Care UK Community Partnerships Ltd

Mill Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 and 26 April 2017 and was unannounced on the first day and announced the second day. The last inspection took place on 29 March 2016 and at that time we found the home was in breach of Regulation regarding good governance. This inspection was carried out to see what improvements had been made since the last inspection. At this inspection we found the provider had made improvements in the required area and was no longer in breach of the regulatory requirements.

Mill Lodge Care Centre provides nursing care for up to 42 older people, including some who are living with dementia. There were 39 people living at the home when we visited. Accommodation is provided in single en-suite bedrooms in two separate units; one on the ground floor and the other on the first floor. Lift access is provided between the floors. There is a communal lounge and dining room on each floor as well as toilets and bathroom facilities. A central kitchen and laundry are located on the ground floor. There is secure parking as well as garden areas.

The home had a registered manager. 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 living in the home told us they felt safe and well cared for. We found there were enough staff to support people effectively. The staff were knowledgeable about the individual needs of people and knew how to recognise signs of abuse.

The registered manager and provider followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people. People were supported with their medicines in a safe way.

The premises and equipment were appropriately maintained and we noted safety checks were carried out regularly. Risks to people's health and safety had been identified, assessed and managed safely. However some staff did not always follow procedure when moving people in wheelchairs.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected and they were encouraged to make decisions for themselves.

People had their nutritional needs met and were offered a choice at every meal time. People were offered a varied diet and were provided with sufficient drinks and snacks. People with specific nutritional needs received support in line with their care plan. However one person was not receiving the meals they required to meet their cultural need.

Staff were able to maintain and develop their skills by on-going training. Staff spoken with told us they had access to a range of learning opportunities and said they were well supported by the registered manager

and the provider.

We saw staff were caring, positive, encouraging and attentive when communicating and supporting people. Visitors were made welcome in the home and people were supported to maintain relationships with their friends and relatives.

Care records and risk assessments were person-centred and were an accurate reflection of the person's care and support needs. The care plans were written with the person so they were able to influence the delivery of their care. Care plans included people's likes and preferences and were reviewed regularly to reflect changes to the person's needs and circumstances. People had good access to healthcare professionals.

People knew how to raise concerns and complaints if they needed and appropriate action was taken to address issues that were raised. People's views of the service were sought and responded to appropriately.

There was an open and friendly atmosphere in the home which showed the staff and registered manager had developed good relationships and knew people well. We observed staff treating people with respect whilst assisting them to maintain their independence.

People, relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home and their relatives.

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 told us they felt safe. Staff understood safeguarding and how to protect people from any harm or abuse. There were sufficient numbers of staff to meet the needs of people living in the home.

Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People were supported with their medicines in a safe way by staff who had received appropriate training.

Is the service effective?

Requires Improvement

The service was not always effective.

We found staff had received appropriate induction. Regular supervision took place and staff training was kept up to date.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and staff were able to demonstrate their knowledge.

People were provided with a varied and nutritious diet. However the service needed to ensure people received the appropriate diet for their cultural needs.

Is the service caring?

Good

The service was caring.

People and staff shared positive relationships. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced care that was caring and compassionate.

Relatives could visit at any time and told us they were always made welcome.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reflected people's individual needs. This enabled staff to know how people wanted to be supported.

People were supported to take part in a range of activities in the home.

People knew how to complain and said they would raise issues if the need arose. Previous complaints had been responded to appropriately and in a timely manner.

Is the service well-led?

Good

The service was well-led.

Staff we spoke with told us they enjoyed their work and the people we spoke with told us the service was well led.

There was an open culture within the home. The registered manager was approachable if people or staff had any concerns or suggestions.

There were systems in place to monitor the quality of the service which included regular audits and feedback from people living in the home and their relatives.

Mill Lodge Care Centre

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 25 and 26 April 2017 and was unannounced on the first day and announced the second day. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 39 people using the service. During our visit we spoke or spent time with 15 people who used the service and five visitors. We spoke with nine staff members and the registered manager. We spent time looking at documents and records related to people's care and the management of the service. These included quality assurance processes, four staff recruitment files and training records. We looked at five people's care plans and eight people's medication records.

Before our inspection we reviewed all the information we held about the home including previous inspection reports and statutory notifications. Before the inspection providers are usually asked to complete 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. On this occasion, we did not ask the provider to complete a PIR.
We also contacted the local authority contracts and safeguarding team and Healthwatch for any information they held Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

We spoke with 15 people who lived at the home. They all said they felt safe living at Mill Lodge Care Centre. They told us they were, "Well cared for," and some described staff as, "Great", "Patient," and, "Always careful."

We observed a medicines round and found this was done safely. Most medicines were dispensed from blister packs that were prepared by the pharmacist. We saw the staff member checked the medicines administration record (MAR) before administering medicines to people. The staff member watched the person to ensure they had taken the medicine before recording it on the MAR. People were given time to take medicines at their own pace. We looked at the MARs and saw these were correctly completed with no gaps. MARs contained a photograph of the person to help ensure the correct people received medicines and information relating to any known allergies the person had was also included.

Medicines were stored securely and the rooms were maintained at a suitable temperature. We saw records which confirmed regular checks were made. We looked at the stocks of boxed medicines for four people and found no errors. Some medicines contain ingredients which require additional secure storage. These are also known as controlled drugs. We looked at stocks of these for four people and found them to be correct.

People had medication guidance and administration sheets in their room which had been completed when topical creams and lotions were applied. We saw information was present to assist staff with the correct application. Medication sheets were consistently completed evidencing these were being applied correctly. Staff applied cream and lotions to people when required and body maps were in place to show areas these needs to be applied.

Some people were prescribed medicines to be taken only 'as required' (PRN)such as painkillers that needed to be given with regard to the individual needs and preferences of the person. We saw people had written guidance to help staff understand why they required the medicine and when to administer.

We looked at the recruitment records for four staff members. We found recruitment practices were safe. Relevant checks had been completed before staff started employment. These included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with two staff members about their recruitment process. They both told us checks were carried out before they commenced work, such as references and DBS checks. They said they had completed an application form and attended an interview. Records we saw confirmed this.

Staff we spoke with told us they worked well as a team and appropriate cover was provided when people were off. However they said this could sometimes be stretched due to vacancies. At the time of the inspection we found there were enough staff to ensure people were safe. Call bells were answered quickly and people were not left for long periods unattended The registered manager told us they always ensured

enough staff were on duty at all times and explained they had recently had a recruitment drive and were waiting for new staff to start.

We observed staff supporting people during the day. This involved support moving people around the home and support to and from wheelchairs. During these observations it was noted that the support for two people was undertaken in an unsafe manner. We saw staff moved these people in their wheelchairs without footplates on. This was raised with the registered manager who took action at once by reminding staff if they did not use the correct procedure it was a disciplinary offence as it was not safe practice.

The service had a policy about safeguarding people from the risk of abuse. There was also a whistleblowing procedure in place which made it clear that staff were able to report issues of concern to outside agencies if they believed that was appropriate. We spoke with staff about their understanding of protecting vulnerable adults. Staff and management had a good understanding of safeguarding issues. Staff knew of the different types of abuse and were aware of their responsibility for reporting any allegations of abuse. Staff told us they were confident in reporting any concerns they had about the safety of those who lived at the home. One member of staff commented, "We have a good team that would report anything that worried us."

Care plans we looked at contained a range of risk assessments including those relating to mobility, nutrition and hydration, skin integrity and falls. We saw risk assessments were reviewed regularly but not always signed and dated. The registered manager told us this would be addressed.

We looked around the service and found people lived in a pleasant and comfortable environment. Communal areas and corridors were well decorated. However, the registered manager agreed they needed to improve their facilities for people living with dementia, such as dementia friendly signage, memory boxes and themed areas. They told us they had already identified this and were exploring various options to make it a more dementia friendly environment.

Systems and equipment within the home had been serviced in accordance with the manufacturer's recommendations. This helped to ensure the health and safety of everyone on the premises was promoted. A wide range of internal checks was regularly conducted such as the emergency lights, fire equipment, moving and handling equipment and hot water temperatures. This helped to ensure people were protected from harm. Clinical waste was being disposed of in accordance with current legislation and staff spoken with were fully aware of good practices in order to reduce the possibility of cross infection. For example, we saw staff changing gloves and aprons between cleaning tasks and supporting people.

During our visit we toured the premises and found the environment to be maintained to a good standard of safety. The fire evacuation procedure was displayed on the wall and regular fire equipment checks had been completed. The service looked clean and smelled fresh.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEPS provide staff with information about how they would ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

We saw information about accidents and incidents were reported with outcomes documented showing cause, investigation and actions taken as a result.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us staff were very pro-active in responding to their needs. One person told us, "The staff are very good at their job," and another person commented, "The staff know what they are doing." We observed there was a friendly, open atmosphere and people engaged happily with staff.

During the inspection we looked at four staff files to assess how staff were supported to fulfil their roles and responsibilities. The provider's policy stated, 'Formal supervision will take place a minimum of four times a year with staff.' We found this had been carried out. We saw systems for ensuring staff received regular supervision were in place. Staff spoken with told us they were provided with adequate supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed.

Staff we spoke with told us they had completed several training courses which included health and nutrition, safeguarding, moving and handling, health and safety, infection control and medication. One staff member said, "We get a refresher every year." Staff said they completed specific training which helped people they supported. These included dementia awareness, mental health and diabetes awareness.

The registered manager told us they had a training system which recorded when staff had completed training. The training matrix showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw appropriate DoLS authorisations had been made for people the service had identified were likely to have their liberty deprived and advice had been sought from the appropriate authorities when there was any doubt regarding the issue of fluctuating capacity. This ensured people's rights were respected. The registered manager and provider understood when an application for a DoLS should be made and how to submit one. At the time of inspection, two people had DoLS in place and 13 had been referred to the DoLS team for assessment. Staff we spoke with understood about the implication of DoLS and how it applied.

Staff we spoke with told us people could make day to day decisions about their care; for example, when to get up and where to sit. Staff said they had completed MCA training and understood that when people had

capacity they had the right to make unwise decisions and when people lacked capacity, decisions had to be made in their best interests. One member of staff said, "I can't make a choice for someone if they have capacity." Staff told us they had completed DoLS training and understood that these protected people. During the inspection we saw people being asked where they would like to sit, eat and would they like to take part in activities.

Care plans contained a range of decision specific capacity assessments which showed staff from the home, the person and their families had been involved. Where the person lacked capacity we saw best interests decisions documents in people's care plans. We saw views of family or other representatives were recorded and there were signatures to show they agreed with the ways in which decisions were made.

Care plans were signed by people or their representatives to show they agreed with the contents and there was consent documentation for areas such as administration of medicines, living at Mill Lodge Care Centre and photography for medical and other purposes.

We observed lunch being served in the dining rooms. Tables were set out nicely with table cloths, cutlery, condiments and serviettes and there were flowers on the table. People were supported to sit in their preferred seat. They were given a choice of drink and meal; the food looked appetising with fresh meat and vegetables. We saw three people being assisted with their food in a caring manner. However, we returned to the dining room after about one hour and saw one person sitting on their own with their main meal still in front of them, trying to eat mashed potato with their fingers. Their pudding had been placed at their side and was going cold and congealing. We spoke with the registered manager about this. They explained and showed us the person's care plan which stated the person used their hands at mealtimes even though staff try to discourage them from doing so. We saw evidence of this recorded in their care plan. The registered manager did state it was not excusable for staff to allow a person's meal to go cold and had discussion with staff about this.

People we spoke with were generally happy with the meals provided. Comments included, "I have no problem with the food," and, "The food is not bad at all." One person spoken with said, "The food isn't to my liking, it's bland." Another person said, "It's hit and miss, all depends who is doing the cooking." The registered manager told us a new chef was due to start working at the home in a few weeks. Throughout the day, we saw refreshments such as tea, coffee, juice and biscuits were offered to people in the communal areas and in their bedrooms.

Staff we spoke with told us most people enjoyed the food. They said there was often home- baking, fresh fruit and vegetables. One member of staff told us one person was not always getting the meal they required to meet their cultural needs as halal meals are not prepared. We conclude this person's dietary needs were not been met. The registered manager told us this had been difficult because they had been without a chef for a few months but this would be resolved within two weeks when the new chef started work. We saw evidence of people at nutritional risk being referred to the dietician or GP. There was record kept of people's weight, food and fluid charts if they were at risk.

People we spoke with also told us the staff were very pro-active in calling other healthcare professionals such as GPs if they felt people were unwell. One person told us, "I just inform the staff I am unwell and they contact the doctor or nurse for me." Another person said, "I asked the staff to contact my GP this morning for an appointment and they did it straight away, they are very good at looking after us." This showed us the policies and procedures in place to support people in such emergencies were effective and staff acted in people's best interests.

We looked at how people were supported to maintain good health. Records looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help ensure people received co-ordinated and effective care. Staff also told us a few people had pressure sores over the last few months and these were being addressed. Care records looked at showed this was the case. We spoke with a visiting health care professional who said the care staff worked hard and said, "They are very pro-active, they'll tell you everything and we get equipment in." We observed this when checking the rooms of people that were assessed to be at risk. Correct pressure relieving mattresses and cushions were in place and we saw the correct pressure cushions were also in place for people in the lounge areas.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect and staff listened to their views about how they wished their needs to be met. One person told us, "I think its smashing here, they [the staff] are lovely." Another person commented, "The staff here are lovely; they do a lot for us." Relatives also expressed a high level of satisfaction with the care provided. One relative said, "Really kind, even when they don't know we are there we have heard them speaking to [person's name] kindly." Another relative told us, "We are highly satisfied with the care."

We noted people looked comfortable in the presence of staff members. They were chatting and laughing together in a respectful way, sharing an occasional joke. People who lived at the home looked happy and contented. One person commented, "The staff are nice and kind, they help me a lot."

All relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout both days of our inspection and noted they were offered refreshments.

Throughout the inspection, we saw people were treated with respect and dignity. For example, staff addressed people using their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. The atmosphere in the home was warm and welcoming and the interactions between staff and people were positive. All staff carried out their duties in a caring and enthusiastic manner. Staff spoke about people in a respectful, confidential and friendly way. People looked well cared for. They were tidy and clean in their appearance.

Staff we spoke with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions; for instance, where they wished to sit, what time they wanted to go to bed and what they wanted to do.

People's privacy was respected. Each person had a single room which was fitted with appropriate locks. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

People were encouraged to express their views as part of daily conversations, residents' review meetings and satisfaction surveys. The communal notice boards helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. Wherever possible, people were involved in the care planning process. One person told us, "I can tell the staff anything if I need to."

Staff told us people were well cared for. They said they had received training to help them understand how

to provide good care. One member of staff said, "People are well looked after and generally people seem happy."

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; including age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this

Good

Is the service responsive?

Our findings

The care records contained a clear assessment of the person's needs made before they started to receive care within the service. This included information on how they would like to be supported with their personal care, medicines and general day to day needs and support. Records showed how people who used the service, their families and other professionals had been involved in the assessment.

The provider used a computerised system to record information for care records which staff had access to. A summary of the care records were also kept in working files for staff to use. Care plans gave detailed, person centred information on how people wished to be supported. All staff spoken with said they found the care records useful and these gave them enough information and guidance on how to provide care and support people needed and wanted. Comments included, "The care plans have good information," and, "I have no problem with the care plans. It has all the information I need." Care records were reviewed regularly and up to date.

We looked at daily notes that recorded the care and support delivered to people. Overall these showed that needs and preferences were being met. The care records we looked at contained some information about people's likes and preferences for care and support. This included foods they liked to eat, clothes they liked to wear, hairstyles, footwear and sleeping arrangements.

The provider had systems in place to ensure they could respond to people's changing needs. For example, staff told us there was a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. This ensured staff were kept well informed about the care of people living in the home.

We saw people's activity schedules were based on their individual preferences and promoted their independence. One person we spoke with said, "I don't get involved in activities. I prefer to do my own thing, I don't enjoy arts and crafts." Another person said, "Yes I think I do enjoy the activities, I played bingo and enjoyed that." A relative said, "[Relative] will only join in if [person] feels like it."

We spoke with the activities coordinator and they told us there was a varied programme in place which included bingo, visiting entertainers, 'knit and natter', church group and crafts. We saw the activities coordinator was very active and encouraged people to join in.

The complaints procedure was displayed near the entrance of the service and this provided information about what people should do if they wanted to raise a concern. People we spoke with told us they had no complaints and would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident the staff would listen and act on their concerns/issues. One person said, "If I have anything on my mind I speak to the staff and they sort it out." Another person said, "If I have a problem it is addressed and resolved quickly."

The registered manager told us people's complaints were fully investigated and resolved where possible to

their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. In the last 12 months the home had received three complaints. We saw evidence that showed people's concerns were listened to, taken seriously and responded to promptly.

Good

Is the service well-led?

Our findings

At our previous inspection in March 2016 we found a regulatory breach in good governance and this was related to a lack of accurate, complete and contemporaneous records in respect of each service user. At this inspection we found the provider had taken action to address this and the service was no longer in breach of Regulations.

The service had a registered manager who had registered with CQC in May 2016. We asked staff about the management of the service. Staff told us they felt well supported. One member of staff said, "[Name of registered manager] is very supportive and addresses issues." Another member of staff said, "The running of this home is good, people really care." The staff we spoke with told us they enjoyed working at Mill Lodge and they were supported to carry out their roles effectively through a planned programme of supervision and training. A member of staff said, "The manager is very approachable."

Staff we spoke with said communication and support within the home was good. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw minutes of staff meetings showed various topics discussed and these included appraisals, staffing, care plans, infection control, medicines, catering, premises as well as dignity and respect, rotas and fire evacuation. Staff reported they were able to discuss any issues relating to people's care as well as the operation of the home

Staff said the registered manager maintained a visible presence in the home and often spent time with them and people who used the service. One staff member said, "[Name of manager] is around the home all the time, chats to everyone and finds out what's going on around the home." They told us the registered manager kept them up to date with any changes in policies and procedures which might affect the care and support people received.

We saw there were regular residents meetings where people were encouraged to contribute and discuss matters. Topics discussed included support needs, activities and menus. Dates of future meetings were displayed.

The home used survey questionnaires to seek people's views and opinions of the care and support they received. Information provided was collated and an action plan formulated to address any concerns or suggestions made. We looked at a number of completed questionnaires in 2016 from people who lived in the home and their relatives. The comments received were positive and people were pleased with the standard of care provided.

There was a positive and open atmosphere at the home. People told us the registered manager was friendly and was available to discuss any concerns they had about the care provided. We saw the registered manager had an 'open door' policy which promoted on-going communication, discussion and openness. People, relatives and staff regularly entered the office for a chat throughout our visit.

During our inspection we spoke with the registered manager about people living in the home. They were able to answer all of our questions about the care provided to people, showing they had a good overview of what was happening with staff as well as people living in the home. They told us they were proactive in developing good working relationships with partner agencies in health and social care. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

There were systems in place to continuously assess and monitor the quality of the service with a strong emphasis on promoting and sustaining improvements. The provider conducted a series of audits to monitor, measure and improve quality in the service. These covered areas such as infection control, medicines, catering, premises as well as dignity and respect. We saw these were completed regularly and where issues had been found, actions had been identified to show how improvements should be made. These were used to create an action plan for the registered manager to work from. After discussions with the registered manager we found the cultural needs of all persons were now being met.

The registered manager completed a monthly operations report for the company's head office. This report provided information on how the home had been performing and included details of any incidents or complaints. This kept the provider informed of any events which had occurred within the home.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team and Deprivation of Liberty teams. Our records showed the registered manager and provider had appropriately submitted notifications to CQC about incidents that affected people who used services.