First For Care Limited

Mill Lodge Care Home

Inspection report

Mill Lodge Residential Home
98 Mill Road, Pelsall
Walsall
West Midlands
WS4 1BU

Tel: 01922682556

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18 June 2018

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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

This inspection was unannounced and took place on the 18 June 2018. Mill Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Mill Lodge is registered to provide accommodation for up to 20 older people, some of whom were living with dementia. At the time of inspection there were 16 people living 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.'

At our last inspection on 24 and 25 October 2016 we rated the service as 'requires improvement'. We found the provider was in breach of the regulation regarding good governance. We asked the provider to take action to ensure there were robust quality assurance systems in place to drive improvement within the home. At this inspection, we found the provider had made improvements to meet this regulation.

We found a staffing tool had been developed to ensure there was a sufficient number of staff to support people. People's individual risks were assessed and staff knew how to support people to reduce their risks. People told us they felt safe and staff knew how to report concerns both within the organisation and externally. The provider had processes in place to ensure safe recruitment of staff. We found improvements had been made to medicine management systems and people told us they received their medicines as prescribed.

Staff received training and had the skills and knowledge to meet people's needs effectively. Staff sought consent before providing support to people and people were supported to make their own decisions.

People told us they enjoyed their meals and meal times were a pleasant experience. We saw staff encouraged people to drink and eat sufficient amounts throughout the day. People had access to healthcare professionals when required.

People had the opportunity to take part in both group and individual activities. People had been asked what they enjoyed doing and this had been accommodated for. People's needs were reviewed on a regular basis and people and their relatives were involved and felt listened to. People and relatives knew how to complain and felt confident in doing so.

People were supported by staff that knew them well. Staff were kind and caring towards people and promoted their independence.

The provider had made improvements to their quality assurance audits, ensuring they identified trends from

incidents. The provider had action plans in place to drive improvement. People and relatives spoke positively about the registered manager.

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. There were enough staff to meet people's needs. Staff had a good understanding of how to protect people from abuse.

People were supported to take their medication as prescribed.

The home was kept clean. People were protected from the risk infection. Staff maintained good hygiene and wore appropriate protective equipment.

Is the service effective?

Good

The service was effective.

People were involved in decisions about their care and staff gained consent before providing support to people.

People had access to health professionals when required. People were supported by staff that had the skills and knowledge to meet people's needs effectively.

People were encouraged to eat and drink sufficient amounts to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well. Staff were kind and caring in their approach and gave people choices.

People's dignity and privacy was maintained.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received person centred care and staff were knowledgeable about people's preferences. People were involved in the planning and review of their care.

People were supported to follow their individual interests as well as joining in group activities.

People and relatives knew how to raise concerns and felt able to do so.

Is the service well-led?

Good

The service was well-led.

The provider had made improvements to their quality monitoring systems and had action plans in place to drive improvement within the home.

The provider had strong links with the local community and professionals.

People, relatives and staff spoke positively about the registered manager.

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 18 June 2018 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.

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR), notifications received from the provider about deaths, safeguarding alerts and serious injuries, which they are required to send us by law. A PIR is information we require providers to send us annually to give key information about the service, what the service does well and what improvements they plan to make. We also obtained feedback from the local authority and from the commissioners of people's care.

During our inspection we spoke with four people, three relatives, four members of staff, the registered manager and two healthcare professionals. We looked at a range of records. This included six people's care plans, four people's medicine records, staff records and quality assurance systems that were in place.

Good

Is the service safe?

Our findings

At our previous inspection in October 2016 we rated the provider as 'requires improvement' in this key question. This was because risk assessments were not always in place to identify and manage risks to people's health and well-being and improvement was required in relation to medicine management. At this inspection, we found that these improvements had been made and the rating for this key question is now 'good.'

People told us they felt safe, one person said, "Staff come around to see if everything is fine." One relative also told us, "There's always someone [staff] in the lounge, there are pressure pads in the bedroom and they respond in seconds. I am certain that [person's name] is safe and secure."

Where risks to people's wellbeing had been identified, measures had been put in place to reduce and manage these risks effectively. We found there was information and guidance to staff on how to minimise the individual risks to people. For example, one person who was at risk of falling, had a risk assessment in place which guided staff on how to minimise the risks and support the person. This included regular checks throughout the night and assistive technology in place to alert staff when they got out of bed. We also saw that for people who were at risk of developing sore skin, they had risk assessments and the appropriate equipment in place. Staff we spoke with demonstrated a good understanding of the risks to people and how to minimise them.

Staff demonstrated they were aware of signs of abuse and where to report concerns to, both internally to the registered manager and outside of the organisation. We saw that where there had been safeguarding incidents, the local authority had been informed appropriately. A healthcare professional we spoke with said the registered manager was good at making referrals to them when needed and, "[Registered manager's name] is very good at communicating with me and we had a very positive outcome."

There was a system in place to monitor accidents and incidents. For example, the registered manager gathered information about how many falls people were having to look at trends to reduce reoccurrence. We saw that when people had three falls, a referral was completed to the falls team.

People we spoke with said they felt there was enough staff to meet their needs. One person said, "If I want anything I always tell them; there's always someone around." A relative we spoke with told us, "There is plenty of staff. They're always available and come quickly when you need them." Staff told us they felt there was enough staff to meet people's needs and they did not feel rushed. The registered manager had implemented a staff dependency tool. This was used and updated when people's needs changed or when someone moved in or out. The registered manager showed us how they inputted information based on each person's dependency and the tool would generate the number of hours required.

At the previous inspection in October 2016, we found that some people's medication was not recorded accurately. At this inspection we found improvements had been made and people's Medication Administration Records (MARs) were accurately recorded to show when people had their medication.

People told us they received their medication as prescribed. One person explained, "They [staff] see to it. I take something morning, afternoon and night". Staff received training on how to administer medication safely and their competency to do so had been checked by the registered manager. Some people were prescribed 'as required' medicines. There were protocols (plans) in place for the administration of these and staff demonstrated a good knowledge of when these were required.

The provider had recruitment systems in place to ensure staff were suitable to work with people prior to them starting their employment. All staff members had been required to provide references from previous employers and complete a check with the Disclosure and Barring Service (DBS). The DBS checks helps providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.

We saw there was a domestic team in place to ensure the home was clean and tidy and we observed planned and responsive cleaning during our inspection. We saw that personal protective equipment (PPE) was used appropriately to prevent infection when supporting people. People told us that the home was clean and tidy. One person said, "They do keep it clean, don't they? I used to keep my house very clean, so it's good to see it that way." One healthcare professional also told us, "The home is always clean and fresh."

Good

Is the service effective?

Our findings

At our previous inspection in October 2016 we found improvement was required in relation to staff following the principles of the Mental Capacity Act and their understanding of this. At this inspection we found improvements had been made and the rating for this key question is now 'good.'

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 people lack the capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated a good understanding of this legislation and understood the importance of seeking consent before providing support to people. We saw that when people refused support, staff respected this and went back and tried again some time later. We found that where some people communicated with facial expressions and body language, staff were aware of this and recognised when people required support or were refusing support.

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 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 had made applications to the appropriate authority when they felt it was necessary to restrict a person's freedom to keep them safe. They had a system in place to monitor applications and authorisations of DoLS. Staff we spoke with had a good knowledge of DoLS and confirmed they had received training on this.

Staff had completed an induction programme when they first started and received regular training updates. People and relatives told us they thought staff were well trained and knew what they were doing. One relative told us, "They appear to know exactly what they are doing," and another said, "They [staff] are 100% professional." One staff member we spoke with said, "I have had all the training I need." We saw that when staff started working at Mill Lodge, they had shadowing opportunities and the registered manager completed planned and unplanned observations of their practice to check their competency.

People told us they enjoyed the food and we saw that lunchtime was an enjoyable experience for people and their relatives. One person said, "The food is quite nice. Not bad at all. They give us a lot of fruit," and another person said, "Lovely pudding, I love that, it's beautiful that is." One relative we spoke with told us, "There is a nice variety, good choice. The cook is brilliant and tries to do something different. The other day they came up with a mild curry, something [person's name] has never had before, [person's name] loved it." Another relative said, "[Person's name] is eating a lot more. They are happier and healthier. At home they weren't eating and having falls, so they are much better here."

We saw that people had access to food and drinks throughout the day and drinks were left within reach for people. The cook and care staff demonstrated they had a good knowledge of people's dietary requirements

and this was reflected in the people's care plans.

We saw people had letters from professionals in their care records to show they had been supported to appointments and saw healthcare professionals had visited when required. Referrals were completed appropriately and timely. For example, we saw from one person's care records that the district nurse had been called for a review and advice when the person's skin was red. This meant that people had access to healthcare professionals when required. One healthcare professional told us they felt they have a good relationship with the home and they contact them appropriately.

The premises were suitable to meet people's needs. There was a communal area and outside garden area where people could sit, people we spoke with told us they enjoyed using this. We saw there was dementia friendly décor around the home including signage, different coloured bed room doors and pictures that had been made during arts and crafts activities with people. The provider had a continuous improvement plan in place for the environment which was reviewed and updated as required.

Good

Is the service caring?

Our findings

At our previous inspection in October 2016 we rated this key question as 'good'. At this inspection the rating remains unchanged.

People and relatives spoke positively about the staff and said they were kind, caring and respectful. One person told us, "I love it here, it's very homely and you can't fault the staff." A relative we spoke with said, "Staff go above and beyond all the time and [person's name] is in the best hands they can be," and another relative said, "There is a positive cheerfulness about staff. They are patient and always have a gentle word."

We saw that staff had a good relationship with people and had the time to talk to people. Staff knew how to promote equality and diversity within the home and knew people well including their likes and dislikes. People were communicated with in their preferred way. A relative we spoke with said, "They know [person's name] as a person. They know names, know what their preferences are and understand them as a character, not a body."

Staff were kind and caring, we saw they noticed signs of people becoming upset or anxious. For example, one person started to shout out and was becoming upset, a staff member approached and provided reassurance by kneeling, touching the persons arm and speaking to them gently. We saw the person became calmer immediately.

We saw that people's privacy and dignity was maintained when staff were supporting people. Staff addressed people by their preferred name and knocked on doors and called out before entering and spoke discreetly when speaking to people about personal care.

People were supported to make their own decisions and were involved in their care. We saw people being given choices of meals, snacks, drinks and clothing throughout out inspection. People told us they could get up and go to bed when they wished. One person said, "They leave us alone. We do what we want when we want. They don't come and say, 'don't do this.' They come and ask me if I want to get up, but I get up like I used to at home. I then do puzzles in my room till they remind me it's dinner time." A relative we spoke with told us, "They treat [person's name] as an individual. If they want to have a lie-in they will let them, but gently remind them later that they can get up. [Person's name] is not forced to do anything."

People were encouraged to maintain their independence as much as possible. We saw that staff enabled people to be independent and offer support where required. For example, some people could eat independently but required prompting and encouragement to ensure they ate and drank enough. We also saw that some people had plastic plates which were different colours to help them to eat independently. One person told us how they help the staff out, they said, "It's a very busy place and the staff work really hard. I am a big helper, I collect cups and other things." It was clear the person enjoyed helping and it gave them a sense of purpose.

People were supported to maintain relationships, we saw relatives and friends visit throughout the day and

the atmosphere was relaxed and homely and relatives were socialising with other people that lived at Mill Lodge.

Good

Is the service responsive?

Our findings

At the last inspection in October 2016, we rated the provider as 'requires improvement' in this key question. This was because there was improvement required in relation to people's care records and individual activities being available to people. We found at this inspection that these improvements had been made and the rating for this key question is now 'good.'

At the previous inspection people were not supported to follow their individual interests. At this inspection we found there had been improvements. People had individual activity plans in place detailing what they liked to do and there was a specific staff member who was allocated to organise activities. We spoke with this staff member who explained they spoke with people individually to see what they would like to do. They then took them out either on their own or as part of a small group into the community. We saw photographs which were displayed around the home showing people enjoying engaging in activities.

People and relatives spoke positively about the amount of activities available for people. One person said, "There's lots and lots of things going on to keep you occupied. They have games and they give you things to do. We have been to different places. We can have our tea outside. You can have your nails and hair done." Another person said, "They bring entertainment in. It doesn't get boring. They let you do gardening. You can enjoy the garden where they bring you a cuppa, and the other day they brought my dinner out." A relative we spoke with told us, "I am amazed how much they have got people involved with. There's tea, dancing, something that [person's name] used to do, and craft making. There's lot more than sitting on the couch and watching TV."

We saw that people's care records were reflective of people's needs and were updated frequently with the person and their relatives. People and relatives we spoke with confirmed this and we saw there was a space in the review documentation which included the person's views and space for them to sign if they were able to do so. A visiting healthcare professional told us, "They [staff] are very proactive and keep me up to date." We saw that people had their personal history information in their care file which detailed their family history, their likes and dislikes, hobbies and interests. When we spoke with staff about people's needs and how they supported people, this was reflective of the person's care plan. The deputy manager explained how they felt a lot of work had been completed to improve care plans and documentation and keep them up to date. Staff spoken with explained how they were kept up to date via a daily handover and a communication book.

People had plans in place to support them at the end of their life to have the care and support they wanted. We saw that these had been developed with the person and their relatives and had been updated when required.

People and relatives said they knew how to raise a concern or make a complaint and said they could approach the staff or registered manager if required. One person said, "The staff are all right to talk to. If I have a problem, I'll talk to them. They do listen to you." A relative also told us, "I've never had to complain. There's a box in reception for complaints if you want it to be anonymous. The manager's door is always

open and they are willing to listen." We saw there was information on how to complain in the reception area of the home and the registered manager had discussed making complaints at the most recent residents and relatives meeting. Records showed complaints and concerns were dealt with appropriately and there were systems in place to identify any trends and reduce reoccurrence.

We look at information to ensure it is accessible to people who use the service. We saw that information around the home was in different formats such as the residents and relative meetings minutes being in large, bold writing, however we found there was not an easy read version of the complaints policy. This was discussed with the provider who gave assurance this would be done following the inspection.

Good

Is the service well-led?

Our findings

At the last inspection in October 2016, we rated the provider as 'requires improvement' in this key question. The provider's quality and governance systems were not effective and they were found to be in breach of regulation in relation to good governance. At this inspection we found improvement had been made and they were now compliant with the regulation.

As part of the inspection process, a Provider Information Return (PIR) was sent to the provider to complete and return to us. The PIR was completed within the timeframe and included the areas identified for improvement at the previous inspection as well as what the service does well. We found the information in the PIR reflected what we saw on the day of inspection.

The provider and registered manager completed weekly and monthly audits for areas including; equipment, medication, care plans, infection control and environment. The PIR stated that the quality monitoring systems would be improved to ensure quality and compliance. We saw that the quality of the audits had been improved to look at areas in more detail and any issues identified had been developed into an action plan which was then reviewed at the next audit to develop and improve the service. For example, audits of all rooms had been completed and identified a replacement mattress was required for a vacant room. We saw that this had been ordered for when the next person moved in.

We saw that feedback from people, relatives and staff was used to drive improvement within the home. We saw regular resident and relative meetings were held where people could give ideas for improvement or raise concerns. The registered manager sent out quality questionnaires for people to complete and actions were put in place to be completed as a result. We also found regular staff meetings were held and staff were able to have their input into the home and improvements.

We found the provider had strong links with other professionals such as GPs, district nurses and social workers. They also had links with the local community, for example, the local church visited once per month to meet people's religious needs.

People and their relatives felt the home was well-led and spoke positively about the registered manager who they said was "approachable", "got things done" and, "engaged and committed." We saw the registered manager was visible throughout the day and available to support people if required. People and relatives said they would recommend the home. One relative explained how they had already recommended it to two people. Another relative told us, "It has far exceeded my expectations."

Records viewed and staff confirmed they received regular supervision and support. Staff told us they felt supported and spoke positively about the registered manager. One staff member said, "[Registered manager] has made a big difference, they have given us guidelines and all the support we have needed and has introduced new things." Another member of staff said, "The home is very friendly, it's like being at home." A third staff member explained how they were included in decisions about people moving to the home, they said, "[Registered manager] only assesses and admits people whose needs will fit with the

home, they involve us in decisions about new admissions."

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the home. The provider had correctly notified us of any significant incidents and events that had taken place. This showed that the provider was aware of their legal responsibilities.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during the inspection. People, relatives and staff spoken with confirmed they had found the provider to be open and honest with them.