Colleycare Limited

Milford Lodge Care Home

Inspection report

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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

The inspection took place on 01 September 2016 and was unannounced. When we last inspected the service on 09 July 2015 we found it was not meeting the required standards. We found breaches of the Regulations in relation to staffing and good governance. At this inspection we found that necessary improvements had been made and the service was no longer in breach of the Regulations.

Milford Lodge is a residential care home that provides accommodation and personal care for up to 60 older people, some of whom live with dementia. The accommodation was arranged over three floors and at the time of our inspection there were 50 people living at the home.

There is a manager in post who has registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

At the previous inspection we found that the quality of care provided to people often lacked consistency across different units and floors at the home mainly because of lack of staff. At this inspection we found that there were sufficient numbers of suitably trained and skilled staff employed at the service to meet people`s needs at all times.

Staff had received training in how to safeguard people against the risks of abuse and they were able to tell us how they would report any concerns internally and externally to local safeguarding authorities.

Safe and effective recruitment practices were followed to check that staff were of good character, physically and mentally fit for the role they performed and able to meet people's needs.

People received their medicines from staff who were trained and had their competency to administer people`s medicines safely regularly assessed.

Staff obtained people's consent before providing the day to day care they required. Best interest processes were followed in cases where people had lacked capacity to take certain decisions in line with the principles of the Mental Capacity Act 2005.

People were complimentary about the skills, experience and abilities of the staff who supported them. We found that staff had received training relevant to their roles and had regular supervisions to discuss and review their performance and professional development.

People told us that the quality of the meals and meal service had improved. People were asked about their menu choices a day before, however if they changed their minds on the day this was easily accommodated.

People who lived with dementia had their food served on coloured plates and were presented with verbal and visual prompts to enable them to make informed choices about which meal they preferred.

People told us they were looked after in a kind and compassionate way by staff who knew them well. Staff were knowledgeable about people`s likes and dislikes regarding their care and promoted people`s dignity and privacy when delivering care and support.

Information contained in records about people's medical histories was held securely and confidentiality was sufficiently maintained. People and their relatives told us they were involved in the planning, delivery and reviews of the care provided.

People had opportunities available to pursue their social interests or take part in meaningful activities relevant to their individual needs. We saw that where complaints had been made they had been recorded and investigated. Where appropriate these were shared with staff to help ensure improvements were made to the quality of the service provided.

People knew about the management and leadership arrangements at the home. People, staff and relatives were complimentary about the registered manager, they told us the registered manager was approachable and had and `open door` policy.

There were regular audits done by the registered manager and the provider and where actions were needed to improve the service these were identified and completed. The provider sent out regular surveys to people, relatives and staff to get feedback and improve the services provided.

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.

There were sufficient numbers of suitable staff available to meet people's needs at all times and in all areas of the home.

Staff knew what constituted abuse and knew how to report concerns internally and externally to local safeguarding authorities.

People were supported to take their medicines safely by trained staff who followed best practice when administering people`s medicines.

Potential risks to people's health and well-being were identified and plans were in place to help staff to mitigate these.

Safe and effective recruitment practices were followed.

Is the service effective?

Good

The service was effective.

People`s day to day needs were met effectively by appropriately trained staff.

Staff received regular supervision and training to give them the knowledge and competency to meet people`s needs.

Consent in relation to care was obtained by staff prior to delivering care and the principles of the Mental Capacity Act 2005 were followed in case people lacked capacity to take certain decisions.

People were supported to eat a healthy balanced diet.

Staff involved health care professionals in people`s care where needed.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and people were involved in decisions about their care.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People received care and support from staff who knew their likes, dislikes and personal preferences.

People were encouraged to pursue their hobbies and interests.

People were confident to raise concerns and told us they felt confident that these were listened to.

Is the service well-led?

Good

The service was well led.

Systems used to quality assure services, manage risks and drive improvement were effective.

People were aware of the management arrangements at the home and felt confident in approaching managers any time.

Staff understood their roles and responsibilities.

The registered manager linked with a care provider association and enrolled to a `Champions ` development programme to further improve staff knowledge and skills and offer better services to people.

Milford 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.

The inspection was carried out on 01 September 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with 11 people who lived at the home, two relatives, nine staff members, one housekeeper, maintenance staff, one visiting health care professional and the registered manager.

We looked at care plans relating to six people who lived at the home, and four staff files. We also carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

When we inspected Milford Lodge on 09 July 2015 we found that there had been insufficient numbers of suitable staff to meet people`s need safely at all times. At this inspection people told us they had their needs met by staff and staff were quick in responding to their calls. One person told us, "When I use my call bell they [staff] come in a reasonable time." Another person said, "When I am using my call bell staff come really quickly."

We saw throughout the day that there were enough staff to meet people's needs. Call bells were answered in a timely manner and staff carried out their duties in an unhurried way which created a calm and relaxed atmosphere. One staff member told us, "I feel we have enough staff." Another staff member said, "We have enough staff and I know that there were more staff employed recently who are waiting to start their induction."

Recruitment processes were robust and helped ensure that staff employed at the home were fit to carry out their responsibilities to care and support people in a safe way. Before they could start work staff recruited had undergone appropriate pre-employment checks. These included criminal records checks, references and proof of identity. The registered manager ensured they recorded and investigated in the interview process if staff applying to work in the home had gaps in their employment.

People told us they felt safe and well looked after. One person said, "I'm safe here – I don't have any worries." Another person said, "I feel comfortable whilst being supported. I feel safe because anytime I need something there is always someone around." Staff we spoke with had a good understanding about how to safeguard people from all forms of abuse. They were able to confidently describe signs and symptoms of abuse and how they would report their concerns internally and externally to local safeguarding authorities. One staff member said, "I would report any concerns I had to my senior or the manager." Information about how to report concerns, including contact details for the local safeguarding authority, was prominently displayed in communal areas of the home. This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred.

Risks associated with people`s daily living were recognised and risk assessments were in place with clear instructions and guidance for staff how to mitigate these risks. For example if people required the of a hoist for transfers staff had clear guidance on what hoist to use, how to use it and what sling type and size the person required. One person told us, "I feel safe when being hoisted; I am happy here." Another person told us, "I have a stand hoist with my own personal sling. Staff make this a good experience they have it down to a fine art." Staff were knowledgeable about risks involved to the health and well-being of the people who lived with dementia and could not always communicate their needs verbally. We observed staff gently reminding people to use their walking aids and removing obstacles from people`s way. This meant that risks were effectively managed and reduced as much as possible the likelihood of accidents happening.

People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. There were suitable arrangements for the safe storage,

management and disposal of medicines. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We observed a person who refused their medicines when staff asked them if they would like these as they were still eating their breakfast. The staff member respected the person`s decision and delivered medicines to other people and returned after the person finished their breakfast and were ready to take their medicines. Medicine Administration Records (MAR) were completed and accurately signed by staff each time they administered people`s medicines.

Good

Is the service effective?

Our findings

People told us staff knew them well and knew how to support them. One person said, "Staff are very good. They know exactly how to do things for me and with me." Another person said, "They [staff] encourage me to do what I can for myself but they are there if I need help."

Staff told us they attended regular training and had yearly updates in subjects relevant to their job roles to keep their knowledge up to date. They told us they knew how to meet people`s needs effectively and they were knowledgeable about people`s changing needs. One staff member told us, "The training is really good here." Another staff member said, "Team work is really brilliant the communication is really good. I had a hand over today and we spoke about the residents." Staff were also encouraged and supported to obtain nationally recognised vocational qualifications (NVQ) and take part in additional training to aid both their personal and professional development. One staff member said, "The training here is brilliant my knowledge has gone up a notch since working here. I am doing my NVQ level three."

Newly employed staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. One staff member told us, "My induction was about a week in the class rooms we covered topics such as: moving and handling, health and safety, food nutrition and dementia." They told us that after their training they worked with experienced staff until they were competent to work independently.

Staff told us they were supported and listened to by managers. They told us they had regular supervisions and staff meetings where they could discuss their professional development and share any worries they had. One staff member said, "I really feel supported. I do work nights but the manager is always here before I finish my shift and I can talk to them about anything. I have regular supervisions and staff meetings."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted deprivation of liberty applications to the local authorities for people who had limitations to their freedom in place to keep them safe. Some authorisations were waiting for approval; however staff and the registered manager ensured that these limitations were as least restrictive as possible. For example we observed a person who was trying to open a door which led to an enclosed garden and they were knocking on the window clearly telling staff throughout their behaviour that they wanted to go out. One staff member observed this and reassured the person that they can go out if they wanted to however suggested finishing their breakfast first. The person had returned and finished their breakfast and in the meantime staff opened the patio doors

giving people free access to the sunny garden.

Throughout our inspection we saw that staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "Staff always tell me what they are doing." Another person commented, "I'm never pushed into anything, staff always ask me what I want to do." We found that consent to care had been obtained from people in line with the Mental Capacity Act (MCA) 2005. People's capacity to make decisions had been properly assessed, determined and reviewed where necessary. For people who lacked capacity to take decisions these were made following best interest processes involving health and social care professionals and people's family members when this was appropriate. One staff member told us, "You should always assume they [people] have capacity. I can't make assumptions about people. It is important to have a choice."

People were supported to have a healthy balanced diet and staff promoted good food and fluid intake for people. One person told us, "I can get tea or food whenever I want." Another person told us, "Breakfast is lovely, you can have a lovely fry up – I put on too much weight so now I don't want to have that every day!" We observed meal times and how staff supported and assisted people to eat their meals. Meals were served in several areas of the home depending where people wanted to sit; outside in the garden, the dining rooms or in their own room.

We observed that staff matched the support and assistance to people`s needs and took account of their abilities. They supported people in a calm, patient and unhurried way. For example people who lived with dementia had their meals served on coloured plates for a better contrast and to be easier for them to recognise food. They were also presented with a visual and verbal choice as well. If staff observed people not eating their meals they offered an alternative until they were satisfied that people had sufficient food and fluid intake.

The chef was knowledgeable about people's nutritional needs and planned menu's to ensure people were provided with a healthy balanced diet which took full account of their preferences and met their individual dietary requirements. We saw throughout the day that people had several choices offered of various snacks, fruits, hot and cold drinks in addition to the main meals. Staff were monitoring people`s nutritional intake. People were weighed regularly and where a weight loss was identified staff involved the person`s GP and a dietician to ensure they had specialist advice in meeting people`s nutritional needs.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. One person told us, "I have my own doctor, we can keep our own GPs and then a doctor comes round once a week, you just have to ask to go on the list." We saw that guidance provided to staff in care plans contained detailed information about how to meet people's care and support needs in a safe and effective way. A visiting health care professional told us that staff were good at following the guidance they gave about the support people needed and as a result people`s condition improved. For example when staff noticed that people`s skin was red or they had pressure ulcers staff involved the district nurses and followed instructions and they regularly repositioned people. One relative told us, "One of the carers told me [person] had started to develop a small bed sore; they were onto it right away and called the District Nurse in to sort it out. They [staff] are really good like that."

We saw that appropriate referrals were made to health and social care specialists when needed and there was regular contact with and visits from the local mental health team, dieticians, chiropodists and opticians. This meant that people had been supported to access appropriate healthcare services and maintain good health.

Good

Is the service caring?

Our findings

People told us staff were kind and caring in their approach. People`s comments included: "The staff are brilliant, they treat you like a person here", "I don't think you could ask for more with the staff here – they all know me and call me by my first name and they will do anything they can", "Staff are excellent very kind", "I would say they [staff] are kind and caring, staff know me well."

Staff were friendly, courteous and smiling when approaching people. We observed sensitive and kind interactions between staff and people who used the service. Staff was able to adapt their communication and approach to people`s needs. The way people related to staff demonstrated good relationships between them based on respect and trust.

People told us they were supported with dignity and staff respected their privacy at all times. One person told us, "They [staff] treat me with dignity. I am happy here." Another person said, "Staff know me well and I know them well." We saw that staff had time to engage with people and they knelt down to be at people`s level when talking to them. Staff addressed people using their preferred names and it was clear that staff knew people well.

We observed staff effectively supporting people who lived with dementia. They were able to tell us people`s life histories, preferences and they took real interest in understanding people`s behaviours. All the staff we talked to, care staff, housekeepers and maintenance knew people by their first name and were able to tell us people`s habits, routines and important events, likes and dislikes.. For example we talked to the maintenance person in the home. They told us they liked working at the home and were fond of the people living there. They told us, "It doesn`t cost me anything to be kind and stop and talk to people. They have such an interesting past and they really like to share their memories. I never ask intrusive questions I just listen." This demonstrated the caring culture staff had which contributed to people feeling at home. One person told us, "This is my home and I like everything about it. Staff is nice to me and I can talk to them about everything."

People and their relatives told us they were involved and knew about their care plans. One person said, "Yes my care plan is looked at every so often." One relative told us, "[Person] been here a long time and they [staff] are good at reviewing the care plans." All people who used the service had a key worker to ensure their care plans were reviewed. One staff member said, "We have a review with the person and their family. We had one person who didn't want the family involved and that was their choice." People we spoke with confirmed they had been involved with decisions about their care. Staff involved relatives to be the `voice` of the people who were not able to actively participate in planning their own care. One relative told us, "Just recently staff asked me about [person's] care plan review and I asked them to wait until [sibling] returns as we have joint Power of Attorney (PoA)."

The atmosphere in the home was calm and welcoming; staff greeted every person and visitor with respect and engaged in conversation which suggested they knew visitors as well as they knew people. One relative told us, "Staff are always pleasant, we get offered drinks. We always see good care. We can visit at any time."

If people who used the service did not have the capacity to make decisions about their care and support and had no close relatives involved in their care people had access to external advocacy services to act in their best interests.

Private and confidential records relating to people's care and support were securely maintained in lockable offices. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information. This helped ensure that people's personal information was treated confidentially and respected.

Good

Is the service responsive?

Our findings

People`s care plans were detailed, up to date and provided good information for staff about how to meet their needs, such as maintaining safety, personal care, eating and drinking. There was personal information about people's preferences, dislikes and preferred routines detailed enough for staff to know how to offer care and support for people in a personalised way. Where possible people`s wishes and preferences was captured in their own words. For example one person`s care plan detailed, `Sometimes I like to be left alone, but I will need regular encouragement and reassurance. I like to be independent and respected. ` Another care plan detailed, `I can have a nice conversation about the weather. `

Where people were not able to be as involved in voicing their wishes and preferences staff carried out observations and recorded in care plans. For example one care plan said, `If [person] needs to use the toilet they will often refer to it as "Charlie". Staff to give directions and support [person] to find the toilet.` This meant that the care and support people received was tailored and individualised as staff were able to understand, communicate and deliver the support people needed to have their needs met effectively.

There was a range of varied activities provided by the engagement staff and care staff. This offered a lot of choice to people who enjoyed group activities or individual activities. The home also provided activities for those who enjoyed their own company and who were restricted to their room because of poor mobility. One person told us, "We went to Southend – about six of us in the minibus and we had a great day." Another person told us, "The activities staff is wonderful, works so hard to make things special." The home had several seating areas where people could chose to sit on their own or in groups and enjoy a drink readily available on the tables and fresh fruits and read books and magazines or listen to music. We saw people`s newspapers delivered in the morning to enjoy reading it whilst they were having breakfast.

On the day of the inspection people were enjoying the sunny weather sitting comfortably outside in the garden areas. We observed a person who sat outside and they were falling asleep. Staff told us the person won't come indoors other than for their meals if the weather is nice. We observed staff regularly checking on them and offering drinks, however the person was clearly enjoying the warm sunny weather and all they wanted was to have a nap before their meal. We observed throughout the day that people had access to a range of activities that they enjoyed. There were activities advertised on the notice boards and people told us that staff reminded them what was on. People told us how excited they were about a dog show that was happening at the weekend. This meant that people`s social care needs were met and they had opportunities to pursue their hobbies and interest and occupy their time.

People and relatives told us they knew how to make a complaint if there was a need for it. They told us their complaint will be dealt with quickly. For example one person told us, "I do complain about things – I go straight to the office and if it is reasonable it will be dealt with quickly." One relative told us, "I did complain one day because [person's] glasses went missing, the manager sorted it out straight away." The provider took people's complaints seriously and they ensured staff were trained in reporting any complaints people may have. One staff member said, "I know how to complain, we learnt about complaints. We report any complaints to the manager." This meant that people`s voice was listened and issues were resolved in a

timely manner.

Good

Is the service well-led?

Our findings

When we last inspected the service on 09 July 2015 we found that the service was not consistently well-led and managers did not actively listen and seek feedback from people about the quality of the service provided.

At this inspection we found that all these areas had improved and the home had strong leadership provided by the registered manager who was supported by the provider. There were regular audits carried out to check the quality of the service provided and regular surveys were sent to people, relatives and staff to seek their feedback and improve areas where concerns were raised. The registered manager was working on a quality improvement plan and we saw evidence that issues identified had been discussed in meetings and actions were completed in a timely way. For example one of the issues raised was around staff to support the activities in the home. To enable staff to understand the need to engage more with people who used the service training had been arranged and staff attended. People told us during the inspection that they were happy with the activities and how staff supported them to socialise.

Every person we spoke with knew who the registered manager was and called them by first name. One person "I think the home is very good. The manager is so approachable, I see [name of registered manager] a lot." Another person said, "The manager is really friendly and helpful. She always make sure I'm alright."

Staff were complimentary about the registered manager and felt supported and valued members of the team. One staff member said, "[Manager] will always help you if they can and usually can. [Manager] is interested in us [staff] and what we want." Another staff member said, "I absolutely love working here. The manager is very nice and supportive and staff is working as a team."

The registered manager chaired several meetings in the home with staff working in different departments. There were regular housekeeping meetings, kitchen, care staff and senior staff meetings. These were clearly structured and discussed issues and improvements needed in care practices, food service and maintenance. For example in one of the senior staff meetings discussion took place about certain staff not being fully competent or their personality did not match with the people living with dementia. Actions were agreed for senior staff to carry out observations and build up an effective team to meet people`s needs at all times by mentoring and training staff and also offering staff the opportunity to move to different units.

The registered manager effectively monitored the dependency levels of people to inform staffing ratios in the home. They had a constant recruitment drive and staff told us that staffing numbers were adjusted dependent on the number and the needs of the people in the home. One staff member told us, "Yes we have days when we are very busy, but staffing is ok and the managers are helping on the floor if it is a need for it. There are always discussions about staff and the needs of the people. We can have more staff if more people move in and if their needs change."

We found that the registered manager improved the training staff had. They introduced robust induction training and staff gained the nationally recognised `Care Certificate` qualification at the end of their

induction. They closely collaborated with an accredited training provider and trained staff to the roles of champions in dementia and staff were just starting champions training in nutrition. The registered manager also improved the environment people with dementia lived in. This was bright and had lots of rummage items around and decorations where people could take an interest in. The calming music and staff interaction with people demonstrated they had a very good understanding about the principles of good dementia care.