

First For Care Limited

# Mill Lodge Care Home

## Inspection report

Mill Lodge Residential Home  
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West Midlands  
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Tel: 01922682556

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25 October 2016

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 24 and 25 October 2016. At our last inspection in September 2015 we rated the service as 'requires improvement' in all areas we inspected. We found the provider was in breach of the regulation regarding need for consent. We asked the provider to take action to ensure there were arrangements in place to gain people's consent. When we carried out this inspection the regulation had been met although some improvements were still required in some areas. Mill Lodge is a care home which provides accommodation and personal care for up to 20 older people. At the time of our inspection 19 people lived at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's individual risks were not always assessed and guidance was not available for staff to refer to. People were supported by an adequate number of staff. Improvements were needed to the management of medicines to ensure people received their medicines safely and as prescribed. People told us they felt safe living at the home. Staff knew what action to take if they had any concerns about people's safety. Staff received training and felt they had the skills to meet people's needs. The provider had safe processes in place to recruit new staff and carried out pre-employment checks.

There was a system in place to assess people's capacity to make certain decisions. Staff were not aware of the people who were being deprived of their liberty. Staff obtained consent from people before they provided care. People told us they enjoyed their meals and had sufficient to eat and drink. People told us they had access to healthcare professionals when needed.

People and their relatives felt staff were kind and friendly. Care records were not always reflective of people's needs. People had opportunity to take part in activities although these did not always reflect people's individual interests. People were confident if they had any concerns or complaints they would be listened to and the matter appropriately dealt with.

Staff understood their roles and responsibilities and felt supported by the registered manager. Quality assurance systems did not identify issues found during the inspection.

We found one breach of the HSCA 2008 (Regulated Activities) Regulation 2014 Regulation 17- Good Governance. You can see what actions we told the provider to take at the back of the full version of this report.

## 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 consistently safe.

People's risk assessments were not always reflective of their needs. People's medicines were not always clearly documented. People felt safe and were supported by staff who knew how to keep people safe from harm or abuse. People received support and care from staff when needed. Staff were recruited safely.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Where people's rights and freedoms were restricted staff were not aware of the restrictions in place. Staff sought consent before providing care to people. People were supported by staff who received training relevant to their role. People were supported to have sufficient to eat and drink and had access to healthcare professionals when required

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported by staff who were kind and who provided care in a respectful way. People were involved in choices about their everyday care. People were supported to maintain their relationships with family and friends.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

Records did not always accurately reflect people's care needs. People had access to activities within the home but they did not always reflect people's interests. People and their relatives felt listened to and knew how to raise concerns.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

**Requires Improvement** ●

There was a registered manager in post. Quality assurance systems did not always identify the improvements needed in the service provided to people. Staff understood their roles and responsibilities and felt supported by the registered manager.

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# Mill Lodge Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 October 2016 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This information is used to help plan the inspection. We also looked at the information we held about the home. This included notifications received from the provider about safeguarding alerts, accidents and incidents which they are required to send us by law. We also sought information and views from the local authority which we used to help plan our inspection.

During our inspection we spoke with six people who lived at the home, seven people's relatives or friends, four members of staff, the registered manager and the provider. We reviewed a range of records about people's care. These included eight people's care records, four people's medicine records. We also looked at staff records and records to monitor the quality and management of the home, including safeguarding referrals and audits. We also carried out observations of the care people received.

# Is the service safe?

## Our findings

At our previous inspection in September 2015 we rated the provider as "requires improvement" under the key question of "Is the service safe?" We found during this inspection risk assessments were not always in place to identify and manage risks to people's health and well-being.

We looked to see how the provider managed risks to people's health and support needs. Staff told us one person was at risk of fragile skin and was cared for in bed. We looked at this person's care records and found there was no specific guidance in place to inform staff how to care for the person's fragile skin. We found there was no detailed information for staff to refer to which would enable them to minimise the risk to the person and ensure their health and wellbeing needs were being monitored safely. We spoke to the registered manager about this who said they would implement a repositioning chart straight away for this person following a discussion with us. On the second day of our inspection we were told by staff they had previously moved the person 'when they had time'. However, now were repositioning the person every two hours and that a re-positioning chart had been implemented to record when the person was moved.

Risk assessments we sampled were not updated to reflect people's current needs. Guidance given by healthcare professionals had been recorded but not used to evaluate risk. For example, we observed another person was at risk of swollen legs and we asked staff how they cared for this person. Staff told us they had to encourage the person to rest and elevate their legs to prevent further swelling. We looked at this person's care record and found there was not a risk assessment in place to manage this health need. However, we saw a healthcare professional had recommended that staff 'should encourage the patient to sit down and not to wander.' Staff we spoke with were aware of the person's individual risk but in the absence of clear guidance for staff to follow there was a risk people could receive inconsistent care.

At our previous inspection in September 2015 we saw people did not always receive support when they needed it and we were informed staffing levels would be reviewed. However, during this inspection we asked the registered manager how staffing levels were calculated to meet people's needs. They told us, staffing levels had always remained the same. They said that they did not calculate staff numbers on people's needs or dependency levels but said that if they thought more staff were required they would ask the provider.

We received mixed views from people and their relatives about staffing levels. One person said, "What I find is staff don't answer my call bell very quickly and it's uncomfortable if I'm waiting to go to the toilet, sometimes it can be up to twenty minutes". Another person said, "Staff are busy and don't have time to sit and chat to me but it would be nice if they did". A relative commented, "There's enough staff to care for my relative, but they can be rushed at times". Staff told us they felt there was an adequate number of staff to meet people's care needs, however at busy times for example mealtimes, they felt they would benefit from a further member of staff. At lunchtime we saw one member of staff supporting a person to eat their meal. We saw they were interrupted on two occasions to support other people. Although there was no system in place to determine the number of staff required to meet people's dependency needs, our observations showed staff were available in the communal areas and requests from people to meet their needs were met

in a timely manner.

We looked to see whether medicines were managed safely by the provider. One person told us, "Staff give me my [medicine] I'm not sure what it's for but I know it keeps me well." Another person said, "Staff come and give me my [medicine] every day and have never missed giving it to me so they haven't run out of my tablets." One staff member said they felt confident administering medicines and their competency had been checked by the provider. We looked at how people were given their medicines by staff. We saw a staff member administered medicines to people safely. For example, they stayed with the person whilst they swallowed their medicine. We sampled four people's medicine administration records (MAR) and found some of their medicines were not recorded accurately. We saw one person's medicines had been changed and for a period of four days it was unclear whether this person had received the correct medicines to support their health needs. We discussed this with the provider who was not able to confirm if the person had received their medicines. We looked at a further three people's medicines and found the prescribed medicines in stock did not reflect their MAR or records of receipts for medicines. Although there was no evidence that anyone had been harmed by these errors, it was unclear whether people had received correct medicines to support their health and well-being. We discussed this with the registered manager and provider who told us they would review medicine management procedures following the inspection.

Some medicines were prescribed to be given 'as required'. One person said, "If I'm in pain I tell the [staff] and they give me some tablets to help me and I don't have to wait for them." Staff we spoke with demonstrated they understood when these medicines should be given to people. This meant people would be given these medicines consistently and at the times they needed them.

People told us they felt safe. One person said, "I feel safe and cared for". Another person said, "The carer's pop in to see me on a regular basis to make sure I am ok and that helps me to feel safe". A relative said, "The carers keep my relative safe by walking alongside when moving from one place to another". People were protected from harm because staff had received training in keeping people safe and knew what to do if they suspected any form of abuse had taken place. One member of staff said, "I would first try and stop it. I would tell my manager or supervisor". All staff knew what to do should the registered manager or provider not act on any allegations of abuse. One member of staff said, "I would whistle blow, I would come to CQC". Whistle-blowing means raising a concern about a wrong doing within an organisation. The registered manager was aware of their responsibilities in raising and reporting any potential harm or abuse to the local safeguarding authority. This meant people were supported by staff who knew how to protect them from harm and keep them safe.

Staff told us recruitment checks had been completed before they started to work at Mill Lodge. One member of staff said, "I had to bring my disclosure and barring (DBS) check, two references and I wasn't allowed to start until after my DBS was received". Disclosure and barring checks help employers to make safer recruitment decisions and prevents unsuitable people being recruited. Records we looked at confirmed what staff had told us. We saw the provider had a safe recruitment system in place which ensured people were supported by staff that had been recruited safely.

## Is the service effective?

### Our findings

At our inspection in September 2015 we found that the provider was not meeting the requirements of the regulations regarding the need for consent to care. This was because staff were not able to describe how they made a decision in someone's best interest. The principles of the Mental Capacity Act had not always been followed which meant people's rights may not always have been protected. At this inspection we found the provider had made some improvements which now meant they were meeting the requirements of the regulation. However further improvements still needed to be made.

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.

Staff told us they had received training in the Mental Capacity Act and were able to explain to us the principles of the Act and how they may apply it. One member of staff said, "If people have the capacity they make their own decisions about their care". Another member of staff said, "We have to assume people have the capacity and when they are not able, other people make the decision to ensure it is in their best interest". We saw where people lacked capacity to make specific decisions about their own care the registered manager had assessed their capacity and consulted with other people involved in their care to ensure any decisions were made in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if the service was working within the principles of the MCA and whether there were any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us they had submitted applications to the supervisory body and six had been authorised. We looked at records for people who had authorised DoLS to see if the conditions of the authorisation were being met and found that they were. However, staff we spoke with had a mixed understanding of the DoLS and were not aware of what it meant in practice for people who lived at Mill Lodge who had been deprived of their liberty in their best interests. One member of staff said, "I'm not sure if anyone here has a DoLS". Other staff were not able to tell us who or why people who lived at Mill Lodge had restrictions on their liberty. This meant there was a risk that people subject to an authorised DoLS would not be protected by those conditions in place because staff were not aware of the people whose liberty were being restricted.

People told us staff asked for permission before carrying out any care. One person said, "When staff come to support me they tell me what they are going to do and ask is that ok with me". Staff understood they needed to gain consent from people before carrying out any care. One member of staff said, "I always ask people



[before providing any care] would you mind if I do this?" We saw staff asking for consent before providing any care. For example, we saw when one person refused their medicine staff respected their wishes and returned later to ask them again.

People told us staff had the skills to meet their care needs. One person said, "I think they are well trained because they know what they are doing". Staff told us they had received appropriate training and whilst it had not all been completed it had been scheduled by the registered manager. Staff told us they were happy with the training they received and felt confident in meeting people's needs. Staff told us when they started working at Mill Lodge they completed induction training which included shadowing more experienced members of staff. This meant staff had the knowledge to meet people's needs before they started working on their own. Staff told us they received any further support from the registered manager if they needed it.

People told us they enjoyed the food and they were given a choice. One person said, "The food is good, hot and tasty with a few choices at each mealtime. If I don't like what's on offer, they will find something else for me to eat". A relative commented, "The meals are excellent and there are lots of choices at each meal time." Another relative said, "The meals are really appetising and well presented on the plates. My relative has gradually put on weight which is great." We spoke with the cook who told us about how they catered for people who had special dietary requirements. They said most of the food was home cooked and we saw people enjoyed their food. Staff told us they had introduced fresh fruit to people's mid-morning snack and we saw people enjoyed the choice of fresh fruit offered. We saw people being offered a choice of hot and cold drinks during the inspection. This showed that people were supported to eat and drink sufficient to maintain a healthy diet which met their nutritional needs.

People told us they had access to other healthcare professionals when their needs changed. One person said, "If I want to see my doctor the carers will do this for me". A relative told us, "If my relative needs to see a health professional, staff will arrange this straight away". We saw in care records various professionals had been requested when people's needs changed. For example, when one person had swallowing difficulties the speech and language therapy team had been requested. We saw healthcare professionals visited the home regularly which included the district nurse on a regular basis. This meant people had access to healthcare professionals when required to meet their health needs.

# Is the service caring?

## Our findings

At the last inspection completed in September 2015 we rated the provider as 'requires improvement' for the key question "Is the service caring?" We found during this inspection improvements had been made.

People said staff were friendly in their approach. One person said, "The staff are very kind and caring." Another person told us, "The [staff] are very nice and look after me very well." A relative commented, "Staff think a lot of [person's name] they are very kind." Another relative said, "Care top class, staff are nice, conscientious and committed to people, nothing is too much trouble." People were satisfied staff listened to them, one person told us, "Staff listen to what I say." We observed respectful interactions between staff and the people they cared for. For example, when one person became upset a member of staff responded to this person by talking in a kind manner and staying with them until the person felt relaxed and happy for the staff member to leave. Some people were able to talk to the staff and explain what they wanted or how they were feeling. We saw staff spoke to people at eye level, speaking slowly or using short sentences. Other people required staff to interpret and understand their communication style. We saw staff observed people's body language and gestures to understand what support or care they required. Interactions between staff and people were relaxed and people were confident to approach or ask staff for support. There was a friendly rapport between staff and the people who lived at Mill Lodge.

People told us they were asked to make a variety of decisions about their care or support during the day. For example, what they wanted to eat or drink, if they wanted to take part in an activity or where they wanted to sit. We saw one person chose to stay in bed longer in the morning and have their breakfast later. We were invited into another person's room and saw it was decorated to reflect their taste and had various personal effects. Another person told us they preferred to stay in their bedroom and their decision was respected by staff. This showed people felt involved as much as possible in their day to day choices.

The registered manager explained to us how staff supported a person to regain their independence with a specific task such as personal care. However, people had mixed views about whether they were encouraged to maintain their independence. One person told us, "I do some things for myself but sometimes staff will just come and do it for you." Another person said, "[Staff] only do the things that I can't do myself that's to make sure I'm keeping my independence."

People told us staff treated them with dignity and respect when providing care. One person said, "Staff knock on my door before they come in." Another person said, "The staff are like friends they treat me with dignity and respect." A relative commented, "Staff respect [person's name] dignity." We saw people were dressed in clothing they liked and reflected their individual tastes and gender. We observed staff discreetly supported people out of the communal area when they required support with their care needs. We also saw staff listened to what people wanted and provided care as requested. This showed people's dignity and privacy was respected by staff.

People were supported to maintain relationships with family members and friends. One relative told us, "You can visit anytime you want and you are welcomed." Another relative said, "[Staff] are very friendly they

always make us feel very welcome when we visit." We saw throughout the inspection families socialising and laughing together and speaking with different people who lived at Mill Lodge.

## Is the service responsive?

### Our findings

At the last inspection completed in September 2015 we rated the provider as 'requires improvement' for the key question, "Is the service responsive?" We found during this inspection some improvement was still required, for example, ensuring care records were reflective of the care people received and activities reflected people's interests.

People and their relatives had mixed views about whether staff discussed their care needs with them and were unsure if their care needs were recorded in a care plan. One person said, "I have never had a meeting to discuss my care or what I want staff to do for me". Another person said, "Some staff did come and talk to me about what care I needed but I don't know what happened after that". One relative we spoke with said, "[I was] involved in developing [person's name] care plan and discuss any issues regularly with [registered manager]."

We saw the registered manager had implemented a care record system which contained information about people's life histories, preferences and support needs. We also saw summary sheets had been introduced which contained information about a person's needs for staff to refer to. Staff we spoke with said they knew people's care needs well and felt confident when supporting people. We saw staff communicated changes in people's needs through different communication systems such as handovers and a communication book. When we spoke with staff about how they supported people's specific care needs, information they provided conflicted to what was recorded in the person's care records. For example, one person's care record showed they had been assessed by a healthcare professional as 'being steady on their feet with no walking aid.' However, we saw staff encouraging the person to use a walking aid. It was unclear from their records and our conversations with staff whether the person required the use of a walking aid. In the absence of clear guidance for staff to follow there was a risk people could receive inconsistent care.

We looked at the arrangements for supporting people to participate in activities and maintain their interests and hobbies. There were activities available within the home which included different group activities such as skittles, colouring, chair exercise sessions and looking through newspapers. However, people and their relatives told us they felt leisure opportunities could be improved to reflect people's interests. For example, one relative commented, "Only see [person name] doing colouring, they used to like gardening I have not seen people outside in the garden. [Their] interest is not really encouraged." A person told us, "There are a few activities on now and again [staff] bring in a singer or card games, I haven't been out the home in a very long time, we can sit in the garden but that's about all." One relative told us, "The one thing I would say [people] could do with a little more is entertainment they do have cards or skittles but there is a lack of outside entertainment." We spoke with the registered manager about activities and they said they felt people enjoyed the activities which were in place however said they would look how they could support people to spend time pursuing interests outside the home.

People and their relatives told us they felt listened to if they raised concerns with the provider. One person said, "If I had any concerns or wanted to complain I would discuss it with [staff]." Another person told us, "I would talk to the [staff]." One relative said, "I would speak with [registered manager] I have no concerns." We

saw a confidential compliments and complaints box was available in the entrance area of the home for anyone to raise concerns. The provider had a system in place for receiving and handling complaints. Records we looked at identified one complaint had been received and we saw this had been dealt with promptly and in line with the provider's complaint procedure. We also saw a system was in place to record and review issues raised to identify any improvements needed to the service. This showed people's complaints would be listened to and addressed appropriately by the provider.

## Is the service well-led?

### Our findings

At the last inspection completed in September 2015 we rated the provider as 'requires improvement' for the key question, "Is the service well-led?" We found the provider had started to develop quality and governance systems. At this inspection we found systems were not always effective to ensure compliance to the regulation – Good Governance.

Since our last inspection in September 2015 the provider had developed quality audit systems for the continuous monitoring of the service. These included checks of the environment, infection control and mattress audits. However, we identified some areas required further improvement. The regulation states systems and processes must be operated effectively to assess, monitor and improve the quality and safety of the service provided. We looked at how the registered manager recorded and monitored information when people had an accident. We found they had not developed sufficient systems and audits to monitor people's needs. For example, we saw falls were being documented and reviewed as individual incidents and not across the service to identify patterns or trends that could reduce potential risk to people or improve the quality of care a person received. Improvements were needed in aspects of medicine management. We found the provider was not linking the supply of people's medicine to their individual medicine administration records. Although we saw audits of medicines were completed these did not identify issues of storage, disposal and accurate record keeping of medicines. This meant the provider had not developed adequate checks to ensure the audits were effective in reducing risks to people's safety and well-being.

We also found during this inspection information was not easily available and found staff struggled to locate information about people's care and treatment. The regulation states the provider should maintain accurate and complete records in respect of each person using the service. We found the care records we sampled were not reflective of people's individual risks and the care they received. For example, we found guidance was not available in some people's care records about how to care for their specific needs such as fragile skin or swollen legs. Conversations we had with staff about people's individual care needs conflicted to how we saw staff delivered care and what was recorded in their care record. We also found people's care records did not contain information about those people with an authorised DoLS in place and how to meet those needs. Audits completed by the provider or registered manager had not identified these gaps we found in people's care and in their individual care records. We also found gaps in the knowledge of staff and the registered manager in relation to those people whose liberty was being deprived. This meant the systems and checks in place were not effective to ensure staff had access to accurate information and to identify any gaps in staff knowledge in order to mitigate any risks and protect people from harm.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance.

Since the last inspection a registered manager had been appointed. We had mixed views from people whether they felt involved in the running of the service. Two people we spoke with were unsure who managed the home, one person said, "I'm not sure who the manager is." We asked people if they felt they were able to share their views about the service they received. One person said, "I can't remember any

meeting we have with staff and other residents." Another person told us, "I don't remember being invited to a residents or relatives meeting." Relatives we spoke with had mixed views on whether they had been asked for feedback about the home. One relative commented, "I have completed questionnaires and surveys when they have been sent out seeking my views on the home." Another relative said, "I can't remember if I have completed a survey or anything like that." We looked at the way the provider gathered feedback. Although people told us they could not remember being involved in the running of the service we saw the provider gathered feedback about how the service was run. We saw evidence of surveys forms being completed and returned from families and a health care professional with positive comments being made about the service.

The registered manager explained to us a number of improvements they had made to the service since they had been appointed. For example, spot checks and observations of staffs care practice. Staff we spoke with were positive about the support they received to do their job. They told us improvements had been made since the registered manager had been in post. Staff said they received one to one meetings with the registered manager and completed staff surveys to share their views of the service. They told us the registered manager was at the home on a regular basis and that they listened to them and were approachable. One member of staff said, "Support is brilliant from [registered manager]." Staff were aware of the whistleblowing policy and felt they could raise issues with the registered manager. We found the provider had met their legal requirement in submitting notifications to CQC. The provider was aware they were required to notify us of certain events by law such as allegations of harm or abuse, and they had done so. We also saw that the provider had ensured information about the service's inspection rating was displayed as required by the law.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>(1) Systems or processes must be established and operated to ensure compliance with the requirements. (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular to (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>