any trends or patterns and to ensure appropriate actions had been taken. We discussed how this process could be more detailed.
- Staff were provided with a debrief and support after accidents and incidents occurred. A review of practice had taken place as part of incident actions and recommendations. We discussed recording this in a clearer way to demonstrate learning and any changes to practice that had been made.
- Staff were provided with the provider's mandatory safety training to help ensure people were safe.

Staffing and recruitment

At our last inspection, we recommended the provider considered reputable guidance about recommended staffing numbers and kept this under review. The provider had made improvements.

- Prior to the inspection, concerns were raised about the numbers of staff available. We found staffing had recently been increased on the morning shift and was being kept under review. Staff had no concerns about the staffing numbers. They said people's care needs were met in a timely way and people's choices and routines were respected. They said, "The residents are our family; we know them well and look after them" and "The staffing has increased and is alright at the moment; people are looked after and we respect their

choices." Residents confirmed they had no concerns about staff numbers. They said, "There are enough staff to help me when I ask" and "I can get up and go to bed when I want."

- The registered manager carried out checks on all new staff before they were employed. We discussed how the records could be more organised.
- Agency staff were used to cover shortfalls until permanent staff were recruited. The same agency staff were used to help with continuity of care. However, we found the registered manager had not confirmed agency staff were suitable to work in the home and agency staff had not received a formal induction. The registered manager addressed this immediately. Following the inspection, we received confirmation a system was in place to ensure checks and inductions were completed.
- Relatives made positive comments about the care and support their family members received. They said, "[Family member] receives fantastic care and support", "They are not just carers, they are friends" and "I couldn't ask for anymore. [Family member] is content and settled." We observed friendly and caring interactions between staff and people living in the home. The results from a recent survey, completed by healthcare professionals, relatives and people, were also positive about all aspects of the service.

Using medicines safely

At our last inspection, we recommended the provider consulted and followed best practice guidance in relation to the safe management of people's external medicines. The provider had made improvements.

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. They were receiving support and advice from the local authority medicines management team.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out. We noted audits were identifying shortfalls which were being acted on.

Systems and processes to safeguard people from the risk of abuse

- Staff had received appropriate safeguarding training and had access to policies and procedures. They understood how to raise any concerns about poor practice.
- The registered manager and staff were clear about when to report incidents and safeguarding concerns to other agencies.
- Relatives had no concerns about the safety of their family members. They said, "I am confident [family member] is safe and well looked after", "The staff are loving and caring" and "I have no concerns about [family member]." We observed good and caring interactions between staff and people; people were settled and comfortable. One person said, "They [staff] are real stars."
- Appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made with regards to any restrictions in place; this ensured decisions were taken in people's best interests. We discussed the use of movement sensors. The registered manager assured us they would follow this up.

Preventing and controlling infection

- The provider was preventing visitors from catching and spreading infections and promoting safety through the layout and hygiene practices of the premises. People made positive comments about the cleanliness of the home.
- The provider was facilitating visits in accordance with the current guidance.
- The provider was using personal protective equipment (PPE) effectively and safely.
- The provider was accessing testing for people using and visiting the service and for staff. We were told people living in the home and staff had been vaccinated against COVID-19.

We have also signposted the provider to resources to develop their approach in relation to mandatory

vaccination and visitors to the home.

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 requires improvement. At this inspection, this key question has improved to good. This meant the service was managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, we found the provider had failed to maintain clear records and failed to assess, monitor and improve the quality of service provided, which could potentially impact on people's safety and wellbeing. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The quality monitoring systems had improved. Action had been taken to address any identified shortfalls and there was clear evidence improvement had taken place. The registered manager understood their legal responsibilities. Notifications of any incidents had been sent to CQC and to the local authority.
- The management of records relating to people's care and to the management of the home had improved. We discussed ensuring more detail was included on the dietary and fluid intake monitoring records and how to improve the management of records stored both on paper and electronically.
- The registered manager was clear about their role and responsibility and was supported by the assistant manager. People were complimentary about the management team. They told us they were approachable, open and visible within the service.
- Staff understood their individual responsibilities and contributions to service delivery. People made positive comments about the staff team. They said staff were fantastic, friendly and caring.

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

- Relatives told us communication was good. They said staff were knowledgeable about their family members and they were kept up to date and involved in decisions.
- The registered manager sought feedback from relatives, people living in the home and from visiting healthcare professionals. The feedback was positive and appropriate action had been taken to respond to any queries or shortfalls. We discussed analysing and sharing the results with people. Resident meetings had not taken place, but people were involved in day to day discussions and surveys.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any

concerns. There were effective communication systems to keep people updated. Care plans considered people's diverse needs.

- Staff meetings were held to ensure staff were up to date and aware of their individual responsibilities and contributions to service delivery. We noted staff had not been given the opportunity to share their views as a group at the meetings. We discussed the importance of this. However, staff told us they were happy to air their views with the registered manager on a one to one basis.

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

- The registered manager understood the duty of candour and their responsibility to be open and honest when something went wrong. Relatives told us the management team and staff had been open and honest when incidents occurred. Good relationships had been developed between management, staff and people using the service and their family members.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development. Staff training, supervision sessions, competency assessments and meetings were used to ensure learning and improvements took place.
- Staff knew how to raise any concerns and told us communication was good. They were confident the management team would respond appropriately to concerns raised.
- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care and support for people. The registered manager worked in partnership with other agencies, including the local commissioners who conducted their own reviews of the service.