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Mill Lodge Residential Care Home

Inspection report

Belmont Road
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Date of inspection visit:
12 November 2019

Date of publication:
25 November 2019

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

About the service

Mill Lodge Residential Care Home provides personal care and support for up to 16 people aged 65 and over, some of whom are living with dementia. The service does not provide nursing care. At the time of the inspection there were 12 people living in the home.

Mill Lodge Residential Care Home is a residential care home situated on the outskirts of Great Harwood, Lancashire. The accommodation includes a small lounge and a dining room with a conservatory. There is one double bedroom and 14 single bedrooms over two floors. A passenger lift provides access to the first floor.

People's experience of using this service and what we found

There was a friendly atmosphere in the home and staff clearly cared about people. People told us they felt safe and were treated well; they said staff were kind and caring. Staff understood how to safeguard people from abuse and knew how to report any concerns about poor practice. There were enough numbers of staff to meet people's needs and ensure their safety. Staff told us they were happy working at the service. Recruitment checks were carried out before new staff started to work in the home; improvements were being made to this process. People received their medicines when they needed them from staff who had been trained and had their competency checked.

Risk assessments were carried out to enable people to maintain their independence and receive care with minimum risk to themselves or others. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were protected from the risks associated with the spread of infection.

Arrangements were in place for staff to receive induction and ongoing training. Staff were supported with regular supervisions and were given the support they needed to ensure they could deliver care effectively. People enjoyed the meals and were supported to eat a nutritionally balanced diet; they had access to various healthcare professionals, when needed. People were happy with their bedrooms and with the communal areas. However, most areas of the home needed redecoration and refurbishment; the registered manager was aware improvements were needed. However, there was no development plan to support this. We made a recommendation that a development plan was recorded to support planned improvements in the home.

Staff treated people with kindness and respect and spent time getting to know them and their specific needs and wishes. We observed warm, friendly and caring interactions between staff and people. Staff knew about people's routines and preferences and, where possible, had been consulted about their needs.

People's care and support needs were assessed prior to them living in the home. Some people, or their representatives, were consulted about, and involved in the care plans. The information in the care plans had

improved and described people's health, care and support needs and included preferences and daily routines. From our discussions and from looking at records, we found people had enjoyed a number of activities however, others said they were bored. People were supported to maintain contact with friends and family. People knew how to raise a complaint or concern if they needed to and had access to a complaint's procedure.

The registered manager provided good leadership and support and sought people's views about the quality of care provided. The feedback was used to make improvements to the service. The systems to monitor quality and the management of records had improved. The quality of the service was effectively monitored, and appropriate action was taken to improve the service when needed. Lessons had been learned and shared with staff when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 22 November 2018).

At the last inspection, we found a continued breach of the regulations in respect of management of medicines and a lack of effective monitoring systems. We also found a breach of the regulation in respect of records management. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mill Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

Service and service type

Mill Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections.

We also contacted local authority commissioners and asked them for their views about the service; we received positive feedback from them. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with eight people living in the home and with one relative. We also spoke with the registered manager, the assistant manager and two care staff.

We looked at two people's care and support records, staffing rotas, four people's medicine records, two staff recruitment records, training, induction and supervision records, minutes from meetings and complaints and compliments records. We looked at records related to the safety, auditing and monitoring of service. We also looked at the report following a recent visit from the local authority monitoring team.

After the inspection

We asked the registered manager to send us some information in relation to recruitment and equipment servicing. This was sent promptly.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage people's medicines safely. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.
- The assistant manager carried out a range of effective audits to make sure medicines were being managed safely.

Staffing and recruitment

- The registered manager made sure there were enough staff to meet people's needs in a timely way and in line with their plan of care. The staff team was stable and consistent. People confirmed there were enough staff. One person said, "They come quite quickly. They don't keep me waiting."
- The registered manager carried out checks on all new staff before they were employed. We discussed how the process could be improved, such as by requesting health questionnaires in a timely way. The registered manager told us the recruitment procedure was under review and would ensure a safe and robust recruitment and selection process was followed.

Systems and processes to safeguard people from the risk of abuse

- The registered manager ensured people were protected from the risk of abuse. People told us they felt safe and were happy with the care they received. One person said, "I feel very safe because they are very careful who they let in. People can't just wander in." A relative told us, "My relative is very safe here."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. Staff had access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management team assessed and managed any risks to people's health, safety and wellbeing. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.

- The registered manager promoted an open and transparent culture in relation to accidents, incidents and near misses. All incidents were reviewed and analysed to ensure appropriate actions were taken. Risks were reassessed to prevent reoccurrence where possible, and where lessons had been learned these were shared throughout the staff team.

Preventing and controlling infection

- The registered manager had systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean and fresh smelling. Appropriate protective wear to prevent cross infection was readily available throughout the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Communal areas were comfortable and homely, and bathrooms were suitably equipped. We noted improved signage around the home and some improvements to the laundry and the sluice had been carried out since the last inspection. However, we noted most areas of the home needed redecoration and refurbishment. We discussed this with the registered manager who agreed improvements were needed and had identified areas where attention was needed. However, there was no development plan to support this.

We recommend the provider develop a plan for improvements needed around the home.

- People were happy with their bedrooms and the communal areas, despite the tired décor. Some had personalised their bedrooms with their own furniture, pictures and ornaments. People commented, "It's nice and comfortable", "I have a lovely room. I think mine is the best here. It's lovely and quiet and I like to be in there because I have my own TV and I can watch what I want."
- Maintenance processes ensured attention to any reported issues.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and assistant manager carried out assessments of people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics, such as religion, sexuality and beliefs. Policies and the initial care assessment supported the principles of equality and diversity.
- Staff used technology and equipment to deliver effective care and support. The service had internet access, sensor mats were used when people were at risk of falling and equipment was used to support people at risk of skin damage. A call bell system allowed people to summon support from staff. They had signed up to telemedicine services which allowed them to access out of hours professional advice.

Staff support: induction, training, skills and experience

- The registered manager and assistant manager provided staff with a range of appropriate training to carry out their role effectively. New staff were given an induction to ensure they could carry out their role safely and competently.
- The management team provided staff with support and supervision. Staff told us they were given

opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from each other and from the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager and staff made sure people's nutritional needs and dietary preferences were met. People were provided with meals, snacks and drink choices throughout the day.
- People told us they enjoyed the meals. People said, "I've really enjoyed that (meal). It was delicious" and "The food is smashing". We observed staff were attentive and gave discreet support when needed. People were offered a choice of meal, but menus were not displayed.
- Staff monitored people if they were at risk of poor nutrition. Advice from appropriate healthcare professionals was sought, as needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff provided people with appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager understood when an application for a DoLS authorisation should be made. They worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests. At the time of the inspection, 11 applications had been forwarded to the appropriate agency and were awaiting approval.
- Staff received training and demonstrated an understanding of the MCA. They made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. People's capacity to make decisions was recorded in the care plans. Where possible, some people had recorded their consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection, this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Management and staff treated people with warmth, kindness and respect. They respected people's equality, diversity and human rights and recorded them as part of the care planning process. Staff knew about people's preferences and how best to care for and support them.
- People were complimentary of the care and support they received. They described staff as kind, nice and lovely. They said, "Staff are very caring" and "I am listened to."
- Staff and people living in the home had developed good relationships; at times we overheard good humoured banter. We observed staff taking time to sit and talk to people or to help them choose a reading book. Staff were very attentive and caring towards people. For example, when one person said they felt very unhappy, we saw a staff member taking time to sit with them and give them comfort and reassurance.

Supporting people to express their views and be involved in making decisions about their care

- Staff gave people choice and control over their lives, including those with protected equality characteristics. People told us staff were respectful of the choices they made and felt they were treated fairly.
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations and customer surveys. There was information displayed around the home to keep people informed.
- Staff gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected people's privacy, dignity and independence. Staff knocked on people's doors and waited to enter. One person said, "They are very respectful to all of us." People told us there were no regimented routines. We noted the locks on a bathroom and a toilet door were not suitable and did not protect people's privacy; the registered manager assured us this would be addressed.
- Staff encouraged people to maintain their independence whenever possible.
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, we recommended further improvements were needed to people's care records to reduce the duplication of information and to reduce the risk of people not receiving the care they needed. During this inspection, we found the information had improved.

- The registered manager and staff planned people's care and support in line with their choices and preferences. People's care plans described their health, care and support needs and included preferences and daily routines. Following advice from the local authority monitoring officer, the assistant manager was reviewing care plans to ensure they were person centred and reflected current needs.
- Staff understood people's care and support needs. People's care plans were kept under review to make sure they received the correct care and support. Some people, or their representatives, were involved in decisions about care needs. One person said, "They do involve us all the time."
- The registered manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. The registered manager told us information could be made available in a variety of formats to meet people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were responsible for providing people with entertainments and activities as there was no dedicated activities coordinator. Activities included games, communion, art sessions, visits to the local shops, chair exercises and movies. We did not observe any activities during the visit, but people were happily chatting to staff, reading books and newspapers and watching TV. However, some people told us they were bored. A relative told us, "Whenever I come, the staff are always around and engaged with the people who live here."
- People were supported to maintain contact with their friends and family, and friendships had developed

within the service.

Improving care quality in response to complaints or concerns

- The registered manager had a system to monitor complaints, compliments and concerns. There had been two complaints made about this service in the past 12 months; they had been appropriately responded to. The complaints procedure was available in the service information guide but was not displayed in the home and recent survey information indicated not everyone was aware of the complaints process. The registered manager agreed to display the information more prominently.
- People were happy living in the home and told us they had no complaints or concerns. People were encouraged to discuss any concerns during day to day discussions and by participated in a satisfaction survey where they could air their views about all aspects of the service.

End of life care and support

- The staff team had experience of caring for people at the end of their life. At the time of our inspection, the service was not supporting anyone with end of life care. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded, where possible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to effectively operate systems to assess, monitor and improve services and had failed to effectively maintain records relating to the management of the regulated activity. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team had improved the way records were maintained and organised within the service. We found records were accessible and used for auditing purposes. A review of recruitment records and equipment servicing records was being carried out to ensure they were organised and readily available.
- The registered manager had improved the monitoring systems in the home. All aspects of the service were monitored and when shortfalls were found, improvements were actioned. The registered manager understood their legal responsibilities; any notifications they were obliged to make, had been made to CQC and to the local authority.
- The registered manager made sure staff understood their individual responsibilities and contributions to service delivery. They had access to a set of policies and procedures, which were under review.
- The registered manager was supported by the assistant manager and they attended local manager forums to keep up to date. People told us the management team was approachable and visible within the service. They told us the management and staff team had worked hard to improve the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager ensured the culture of the service was focused on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support. We found there was a nice friendly atmosphere in the home and staff clearly cared about people. People made positive comments about the management and homeliness of the home.
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received appropriate support from the registered manager and assistant manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought feedback from people living in and visiting the home. There was good evidence people were satisfied with all aspects of the home and the service provided. People felt they were listened to.
- The registered manager monitored the quality of the service to ensure people were happy and to ensure their diversity and personal and cultural needs were met.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider encouraged continuous learning and development within the service. Staff supervision sessions and handover meetings were used to ensure learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns.
- Management and staff worked in partnership with external agencies where they could learn and share knowledge and information that promoted the continued development of the service. They attended local meetings and training presented by local commissioners.
- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included district nurses, local GPs, and the safeguarding, mental health and social work teams.