

Iceni Care Limited

Mill Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Mill Lodge is a residential care home in a converted period building that was full at the time of the inspection, providing personal care to three younger adults all living with a learning disability and additional health needs.

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

Right Support

Mill Lodge is situated in a seaside resort with good public transport links meaning people had opportunities to fully engage with the local community. The model of care maximised people's choice, control and independence and this was evidenced at this inspection.

Care plans showed people were fully involved in the support they received, and staffing arrangements meant people could be flexible in how they wished to spend their day. The provider's values were embedded within the service meaning people were supported with life skills and seeking job opportunities. People's relatives told us the service achieved positive outcomes for people that had improved the quality of their lives.

Right Care

People benefitted from being supported by staff who had been trained, supported and felt valued. Staff had the skills and training to provide person-centred care that met people's needs and placed them at the heart of the care they received. Care plans showed discreet, respectful and dignified care was considered and our observations and discussions with people confirmed this was in place.

The risks to people had been identified, assessed and mitigated and the environment met people's needs. Medicines were administered safely, and people received the health care they needed to keep them well. The service adhered to the Mental Capacity Act 2005 and consent was consistently sought. People's hydration and nutritional needs were met, and people received a varied and nutritious diet of their choosing.

The relatives we spoke with told us the service was well-managed, communicative and effective. They shared examples of how the service had had a positive impact on their family members lives, all describing their family members as happy and fulfilled.

Whilst people received a dedicated, person-centred and meaningful service, the governance systems in place did require some improvement. For example, end of life care needs to be explored with people and they need to ensure consistent recruitment checks are in place. Additionally, audits need to be meaningful and the provider needs better oversight of the service in case of deterioration. Recommendations made by other stakeholders need to be actioned in a more timely manner.

Right Culture

The service had a positive, nurturing culture that placed the people who used it at the centre of it. People were encouraged to participate in activities, community events and to seek volunteering opportunities if they so wished. This was achieved by a provider ethos that supported and encouraged this with systems in place to achieve it. Staff told us they felt supported, listened to, valued and able to contribute to the care people received and the success of the service.

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 24 April 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Mill Lodge

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

One inspector and a member of the CQC medicines team carried out the inspection.

Service and service type

Mill Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mill Lodge is a care home without nursing care. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

Information received as part of a recent Direct Monitoring Approach (DMA) assessment was also used to plan the inspection.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with two people who used the service about their experience of the care provided. Both people were unable to speak with us but used different ways of communication including facial expressions, body language and signing that was individual to them; the registered manager assisted us to communicate who we spoke with as part of this inspection.

We reviewed a range of records. This included the care and medication records for three people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also viewed and included quality assurance records, servicing and maintenance checks and staff rotas.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and additional quality assurance records. We spoke with one relative and received written feedback from two others. A healthcare professional also provided us with written feedback. We spoke with an additional three staff members and we met with a person who used the service via a video conference who provided us with feedback on the service they received.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks to the health, safety and welfare of people. This was a breach of regulation 12(1) 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 12.

- The individual risks to people had been identified, assessed and mitigated; the people who used the service had been included in these.
- Staff were able to tell us about the risks to people and what action they took to mitigate them.
- Care plans recorded any behaviour of people that may distress or challenge and these provided staff with information on what was needed to support and comfort people in such incidents.
- The risks relating to the premises and equipment had been identified and measures were in place to reduce them. For example, firefighting equipment was regularly serviced, and regular checks were completed on items such as window restrictors and carbon monoxide detectors.
- Whilst not all actions had been addressed on the fire risk assessment, those remaining were deemed low risk.
- The provider had a basic business contingency plan in place for incidents such as loss of utilities and had a respite unit that would be used in such events. A risk assessment was also in place for the risk of flooding due to the location of the home.

Staffing and recruitment

- There were enough staff to meet people's needs in a person-centred manner however the provider needs to ensure consistent practices are applied to recruitment checks.
- For two staff members, the provider had not fully assured themselves, at commencement of role, that they were entirely suitable for the roles. Whilst there were no concerns with these staff member's performances and assurances were later received, the provider needs to ensure consistently robust recruitment checks are in place at the start of employment.
- The service had completed Disclosure and Barring Service (DBS) checks on staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received a person-centred service that was flexible to meet their needs. This was because enough

staff were available to support them to do what they wanted, when they wanted.

Using medicines safely

- Staff received training and were assessed for their competency in handling and giving people their medicines safely.
- Records showed that people received their medicines as prescribed. There were regular audits in place to check this and there was a system in place to report any incidents and investigate errors relating to medicines.
- There was written guidance to help staff give people their medicines consistently and appropriately, however, when people were prescribed medicines to be given 'when-required' (PRN), the information available sometimes lacked sufficient person-centred detail.
- People living at the service had received prescriber reviews of their medication.

Systems and processes to safeguard people from the risk of abuse

- The systems in place helped to mitigate the risk of abuse.
- People told us they were happy living at Mill Lodge and the relatives we spoke with confirmed they had no concerns regarding people's safety.
- Staff had received training in safeguarding and were able to explain what action they would take, both internally and externally, should they have any safeguarding concerns. They told us they had confidence that the registered manager would listen and take prompt and appropriate action.
- No recent safeguarding incidents had occurred however, the registered manager was able to tell us what action they would take should any arise.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The visiting procedures in place met current Government guidance and the provider's policies reflected this. Relatives told us this had been the case throughout the pandemic.

Learning lessons when things go wrong

- The service was a stable one that had experienced few incidents. However, through discussions with staff and the registered manager, they demonstrated they reflected on incidents and investigations and, as a team, learnt lessons and came up with solutions to prevent reoccurrence.
- Staff were able to explain what action they had taken following a complaint and evidence showed the actions taken had reduced the risk and rectified the concerns.
- The registered manager and staff showed they were eager to improve the service and the lives people lived. However, there were some findings from the last inspection that had not been actioned.

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 requires improvement. At this inspection this key question has now improved to/deteriorated to good. 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

- The service supported people to live meaningful lives that resulted in positive outcomes for them.
- All the relatives we spoke with confirmed the service had had a clear impact on their family members. One told us, "The improvement [on family member] has been amazing. You don't realise it at first. [Family member] is livelier, happier and getting better care. I'm blown away by the personal touch; staff take time and the level of care is amazing."
- Another relative agreed and told us, "[Family member] appears more independent and talks about activities in a positive manner."
- The service had considered various aspects of people's lives and planned care around them in a holistic manner. For example, for one person who was living with a health condition, we saw this had been considered throughout their care plan and the impact this had on each aspect of their life.
- Staff we spoke with demonstrated they knew the needs of the people they supported well and worked to meet them at all times. There was an emphasis on people being in control of their lives and staff encouraged inclusion and choice whenever they delivered care.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported and received the training they required to fulfil their roles.
- One staff member told us they had received a positive induction that had given them time to read care plans, policies and procedures and to get to know people.
- Another staff member told us the provider took training seriously and all staff agreed training was readily available and that it focused on the needs of the people who used the service. Staff were encouraged to complete care-related qualifications.
- The relatives we spoke with told us staff had the skills and abilities to support the people who used the service and our observations and conversations with staff confirmed this. One relative said, "I have always found staff respectful and they communicate with [family member] of things that are happening." Another relative told us staff went, "Above and beyond."

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

- People's nutritional and hydration needs were met and there were detailed, person-centred care plans in place to ensure this happened.
- People were involved in choosing what went on the menu, shopping and preparing meals; our inspection observed this, and relatives confirmed their family members involvement.

- Food and fluid intake were recorded for all service users to ensure they received the food and fluid that they liked and had been assessed as requiring. For one person who required a certain drink for health as recommended by the GP, we saw they consistently received that.
- We saw from food intake charts that people received healthy and nutritious food that was balanced and met their needs and preferences.

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

- The home was personalised, and staff had considered the needs of those people living there. Improvements had been made to the environment since our last inspection.
- The home was well-maintained, and people's rooms had been decorated to their choice, likes and preferences with their full involvement.
- People had choice in where they spent their time as they had private or communal spaces available to them as well as access to a garden.

Supporting people to live healthier lives, access healthcare services and support

- People's health and wellbeing needs were met, and they had access to a wide range of health professionals.
- A health professional we spoke with told us the staff knew people's clinical needs, provided consistent information and communicated timely and effectively with them, all benefiting the people who used the service. They told us their experience of the service was a positive one.
- Records showed people regularly saw health professionals such as the GP, podiatrist and specialist nurses such as those to manage a person's epilepsy.
- Oral health was considered, and people had dedicated care plans in place for this. Staff had received training in this, and they supported people with good oral health by completing monthly assessments of their mouths.

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.

- All the people who used the service had the capacity to make everyday decisions such as how they chose to spend their day, what they ate and where they went.
- However, DoLS applications had been made in relation to people receiving constant monitoring and supervision although all were deemed low risk and were yet to be processed.
- The service had not completed MCA assessments in relation to the DoLS applications but had liaised with the placing authority to identify these were needed in order for care and support to be delivered as soon as people had moved into Mill Lodge.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People who used the service received care and support that met their physical, mental, emotional, spiritual and social needs. All the people who used the service told us they were happy living at Mill Lodge. One relative told us, '[Family member] talks about their meals and is able to make choices but is also involved in the preparation and cooking to gain life skills whilst maintaining independence.'
- Care plans had been written with the people who used the service and focused on their strengths and abilities. They contained person-centred information that enabled staff to meet people's individual needs, wishes and preferences.
- Consideration had been given to ensuring people received discreet care that promoted independence and choice and care plans reflected, and focussed on, this.
- We observed the planned care being delivered. For example, we observed one person had their hair arranged in their preferred style and for another we saw that they received the food they enjoyed.

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.

- People had communication care plans in place that recorded their individual methods and how staff supported them to make their wishes known.
- Although unaware of the accessible information standard, the registered manager had ensured information was in accessible formats for people and this included, larger print, pictorial and written in plain English.

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 led varied lives with the support of a small group of staff who knew them well. One relative told us their family member, 'Appears to have a very good social life.'
- People's interests and hobbies were recorded, and we saw that these were met. For example, we observed one person receiving support to participate in a hobby they enjoyed and another person, with staff support, had gained a role as a local volunteer, a goal the person had set for themselves.
- Staff supported people to maintain relationships and avoid social isolation. On the day of our inspection,

all service users had attended day services and we saw two people arrive back. They appeared happy and content. Care plans recorded relationships that were important to people and staff supported them to maintain contact.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and had used this previously to improve care. No complaints had recently been raised or received.
- The registered manager demonstrated, through discussion, that they took complaints and concerns seriously, investigated them, apologised where needed and valued them as ways to improve the service and care people received.

End of life care and support

- Previous assessments of the service, via an inspection and a Direct Monitoring Approach (DMA), identified that the end of people's lives had not been discussed or planned for. This remained at this inspection. However, two people who used the service had recently been bereaved and the registered manager did not feel this was an appropriate time to discuss this with them due to their learning disabilities.
- All of the people who used the service were younger people who did not require current end of life care. However, should there be a sudden death or illness, the service did not have any information recorded to ensure people's wishes were met.

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 remained the same. Although improvement had been made in the leadership and governance of the service, there were still areas that required further development.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) 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. However, further development was required.

- Although improvements had been made to the quality assurance system, this had not been fully effective at identifying some shortfalls. For example, end of life care planning was still required.
- Whilst we found no major concerns at this inspection, the provider had not completed any of their own monitoring assessments and their formal oversight continued to be insufficient. They told us they would implement these as a result of our inspection.
- The system in place for managing the safety and maintenance of the premises was ineffective. Whilst we were assured maintenance actions had been taken, associated certificates were not easily available on site with some being held at head office. This meant the registered manager was not fully aware of what safety checks had been completed. The provider acknowledged this shortfall and told us this would be rectified.
- Stakeholders had made recommendations to improve the safety of the service and whilst the provider had completed some of these actions, others were outstanding. However, the risks associated with these were low.
- Care planning and risk assessing had improved, and these records contained accurate, person-centred and detailed information that supported people's health, safety and wellbeing.
- Records showed staff completed daily detailed records for the care and support they provided to people. This encouraged responsibility and accountability at all levels.
- The registered manager and staff demonstrated, through discussion, that they worked openly and collaboratively to ensure a safe and good quality service was delivered. They were keen to make improvements and ensure the lives of those people who lived at Mill Lodge were as fulfilling as possible.
- There was a new and inexperienced registered manager in post who, although wasn't fully educated in regulations, demonstrated knowledge and experience in delivering a high quality, safe and person-centred service to people. They were knowledgeable on safeguarding procedures and understood what type of events needed to be reported to CQC.

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

- People were included in all aspects of the service they received, and the person-centred support provided ensured people lived fulfilling and meaningful lives. We observed people to be happy and confident.
- Evidence showed the provider's values were being met ensuring people were supported to be as independent as possible whilst being supported to make decisions for themselves. They were included in all aspects of the home and this was evident in the environment itself, how staff interacted with people and in care planning documents.
- There was a positive, open and social atmosphere within the home that benefitted those people that lived there. The culture was one of encouragement and positivity.
- Staff told us they liked working at Mill Lodge, felt valued and supported in their role, listened to and able to contribute to the running of the service.
- The registered manager worked alongside staff, so they were able to regularly assess their competency, values and approach as well as the quality of the service. The registered manager did, however, state they would welcome more robust oversight of their performance by the provider.

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 requirements under duty of candour and their responsibility to be transparent and offer apologies when things went wrong.
- Through discussion, the registered manager demonstrated incidents were handled openly, investigated, apologies given as required and lessons learnt; staff and relatives spoken with confirmed this.

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

- All the people we spoke with told us they were involved in the service, the care delivered and suggestions for improvements.
- One person who used the service told us they understood what their support plan was and that staff spoke with them regarding it. Care records showed people had been involved regularly and meaningfully.
- There were opportunities for people to engage with the service both informally and formally. For example, regular questionnaires were completed, and relatives told us they felt involved and communicated with.

Working in partnership with others

- The service worked in partnership with others to ensure a safe and effective service was delivered; records demonstrated this, and people confirmed this.
- All the relatives we spoke with confirmed the service met people's needs and records showed this was done with other health and social care professionals such as the local authority learning disability team and GP.
- For one person, we saw the physio had been involved when their mobility deteriorated, and another person had regular reviews with an epilepsy nurse. One health professional told us, "Any requests for intervention raised by the staff have all been appropriate and timely."