Millfield Lodge Care Home Limited

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Inspection report

Mill Hill
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Tel: 01767650734

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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

Millfield Lodge Care Home Limited is registered to provide accommodation for up to 31 people who require nursing or personal care, some of whom live with dementia. The home, which is on one level and is located a short distance from the village of Gamlingay, offers short and long term stays. When we visited there were 27 people living at the home.

The inspection took place on 5 July 2016 and was unannounced and carried out by an inspection manager, two inspectors and an expert by experience.

Since our last unannounced comprehensive inspection of 2 December 2014 improvements had been made in relation to the management of people's medicines and the actions taken where people experienced a fall.

A registered manager was not currently in post when we inspected the home. The previous registered manager left in November 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed and started work at the home the day before our inspection.

Staff were knowledgeable about reporting any harm to people that could occur and this helped people to be safe living at the home. There were a sufficient number of staff employed to meet people's assessed needs. Recruitment procedures ensured that only suitably qualified and competent staff were employed. Arrangements were in place to ensure that people were protected with the safe administration and management of their medicines.

The CQC is required by law to monitor MCA and the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. The provider was acting in accordance with the requirements of the MCA so that people had their rights protected by the law. Assessments were in place to determine if people had the capacity to make decisions in relation to their care. When people were assessed to lack capacity, their care was provided in their best interests. Where some of the people were subject to authorised DoLS applications, the conditions of these authorised DoLS were being adhered to.

Staff were supported with regular supervision and they were trained and assessed as being competent to do their job. Staff demonstrated how their training was applied according to the role that staff were employed for.

People were supported to access a range of health care professionals. Health risk assessments were in place to ensure that people were supported to maintain their health. People were provided with adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected. Staff provided people with compassionate care that that was attentive to people's identified needs.

People were supported with hobbies and interests that had been identified and were based on those that people enjoyed. People's care records and risk assessments were kept up-to-date. A complaints procedure was in place and this was accessible to people, relatives and was followed by staff. People knew who they would speak with if they needed to raise a complaint. Complaints were responded to the satisfaction of the complainant.

The provider had quality assurance processes and procedures in place to improve the quality and safety of people's support and care.

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.

People's medicines were administered and managed safely.

There were enough suitably recruited staff in place to meet people's assessed care needs.

Safeguarding procedures were in place and staff were knowledgeable about protecting people from risks of harm.

Is the service effective?

Good

The service was effective.

People were looked after by staff who were supported and trained.

People's rights were protected.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were cared for in a compassionate and understanding manner by staff who were attentive to their needs.

People's choices and preferences in how they wanted to be looked after were respected.

People's privacy and dignity were valued and respected by those staff who provided personal or nursing care.

Is the service responsive?

Good

The service was responsive.

People's individual hobbies and interests were identified and provided by staff who valued people's independence.

People were encouraged and supported to develop and maintain relationships with people, visitors and relatives that mattered to them.

People knew how to use the complaints procedure and their concerns were responded to in line with the provider's policies. Complaints, comments and compliments were used to identify what worked well and where improvements were needed.

Is the service well-led?

Good

The service was well-led.

People and staff were supported with a range of ways that they could contribute to the running of the home.

Quality assurance systems and effective audits were in place to help drive improvements in the standard of care that people received.

People were supported by a staff who shared the values of the provider of putting people first. People were supported to access and maintain links with the community.

Millfield Lodge Care Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 5 July 2016 and was unannounced. It was carried out by two inspectors an inspection manager and an expert by experience. Their area of expertise was in caring for older people and those living with dementia.

Before the inspection we received information from a local contracts monitoring officer and a GP practice manager. We also looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

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 service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who used the service and one relative. We also spoke with the provider and manager; one nurse, three care staff, the chef and one of the activities co-ordinators.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records and records in relation to the management of the service and the management of staff. We also looked at audit records and records of the maintenance of the home's utility

services.

Good

Is the service safe?

Our findings

All eight people we spoke with were of the opinion that they felt safe. Comments from people included. "I feel very safe" and "They're [staff] very kind here it's all gentle voices here." and "I feel perfectly safe here." People told us that although staff rotated they generally saw the same care staff. People told us that the reason they felt safe was because staff treated them well, in an unhurried way and that staff responded promptly to any requests for assistance. Staff had time to help people in a calm way, which included assistance with eating and drinking and taking their prescribed medicines. One person was happy to tell us that they liked the home saying, "Oh yes, I feel very safe here they're [staff] very kind."

We observed that the positioning of people's walking equipment and aids helped reduce the risk of people experiencing a fall. A person told us, "I need a walking frame and I can [move quickly] with that. Yes, they [staff] make sure I have it and use it." We observed that people were supported to move safely around the service. This was for people who needed one to one support as well as those people who need some support with their independence but to do this safely.

Staff told us, and we saw from records viewed, that staff were trained and aware of their roles and responsibilities in keeping people safe from the risk of harm. Staff demonstrated to us their knowledge in the different types of harm that people could experience. This knowledge included how staff could correctly report any concerns to the appropriate safeguarding authorities. One care staff said, "If people weren't their usual selves then I would investigate why they were quiet or withdrawn." One senior member of care staff told us, "Knowing the different types of harm people could experience helps me recognise if and when this may have occurred. I would not hesitate to report to the manager and [provider] or the local safeguarding authority as well as the Care Quality Commission (CQC) if required."

Information about how to report such incidents of harm was on display and available throughout the home for people, staff and visitors. One person said, "They [staff] speak nicely to me. I have never heard them shout. I feel comfortable living here knowing that the staff are nice." We saw that staff provided care and support in a patient way for those people who required more time with their support. This showed us that that there were systems in place to help ensure that people were as safe as practicable. Information we received from the people's GPs confirmed that they had not witnessed or were aware of any poor standards of care. However, one recent incident which staff had recorded and taken appropriate measures to assure the person's safety had not been reported without delay to the safeguarding authority or the CQC. The provider and manager confirmed to us the day after our inspection that the incident, as agreed by the GP, was due to the person's health condition. However, this should have been reported at the time it occurred.

Risks to people's health, including those at an increased risk such as choking, tissue viability and health conditions, were managed effectively. This was through a combination of risk assessments and the use of mobility equipment, staff's skills at safe moving and handling and appropriate diets to reduce people's risk of choking. We observed how staff supported people to eat and drink the diet that was appropriate to their needs and by minimising of any risks to the person's health. One person said, "I need a pureed diet to make sure I don't choke." We saw that this is what they got.

A planned programme of maintenance was in place to help maintain a safe environment in the service. This included checks for lifting equipment, fire safety systems and electrical and gas utility equipment and systems. On the day of our inspection the fire detection and monitoring systems were being tested. We saw that each person who required assistance with their mobility in the event of an emergency had an individual evacuation plan. This helped ensure that in the event of an emergency there were systems in place to assure people of their safety.

Accidents and incidents were investigated and action was taken to prevent recurrence. This was for situations such as people experiencing unplanned weight loss or an increased number of falls or behaviours which could challenge others. For example, lessons were learned from previous falls as well as referrals being made to the most appropriate health care professional. This included speech and language therapists, tissue viability nurses as well as regular GP visits. In addition, people were provided with suitable equipment for their safe moving and handling as well as appropriate means to support people in a safe way for those people who were fed in a non-oral way such as through a tube into their stomach.

The provider told us in their PIR about people with behaviours which could challenge others, 'All our staff are fully trained to care for these people, providing reassurance and distracting with social activities that they appear to enjoy. Staff manage these behaviours in a positive way to maintain the dignity, human and legal rights of the people living in the home. We use ABC (behaviour monitoring) charts to analyse incidents on an individual and collective basis to identify improvements to care plans and our procedures.' We saw that these charts had been completed regularly and as and when required. This enabled the provider to determine the best course of action such as referring a person to a psychiatric nurse.

The provider assessed people's levels of dependency to help determine the number of staff to safely meet people's needs. We saw that their assessment and the number of staff on duty meant that people's care needs were met. We observed that staff had the time to spend with people, socialising, having a chat as well as meeting their care needs. One member of staff said, "Now that we have another permanent member of staff it is better. Agency staff are only allowed to care with another staff member or until they have been a few times and got to know the people well." Another staff member told us, "We can generally cover shifts from existing staff. If not there is overtime or if required, agency nurses or staff."

Staff and people living in the service confirmed that there were sufficient numbers of care staff and nurses on duty to help ensure that people's assessed needs were met in a safe way. We observed that call bells were responded to and acted upon within a few minutes as well as people's care and social stimulation needs being met. One person told us, "I need staff to help me do nearly everything these days and there are always two staff for [moving] me."

We found and staff told us, that there was a robust recruitment and induction process in place. We saw that checks had been completed to ensure that any new staff were safe to work with people using the service. For example, staff's employment references had been verified by the provider as well as satisfactorily evidence that there weren't any unacceptable criminal convictions through the Disclosure and Barring Service [DBS] and recent photographic identity. Checks were also undertaken for nurses' professional registration with the Nursing and Midwifery Council. One member of care staff told us about their application for the post they had applied for. They said, "I had a DBS check. They [the provider] took a copy of my passport and photographic identity. I had to provide two written references and explanations for any gaps in my employment; one [reference was] from my most recent employer." This showed us that the provider considered the suitability of staff before offering them employment.

Our observations of competent nursing staff administering medicines showed us that these staff

administered people's medications in a timely manner throughout the day. Night staff who were also qualified and assessed as being competent ensured people took their prescribed medicines. We saw that people who needed pain relief were supported with this. Staff explained what the medicines were for and then made sure the person, if required, had a drink and time to take all their medicines. People told us that they were satisfied with how they were helped to take their prescribed medicines. One person told us that staff prompted them to take their medicines and added, "They pass them [tablets] to me I put them in my mouth and swallow them." Medicines were also administered on time for the relief of pain to this person. We found that medicines were administered and managed in a safe way. Examples of this included, but were not limited to, accurate recording, up to date medicines administration records, safe storage and disposal of medicines. Detailed guidance was provided to help ensure that people's health conditions were controlled safely. For example, for those people living with diabetes to ensure that the risk of hyperglycaemia and hypoglycaemia (high and low blood sugar levels) were minimised. This meant that people were given their medicines safely and as they were prescribed.

Good

Is the service effective?

Our findings

An assessment of people's choices, preferences and needs was completed before people started to use the service. This was in addition to the local authority's assessment and was planned to determine the type of care and the number of staff required to meet people's needs. We saw that staff respected people's abilities to be as independent as possible. We observed that from people's general wellbeing that their needs and preferences were respected such as those for certain foods and the time they wanted to get up and whether they wanted to engage in social stimulation. People told us that they were happy with how they were looked after because staff knew what they were doing. One person told us, "They [staff] know what to do and how to do all my care."

Staff confirmed that they were supported with training, a formal induction and shadowing [a process to support new staff on a one to one basis] opportunities with experienced staff. We found that staff completed their induction prior to working on their own. One staff member told us, "We all work as a team and I am regularly updated on any training I need. I have a supervision session every two months and an annual appraisal." One person told us, "The carer's [care staff] are lovely and very well trained." Another person told us that they felt staff were well trained. They said, "If there is a new care staff start they put them with a more experienced one so they know how to care for us."

The provider's PIR stated, 'Staff regard supervision and appraisal as vital for their development and motivation. An opportunity to review their practice or development'. Training deemed mandatory by the provider included subjects such as medicines administration, moving and handling, fire safety, first aid, infection prevention and control and food hygiene. One staff member said, "I have also had training on PEG [Percutaneous Endoscopic Gastrostomy] feeding where people are fed through a tube into their stomach." This showed us that the provider supported staff with their learning and development.

A member of staff told us, "We have some people living with dementia and it is important to give them information and choices in a way that they understand as much as possible. For example, showing people items or objects and giving them time to decide what they want. Also, to be aware of any person who may have challenging behaviours and what we need to do to avoid the triggers for these such as if they had refused their medicines." Our observations throughout the day confirmed that people were supported in a way which respected their independence.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS.

Staff had received training on the MCA and DoLS. We found that following recent events relating to people's liberty the provider had supported staff with additional training. This was to help staff to be more aware of their responsibilities to ensure that any restrictions to deprive people of their liberty were kept in place. Staff were able to describe to us the specific decisions people could or couldn't make. For example, the foods that people liked, the hobbies they enjoyed as well as when people needed prompting to take their medicines. Where people needed some help to make a decision or where care was being provided in the person's best interests we found that these were in the least restrictive manner. One staff member said, "We used to have a person who needed a sensor mat. This was so that we knew when they had got out of bed." One person told us that their family members made lawful major decisions such as their finances and care plans. They said, "I'm quite capable of making everyday decisions but if I needed help I know I can go to the [name of provider]. Appropriate applications for DoLS including renewals had been made to, and acknowledged by, the local authority to lawfully deprive some people of their liberty. This showed us that the provider and their staff supported people with their rights to be safe.

The provider had also ensured that any new staff were expected to complete the Care Certificate [a nationally recognised qualification for staff working in the care sector]. Staff we spoke with confirmed that this was the case.

People with food allergies, reduced sugar, or soft food diets, were offered a choice of appropriate nutrition. People told us and we saw that they had a choice of meal options for each of the main meals throughout the day. We also saw staff offering sliced fruit and biscuits as snacks during the day. People told us and we observed that staff would go round in the morning to ask what they'd like for lunch. The chef told us that they used locally sourced and fresh produce to help ensure people had a healthy balanced diet. The chef also said and people confirmed to us that alternatives were offered if this was ever required. One person told us that they had chosen the chicken and mushroom pie, vegetables and potatoes. Another person told us, "The food is excellent if you want anything special they [staff] try and get it for you." All of the people we spoke with said that they felt they had plenty to eat and had never felt they needed to ask for more food once supper was over. However, we observed that desert was not served for until 30 minutes after the main course. This meant that people were left waiting.

It was clear from the conversations people had with each other and staff, and from our observations, that the mealtimes were relaxed and informal. We could see for ourselves that people ate those foods that staff knew people preferred or had chosen. We also observed how people who were supported in their rooms to eat sufficient quantities and that this was in a safe way. For example, for those people who required a puréed or soft food diet. We saw that people were supported to eat and drink as independently as possible such as with adapted cutlery, drinking utensils and plates. Choices of hot and cold drinks were made available throughout the day and placed so that people were able to help themselves.

We asked how often people got to see their GP or other health care professional and if they needed to see one, how quick were staff at referring the person to this service. One person said, "Pretty quick, in fact I have had the chiropodist visit me this morning." We saw that where people's health had changed that prompt action had been taken to refer them to the most appropriate health professional such as a tissue viability nurse if people's skin integrity was at risk. Where people were at an increased risk due to their nutritional intake or skin condition, appropriate monitoring arrangements were in place. Regular health care professional visits were in place to monitor the actions that had been implemented to support people's wellbeing and general health. Another person told us, "If I need a GP I get to see one." One relative told us that their family member could not communicate very easily and on one occasion staff knew that the person was not themselves and seemed 'poorly'. This resulted in staff calling a GP and the person required treatment for a health condition. The relative was highly pleased with the way in which this was efficiently

dealt with. We also saw that the manager offered one person assurance that their hospital appointment was booked for 6 July 2016, that would not be missed and that staff would accompany them. This showed us that people's health needs were identified and responded to.

Good

Is the service caring?

Our findings

During our observations we saw that staff sought assurance regarding people's wellbeing. They also made sure each person was comfortably warm by assisting one person with their clothes saying, "Let me help you with your jumper." We observed at lunchtime staff were interacting nicely with people and offering some of them a tabard explaining, "We don't want your nice jumper spoiled." One person refused to eat, but staff encouraged them to eat by chatting with, and assisting, them.

One staff member told us, "The care plans are easy to follow and up to date. I use these to ensure I follow what people want and like or dislike. I respect people's choices whatever these are. We have a monthly review with the person, relatives, nurses and care staff." One relative told us that they were, "very satisfied with the care and that staff were very attentive towards their [family member]". They gave us an example of why they were satisfied that their family member who had recently been unwell and that staff, "were pretty quick to pick up on it."

People told us we saw that they were well cared for. One person told us that their relative had viewed four residential homes before choosing this one. They added that, "This was because I love the outdoors. My [family member] was partially persuaded by the beautiful gardens that surrounded the home and felt I would be happy here." Another person said, "I'm very comfortable here." They pointed to their bed and said, "Look I've got very pretty bedding on my bed and they [staff] change it every week." A third person told us, "I think the carer's [staff] are very kind to me. They always pop their head in to say hello, ask how I am, and if I need anything." The person confirmed that staff always closed their curtains when assisting them with personal care and were very patient.

We observed people's care and saw how one person was being reassured and attended to in a sensitive and respectful way by a member of care staff. This was when the person whilst chatting with staff had spilt a drink on their clothes. We also saw other occasions when staff took their time to listen to what people wanted to say and that staff did this in consideration of the person. We saw that staff were consistently attentive and responsive to people's requests whilst respecting the person's privacy and choices. As well as people being supported and cared for in the home's lounges we found that staff were equally attentive to people who were cared for in bed. We heard staff asking one person, "Would you like a tea or coffee? Sugar? Would you like some bananas or biscuits?" Another person told us, "I need a lot of care and they [staff] really do care. I wouldn't want to live anywhere else now that I am settled."

One person told us, "Yes, they [staff] are very patient. They chat with me and they are all wonderful." We observed staff knocking on a person's doors and asking, "Do you need anything. Are you alright?" The person responded saying that they were "fine". Where people were not able to verbally respond to staff, staff entered the room slowly and respectfully. We also saw how staff supported people to sit up in bed in a sensitive manner by explaining each stage of the move and ensuring the person remained comfortable. Another person said, "I get help from staff adjusting the temperature of my shower. I've only got to say to one of them, 'will you set the temperature?' and they come and do it straight away. I'll have a shower later on today. I like a shower every day." A third person said, "I would say they're [staff] very kind. I've been here

four months and I'm very mobile; I have never seen any staff member's speak or treat anyone with anything but kindness."

People were enabled to make choices of where they wanted to, for example, sit or eat. One person said that they had a choice of when and where they ate. They said, "I can eat here [in the lounge] or the dining room and in my room if I want to eat there. It's my choice." One member of care staff said, "It is important that people have a choice and that we respect that. Sometimes we need to prompt or encourage people but never in a way that was against their wishes." One relative told us, "[The] food is great, different types of menus and plenty to eat."

People were given opportunities to say how they wanted to be looked after; this was part of their involvement in planning their care. One person told us that they liked to be on their own and that they "liked their own space". Another person's care records showed that the person preferred to eat in their room. The provider told us in their PIR that, 'each person had a right to be left alone and undisturbed whenever they wished. Maintaining all their human rights. We aim to help the people using our services to live the life they wish to, and access those opportunities as citizens.'

People's independence was maintained and promoted in a number of areas: these included, for example, independence with managing their own prescribed medicines, eating and drinking and personal care. Equipment, and aids and adaptions, were provided to enable people to remain independent with walking: these included grab rails and rails in wide corridors for people to hold onto.

People were able to see or be seen by their family members at any time including those situations where people were receiving end of life care. One relative told us that they visited very regularly and that it was always possible. One person told us, "I love it when my [relative] visits it really makes my day." During our inspection we observed that there were several relatives, visitors and friends who visited without restriction. Our observations found that people spent time chatting with each other as well as staff contributing towards the conversation. We heard staff reminiscing with people about the Queen's Silver Jubilee celebrations and their memories of this as well as other historical events. One person told us how much they enjoyed this interaction and that as a result of this felt "really valued".

Members of staff were aware of and understood what dignified, respectful and privacy of care meant. One member of care staff said, "I love coming to work here. I have been here for many years, getting to know, and interacting with, people. They can be different each day, just like me. I love seeing when people smile or I have made a difference to their day, no matter how small this might have been." The activities co-ordinator added, "My job is to ensure people have the stimulation they need, that this is as respectful as possible and that their quality of life is the best it can be."

People were supported with their privacy and dignity as all bedrooms were for single use only with en-suite and lockable doors. People were able to have a key to their own door, if they so wished, to enhance the privacy of their own room. Communal rooms and quiet lounges were available, as well as their bedrooms, for people to meet relatives, visitors and friends as well as chatting with each other.

The provider advised us that people were enabled to be supported with making decisions by relatives and independent advocates such as Independent Mental Capacity Advocates. These advocates are representatives who speak up on people's behalf where people have no other representative other than paid staff. Advocates are people who are independent and support people to make and communicate their views and wishes. This showed us that people's wishes, needs and preferences were respected if people were not able to speak up for themselves. One person told us that, "My [family member] is my advocate."

Good

Is the service responsive?

Our findings

The provider and senior staff got to know people's initial care needs by visiting people in their place of residence. Other information such as hospital discharge records and the local authority's assessments were also used to identify and then assess people's health and care needs. People's assessments and life history details were used to form the basis of how and when people's care needs were to be met. People's assessed care needs were kept under review especially if a person had been admitted to, or returned from, hospital. A nurse told us that one person used to be a nurse and they never ate until everyone else is seated and happy. They told us that knowing this helped care for people in a more individual way.

As well as information about people's likes such as classical and jazz music, appropriate decoration, ornaments, books and signage around the home helped people, and those living with dementia, orientate themselves better. These included items such as radios, books and sewing machines from an era which people could associate with. One person told us that as a result of their concerns about some people wandering around the home they had had an additional lock fitted to their door that they felt safer having done so. This was to help ensure that the service and its staff were able to respond to people's needs in a way the person wanted.

People were given the opportunities to contribute to the assessment and planning of their care needs. This included both formal and informal reviews of care such as conversations about people's day to day lives. One person told us, "They [staff] listen to me. I have been to a garden centre last week and we are going punting later this month. We also have puzzles, newspapers, quizzes and a person who plays the key board and sings. She is wonderful." Another person told us, "I am going to watch the Wimbledon tennis on TV." The manager was with us and they had a positive response from the person that they would join them next week to watch some of the final matches. We saw a notice board showing that there were various activities planned each week including listening to music, one to one sessions and walking or going out into the home's spacious gardens. A third person said, "In my spare time I've always been active and walked. I love the outdoors. Staff sometimes accompany me to walk round the garden but if they're busy I walk by myself; It's nice to have that freedom and no restriction on me." Several people told us that one thing they would like more of was trips out as well as spending time going out for a walk or in a wheelchair. The provider told us that this was something they were working on and indoor activities had already been increased which we saw was the case.

We were provided with a variety of comments from people about the hobbies and interests that were available. Some people said that at times they felt the days were long. We did, however, observe the social stimulation that was provided during the day as well as seeing records of the previous and events planned for the future such as a garden party barbecue. Records were also made for each person's activities which were supported by the home's two activities coordinators. These records confirmed the social stimulation people had been provided such as hand manicures, arm and leg exercises for wellbeing, reading newspapers or just having a conversation for those people cared for ostensibly in bed. One person told us, "I don't mind doing a bit of cleaning it keeps me busy." We also observed an afternoon music session with one person playing people's requests for music as well as one person being encouraged with some dusting.

When a nurse entered the lounge she danced with a person to the person's delight.

People, including those living with dementia had access to items of memorabilia that they could engage with during the day. For example, flower arranging, books, art work and reminiscing with staff with the memories that people had. One person told us how they enjoyed the television in their room. We observed how staff responded to people's needs such as ensuring their hearing aids were fitted, and working, properly as well as singing along to songs the person remembered and knew well. However, five people we spoke with felt that they would benefit from more activities.

Each person had a member of staff with the responsibility to keep relatives or representatives informed about people's care. Staff made people's key worker aware of any changes to the person's care plan, hospital admissions, GP visits and any newly prescribed medicines as well as equipment for people's health conditions such as pressure sore prevention mattresses and PEG feed equipment. A relative said, "It is good to know that if my [family member] needs a doctor they can get one."

People had, at a residents' meeting, requested that the menu choices be made more visible and accessible as well as having more social stimulation. We saw that these items had been addressed. Care and nursing staff also used information from relatives and friends during visits and included this in people's care plans which they had read and knew well. This was for the aspects of people's lives that were important to them such favourite films, books or music.

People were actively encouraged to give their views or make suggestions before they had the potential to become a complaint. We saw that staff frequently checked people's general wellbeing and sought regular assurance if the person was unhappy about anything. The staff then took prompt action if this was required. One staff member told us, "It could be something simple to fix such as a meal not being to the person's liking but anything that can't be sorted easily I inform the nurse or [provider's representative]." People and their relatives knew how to make a complaint and the provider had responded in line with the provider's policies and time scales. The provider told us in their PIR that, 'A process for managing complaints is in place. A satisfaction survey is conducted on a regular six monthly basis. As a starting point, staff ask residents what is important to them, also consulting their friends/relatives as appropriate. The provider's representative and senior staff frequently approach residents to ascertain their priorities.' We found that this was the case.

A booklet was provided on how to raise a concern or complaint. Information was also displayed in the home's entrance on how to make a complaint. One relative told us, "I don't have any concerns. If I did I would speak with [provider's representative]. She is generally in most days and she is approachable about any concerns." Compliments and feedback from people and relatives was used to help identify what worked well. Recent compliments included, "From the moment [family member] came to you we stopped worrying about them and their safety and whether their personal needs were being met." And, "A huge thank you for the care love and respect you have shown our [family member] over the last six and a half years".

Good

Is the service well-led?

Our findings

The service did not have a registered manager. The previous registered manager had left in November 2014. A new manager had been employed the day before our inspection. The provider told us that, "[Name] has previously been a registered manager at another service and they will apply to register as soon as their DBS has been received for this position." The new manager had only been there two days on the day of the inspection but we saw them frequenting the lounge and engaging with people.

When asked if people knew who the manager was most people said "no", but confirmed that [the provider's representative] was very approachable. One person told us, "It's the sort of care home I'd recommend to anyone." All the people we spoke with told us that they were happy living at Millfield Lodge Care Home.

The provider was supported by a clinical lead who worked three days a week and they could be contacted if and when required. This was to support the provider with the latest information and guidance regarding nursing practice. The provider told us in their PIR that the improvements planned for the next 12 months included subjects such as a new laundry and kitchen. In addition, they planned continuing to attend national events hosted by the Care Quality Commission and NHS England and the Department of Health. This was confirmed in events we had invited the provider to attend and the benefits they had from sharing their experiences with staff at meetings in the home. For example, the provider told us in their PIR that they were planning to use more technology to support people's access to the community and contact with families and friends. The provider said, 'It was really beneficial to see how both small and larger providers are facing up to the challenges in the current economic climate.'

In developing the service staff told us that they had regular staff meetings, clinical supervision as well as day to day support from the provider and senior staff. Staff used a communications diary and handover meeting as a means of ensuring that people's care needs were known to the whole staff team and of the changes made such as people's diet, any unplanned weight loss as well as where people's care was meeting their needs successfully. We saw that staff meetings covered subjects such as maintaining people's repositioning regimes, reminders to staff about people who had an authorised DoLS as well as staff's continued diligence in preventing people from experiencing a fall.

Staff confirmed that the support they received enabled them to do their job effectively. For example, with mentoring, supervision as well as support from other more experienced staff at meetings. One staff member said, "If I need support I can always ask the seniors, nurses and if required I can ask [provider's representative] for help. She is very supportive and open to suggestions. All staff commented that the provider's representative was approachable and that their 'door was open'. One person said, "I know who the owner [provider's representative] is they have lots of letters after their name and they are very good at protecting our rights."

Other ways the provider used to develop and improve the service included day to day meetings and conversations with people and their relatives. The provider also undertook quality assurance surveys to people, staff and health care professionals. These identified what had worked well over the past 12 months

and where improvements were needed. Comments from people included, "I like the food and [provider's representative]. I have a feeling of being cared for in any circumstances." And from health care professionals, "Superb setting for people living with dementia with various areas for sitting and relaxing and praise for people's end of life care." Areas where improvements had been identified were in the planned repositioning of the laundry and changes to some carpets and more day trips out as these had proved successful and popular.

All staff had praise for the way the provider led the service with a view to support people's rights. The provider told us in their PIR, 'Our Statement of Purpose was developed with staff, people who use our service and their families and it is underpinned by a set of values which include: honesty, involvement, compassion, dignity, independence, respect, equality and safety.' One care staff told us that the provider's representative was, "Very open to suggestions, concerns from people as well as taking action where this was reasonably practicable. Another member of staff said, "We work as a team and if any staff are busier for some reason we help each other."

The manager kept themselves fully aware of the day to day staff culture and picked up if staff did not appear to be their usual selves. We saw that they spent time around various areas of the home as well as managing its day to day running. A nurse told us, "We do work as a team and my senior nurse is a good leader. She'll tell you if you miss something but she's got the [right] leadership style." Several people commented to us that they frequently saw the provider's representative around the home and that they would pop in for a chat when it was convenient for the person.

A combination of audits and spot checks were undertaken by the provider, nurses, senior care staff and external auditors. These had identified opportunities for improvement such as with medicines administration records and notifications which needed to be submitted to the CQC as well as getting staff uniforms. We found that provider had acted on this information and was in the process of formally notifying us for people lawfully deprived of their liberty. This was to ensure that we were kept informed about any changes affecting people's liberty.

The provider had, from records viewed, notified the CQC of incidents and events they are, by law, required to tell us about. We saw that they were correctly displaying our previous inspection rating. However, we find that the access through the provider's web site to our inspection report and rating was through a link. The provider told us that they would address this point.

Links were maintained with the local community and included the involvement of religious representatives, trips out to a garden centre, visiting singers, musicians as well as a planned barbecue to include people, relatives and staff.

All staff confirmed that they really liked working at the service. One said, "I and three other staff have been here over nine years." A nurse told us, "We want to make sure they [people] are happy. I do enjoy my job." Relatives told us that they were always invited to meetings with their family members as well as being given information in the form of letters, e-mails and also in conversation with the provider. We saw that this included important information and events that had taken place such as celebrations for people's birthdays as well as future planned events such as punting.

From our observations throughout the day we saw that the manager and all staff understood their role and the key risks and challenges in running the service. This included balancing people's needs with the right staff resource as the number of people using the service increased. This was being matched through recruitment of additional staff. We saw that people were supported to take part in the running of the service

as much as practicable and that people's abilities were supported. This showed us the service sought to ensure that people lived a full and meaningful life.

Staff were regularly reminded of their roles and responsibilities at supervisions and staff meetings. Staff told us they felt very confident that they would be supported to escalate any issues or concerns they became aware of if this was required. One care staff said, "I have blown the whistle in the past and I was supported. People come first and I would absolutely have no hesitation whatsoever if I ever had to do it again." The provider only continued staff's employment where it was safe to do so if concerns had been raised.

The service had been awarded a rating of five out of five for food hygiene [this is the highest award]. Part of this assessment includes the management of food hygiene. We saw that this standard had been maintained.