

Fyldecare (1990) Limited

# Milton Lodge Rest Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 30 November and 1 December 2015 and was an unannounced inspection. Milton Lodge Rest Home is a care home for up to twenty one people. It is situated in a residential area of Fleetwood. The home has three floors and is serviced by a passenger lift to all levels. Some bedrooms have a shared occupancy for two people. There are two rooms with en-suite facilities. Communal bathing facilities and toilets are available throughout the home. There are a range of aids and adaptations available to support people to maintain their independence. The home was fully occupied when we carried out our inspection.

At the last inspection in April 2014, the service was meeting the requirements of the regulations that were

inspected at that time. There was a registered manager in place. 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.

Feedback from people who lived at the home, their relatives and a visitor was very positive. People told us they felt safe. Staff demonstrated they had a good understanding of the needs of people they supported. Staff were aware they should report concerns should they identify when someone was at risk of abuse. Staff had

# Summary of findings

received safeguarding vulnerable adults training. We noted that following reporting a recent safeguarding incident to the Local Authority, the provider and registered manager had failed to submit a notification to CQC. They told us in future they would ensure they notified the Commission of such events. We found notifications regarding other incidents affecting the health and well-being of people who lived at Milton Lodge Rest Home were reported to CQC in a timely way.

Records in staff files showed us their employment, induction and training records were in place. Any gaps in staff's employment history was explained. This meant we could confirm staff had been recruited safely. We found staff were supported through a formal process of induction. There was an up to date training matrix. This indicated staff were supported to keep up to date with their personal development.

People told us staff were friendly and caring and this was observed during our inspection. We found members of the staff team were welcoming and there was a friendly atmosphere in the home. Relatives were encouraged to visit and be involved in the care of their loved ones. People were supported to comment about the support they received, and questionnaires were available for people and their relatives to comment on the quality of care they received. We found many positive comments were received by the staff team. Any concerns people may have were dealt with in a timely way.

The registered manager had recently increased her staffing levels and recruited an activity co ordinator. People we spoke with and comments we read were very positive with regard to the development of this new role within the staff team. We found the activity co ordinator was a vibrant member of the staff team. However we found the deployment of staff at lunchtime on our first day of inspection and the management of staff breaks was not always managed for the benefit of the people who lived at the home. Staff provided cover for each other during times of absence. This meant people benefitted from being supported by staff who knew them well and understood their care needs. However we found the registered manager was providing cover for one of the cook's annual leave on both days of our inspection. This showed us staff resources and skills were not always managed effectively. There was an on call system in place for staff to call in case of an emergency.

Care plan records showed us people were involved in their care and had discussed and consented to their care support. We found staff had received training regarding the Mental Capacity Act 2005 (MCA).

The registered manager had procedures in place to protect people from abuse and unsafe care. Following a recent increase in the number of falls people sustained at the home, she had taken a range of measures in their risk management. This included working in partnership with the district nurse team and increasing the level of night time observations for people. This had reduced the number of falls. However we found the risk management for people regarding their nutrition was not thorough. We found that nutritional risk assessments were not part of their care planning risk management process. A nutritional risk assessment would assist staff to identify those people who were at risk of malnutrition. Staff did however tell us if they had any concerns they would contact the GP for advice. We found snacks and drinks were available. We found there was a breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the lack of risk management and care planning to meet the nutritional and hydration needs of people. You can see what action we told the provider to take at the back of the full version of this report.

The registered manager told us since the last inspection they had invested in re decoration and re furbishment in some areas of the home. There was a new wet room shower room installed and new flooring in some areas of the home. The provider told us they had plans to invest in new equipment such as the lift and new stair lifts. Although it was clear there had been investment in the home, we found there were some shortfalls. We found that the majority of the upstairs windows did not have window restrictors in place. We also found the hot water temperature in the bathroom to be too hot. The registered manager took immediate action. She arranged for the maintenance person to attend the home on the first day of our inspection. The hot water temperature was immediately adjusted to a safe level. All windows in the home were checked, and arrangements made to purchase window restrictors. The registered manager told us she anticipated this work would be completed by the end of the week. She advised she would write to CQC once this work had been completed. We have made a recommendation about the maintenance of the home.

# Summary of findings

Staff knew and understood people's history, likes, dislikes, needs and wishes. We found staff demonstrated positive relationships with the people they supported and their relatives. We found staff treated people with respect and patience. Staff offered choices and encouraged people to retain their independence wherever possible.

The provider had employed an area manager to undertake a range of independent audits in the home. Although we found there were quality monitoring systems in place we found these were not always effective. We did identify some gaps in their monitoring systems such as the maintenance of some aspects of the building, and the management of people's nutrition.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The provider and registered manager were not aware of their responsibility to notify the Commission when they suspected someone was at risk of harm or abuse. However they did report safeguarding concerns to the local authority for their investigation.

Staff had a good understanding regarding protecting people from potential harm or abuse. People told us they felt safe when they were supported by the care staff team.

The maintenance of the environment was not always safe. We found window restrictors missing. We found the hot water temperature in the bathroom was too hot.

The staffing levels at mealtimes was not always managed to ensure staff were deployed effectively to support people with their nutritional needs. The registered manager was providing cover for one of the cook`s annual leave on both days we were inspecting.

There was an on call system in place in case of an emergency. The staff team provided cover for each other. This helped to provide a consistent level of care for people.

There was a system in place to report and review accidents and incidents.

New staff were safely recruited

People`s medicines were managed safely.

Requires improvement



### Is the service effective?

The service was not always effective

People were not always protected against the risks of malnutrition. We found the registered manager did not have thorough monitoring systems in place to manage the risks posed to people with their assessed dietary needs. Care plan records did not clearly identify the frequency and level of support some people required with their care during the day and at mealtimes.

Care plan records contained people`s recorded consent to care.

Staff had received MCA 2005 training. Applications had been made under Deprivation of Liberty Safeguards (DoLS) by the registered manager to ensure that any restrictions placed upon people were assessed.

People had mixed views about the choice and quality of the food. We saw that some people did not receive adequate support when eating and drinking.

Requires improvement



# Summary of findings

Staff were supported through training and supervision. New staff received induction training.

People living with dementia were living in an environment that needed some improvement in order to help them achieve more independence.

## Is the service caring?

The service was not always caring.

We found that privacy and dignity was at times compromised due the fact that some people shared a bedroom.

Staff were caring and attentive.

Everyone we spoke with commented on the caring and kindness of the staff team.

Staff promoted people`s privacy and dignity in the care they provided.

**Requires improvement**



## Is the service responsive?

The service was responsive.

We found that concerns raised were dealt with appropriately and in a timely manner.

The registered manager maintained records of any contact with the local health service for their guidance and support. This information assisted staff to keep up to date regarding people`s changing needs.

The provider had recently employed an activity coordinator and people told us they enjoyed a good social life.

**Good**



## Is the service well-led?

The service was not always well led.

The registered manager had a range of regular audits taking place within the home. However they were not always effective. They did not identify the areas of concern this inspection had highlighted.

The registered manager had taken action to address the rise in falls within the home.

Relatives and staff felt consulted and involved in the way the home was managed.

Formal questionnaires took place twice a year to gain feedback from people and their relatives.

**Requires improvement**



# Milton Lodge Rest 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 30 November and 1 December 2015 and was unannounced. The inspection team consisted of an 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. The expert by experience for the inspection at Milton Lodge Rest Home had experience of services for older people and people living with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, the provider, four members of staff, six people who lived at the home, eight relatives and two visitors.

We looked at care records of six people, the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also contacted the commissioning department at the local authority prior to our inspection. This helped us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person commented, “I`m not just saying this to you but we do get well looked after.” Relatives were encouraged to visit and several relatives told us they visited on a daily basis. One relative told us, “I feel confident and have peace of mind.” The involvement of relatives visiting the home helped to keep people safe.

We found staff had received recent safeguarding vulnerable adults training. Discussions with staff confirmed they understood what types of abuse people were at risk of. Staff were aware they should report concerns should they identify when someone was at risk of abuse. Staff told us they were aware of the home`s whistle blowing policy. This means staff are protected should they be required to report any poor practice they may witness in the workplace. This showed us there was an open culture at Milton Lodge Rest Home, where staff were trained and supported to keep people safe from the risks of abuse.

We looked into the records of people who had been subject to an investigation under local safeguarding procedures. There was evidence the registered manager had reported safeguarding concerns to the local authority for their investigation. We found the registered manager had taken steps to manage the potential risks posed at the time of this safeguarding incident. At this inspection we found there were no longer any risks posed to people who lived at the home. However our records indicated that the registered manager and provider had failed to notify the Care Quality Commission of a safeguarding incident. It is a requirement that they should submit a notification regarding any safeguarding incidents to the Commission. In our discussions regarding this matter, the provider and registered manager acknowledged their error. They told us they had not realised this was a requirement. The provider told us she would complete and submit a notification regarding this incident. In future she would ensure any such incidents were reported to all appropriate bodies.

We looked at how the service was being staffed. People we spoke with did not raise concerns regarding the staffing levels in the home. We spoke with relatives, who again did not raise any concerns. One relative told us, “Yes I do think there is enough staff. The staffing levels are higher in other homes but they don`t take people with more complex needs here.”

The registered manager told us she had recently increased her staffing levels. She told us the number of falls people had experienced within the home had increased. She told us as part of an initiative to reduce the number of falls; she had increased the frequency of night time checks to hourly. In addition she had employed an additional staff member during the day. As part of her risk management she had liaised with the district nurse team, for advice and guidance in relation to one of the people who had experienced some falls. Specialised equipment had been purchased to help minimise the risk of falling. The combination of the changes the registered manager had implemented had resulted in a reduction in the number of falls. This showed us the registered manager was analysing incidents and taking action to reduce the risks posed to people.

Although we found the staffing levels had increased to meet people`s needs we did not find the deployment of staff during mealtimes was well managed. On the first day of inspection there was the registered manager, three carers, a domestic and an activity co ordinator on duty. There was also a student on a work experience placement assisting in the kitchen. The student did not provide any direct care. On the second day the provider and a member of the senior management team were also on duty. We found on both days we inspected that the registered manager provided cover for the cook who was on annual leave. This showed us staff resources and skills were not always managed effectively for the benefit of the people who lived at Milton Lodge Rest Home. The registered manager told us she did employ two cooks; however one of them was shared between another home belonging to the provider. This meant that a cook was not always available to provide cover for their colleague when on annual leave. The registered manager told us she intended to recruit another cook, for the sole purpose of working at Milton Lodge Rest Home. This would help to alleviate the problem of managing annual leave cover for the cooks.

On the first day of our inspection, we found staff breaks were not well managed. We found several staff had congregated in the kitchen at lunchtime and were taking their lunch break. This was whilst people who lived at the home were still eating their meal. This meant they were left without adequate staff support. This showed us the staffing levels deployed across the home were not always safe.

Although several staff we spoke with told us they felt staffing levels were sufficient, one staff member told us



## Is the service safe?

they felt the staffing levels at mealtimes could be improved due to the needs of some of the people they supported. They told us staff break times were usually staggered. A second staff member told us, “We have enough staff, we have the activity co ordinator and girls come from the college. If I work a 9am – 2pm I have a cup of tea in the morning and grab something to eat. Usually someone is on the floor like the activity co ordinator.” This showed us the arrangements in place did not ensure staff support was provided by staff who are trained to do so, whilst other staff take their breaks.

Staff told us they worked flexibly to meet the needs of people and provided cover for each other should it be required. This meant that people benefited from familiar staff who could provide a consistent level of support. There were contingencies in place in case of an emergency. The registered manager provided an out of hours on call support.

Accidents and incidents were reported and reviewed and reported to the Commission and other appropriate authorities. One relative told us when their parent first moved into the home, they did have a fall. They shared with us, “Staff arranged for a bed guard to be fitted and also changed bedroom. They were on the ball.” Since then their parent had not had any accidents or unexplained falls. This showed us staff were taking action to minimise the risks of accidents and incidents within the home.

The registered manager completed a range of risk assessments to identify the potential risk of accidents and harm to people in their care. They included pressure care, use of bed rails, moving and handling, and falls. Although we met with several people who were at risk of developing a pressure sore, we found there was no one who had developed one. This showed us people were supported to keep well and safe. Although we found a range of risk assessments being undertaken we noted the registered manager did not include carrying out nutritional risk assessments. This type of risk assessment would assist staff to assess and identify those people who were at risk of malnutrition. The registered manager told us she would incorporate these risk assessments into their care planning process.

We checked the environment to make sure it was safe. We found there was equipment available to support people and promote their independence. Such as walking frames, pressure cushions, and arm supports. The registered

manager advised us there had been some re decoration and re furnishment invested in the home for the benefit of people who lived there. However upstairs we found for the exception of two rooms, there were no window restrictors in place. Window restrictors prevent windows from opening too wide. This helps to reduce the risk to people who could fall out of windows, should they not have the capacity to understand the risks posed to them. We also found the hot water temperature in the bathroom to be too hot. The registered manager took immediate action. She arranged for the maintenance person to attend the home on the first day of our inspection. The hot water temperature was immediately adjusted to a safe level. All windows in the home were checked, and arrangements made to purchase window restrictors. The registered manager told us she anticipated this work would be completed by the end of the week. She advised she would write to CQC once this work had been completed.

We spoke with people and their relatives regarding the support they received to take their prescribed medication. One person told us if they ever felt unwell staff would arrange for them to see their doctor. A relative told us, “What I like about them is, her arthritis was bothering her. [The registered manager] was straight on the phone and arranged to get extra pain control. She seems more comfortable now.” This showed us the senior management team were responding to people’s pain control effectively. We observed the registered manager discuss people’s individual pain control and offer them pain relief medication if required.

We looked at the procedures the registered manager had in place for assisting people with their medicines. Only members of the senior management team who had been trained could support people to take their prescribed medication. The registered manager completed medication spot checks and competency checks to ensure the senior staff team handled and managed medicines safely within the home. This enabled her to assess and monitor the ongoing competency of senior staff. Senior staff had also attended refresher training.

The management of controlled drugs (CD) are prescribed medicines that are usually used to treat severe pain. We saw that the home had systems in place to comply with the legal requirements as set out in the Misuse of Drugs Act 2001. Records for the storage and administration of controlled drugs were maintained in both the CD book as



## Is the service safe?

well as on medication administration sheets. There was always two staff on duty to ensure the administration of CD medication complied with the law. The area manager undertook regular medication audits. The most recent one did not identify any action points. The home also utilised the support from the local pharmacist. The pharmacist had arranged to undertake an independent audit within the next few days. Overall we found that there were safe systems in place to manage and administer medication that help protect the health and wellbeing of people who lived at the home.

We looked at the recruitment procedures the registered manager had in place. We looked at four staff records. We found employment records in the staff files were completed, and any gaps in employment history were explained. This meant we were able to confirm there were safe recruitment procedures in place.

The provider did maintain records to demonstrate staff had Disclosure and Barring Service (DBS) or Criminal Records

Bureau (CRB) checks in place. One new staff member told us they were recruited safely. They told us they had completed an application form, had reference checks and had a DBS Certificate.

We spoke with people to check they were cared for in a clean and hygienic environment. We did not receive any negative comments from people we spoke with. We found the home to be warm and clean. There were no unpleasant odours present. Staff wore uniforms and protective clothing. Staff had undertaken infection control training. A recent infection control audit did not highlight any concerns. This showed us people were being protected against the risks of infection.

**We recommend the provider follows national guidelines from the Health and Safety Executive regarding managing the risk from hot water and the use of window restrictors in health and social care.**

# Is the service effective?

## Our findings

Discussions with people and their relatives confirmed they were involved in decisions about their care. One relative told us, “We visit daily and can visit anytime. We are well informed and involved in decisions.” We met several visitors who visited regularly. They all told us they were kept informed and felt involved. This helped to reassure them regarding the level of care and support people received. We found care plan records were signed by the individual receiving care. This showed us people had consented to their care and support.

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).

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 found the registered manager had submitted recent applications to the Supervisory Body for their authority to do so. This was to ensure any restrictions being made had been properly assessed and were in the best interests of the individuals concerned. Records showed us the Supervisory Body had received their applications, and they were awaiting authorisation. Meanwhile information was available for the Registered Manager to contact the Supervisory Body should any applications require urgent review. We spoke with staff to check their understanding of MCA and DoLS. Staff determined people’s capacity to take particular decisions. They knew what they needed to do to make sure decisions were in people’s best interests. Training records indicated staff had attended this training. The registered manager had policies in place for staff to follow in relation to the Mental Capacity Act 2005.

Comments we received from people regarding the skills and knowledge of staff was positive. One comment we received was, “I have very few problems with anyone, 95% of the staff are first class.” A volunteer who regularly visited the home told us, “The staff are well trained.”

We spoke with four staff members, and looked at individual training and induction records for new staff. All members of staff we met with were positive and happy to work at Milton Lodge Rest Home. Some members of the team had considerable experience gained working at the home together. This showed us that people benefitted from the consistency and familiarity a stable staff team provided. One staff member told us, “It’s a lovely place to work, we are like a family really.” Staff told us they felt well supported by their manager. All staff were supported to undertake training. The registered manager told us there was a 100% attendance rate in training provided for staff that took place at the home. Some staff we met had been supported with their personal development and had been encouraged to take on other responsibilities and roles. There was an up to date training matrix in place. This assisted the registered manager to monitor the training they provided and identify any gaps. We found staff had been supported to participate in a range of training to support them in their role. Staff received supervision and an annual appraisal. This showed us the registered manager supported her staff team with their personal development.

On the first day of our inspection we joined people for lunch in the dining room. We also spent time with people in the other two lounges and checked upon people who were cared for in their bedrooms. We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We received mixed feedback from people and their relatives regarding the food in the home. One person told us, “It’s alright.” A second person told us, “My food is enjoyable; we have lots of choice and each afternoon a glass of sherry is offered for those that want it.” We observed tea, coffee, water and biscuits were served mid-morning.

We found meals were well presented in a pleasant and homely dining room. Condiments and napkins were available as well as a selection of hot and cold drinks during and after the meal. There was one choice of a main

## Is the service effective?

meal available that day. This was displayed on a board in the dining room. The registered manager told us they usually offered a wider choice, but this was more restricted due to the cook being on leave. The registered manager was providing the meal due to the cook being on holiday. For those people in the dining room they were offered an alternative choice of a sandwich if they preferred. There was soup, a main meal and a dessert on offer. The main meal was hot pot and green beans. We tasted the meal and found it to be bland. However we found people in the dining room did eat all of their food. We did find staff were under pressure at lunchtime. There were fifteen people in the main dining room. We observed three people required assistance or encouragement to eat their meal. Had a volunteer not been on hand in the dining room to provide support, staff would have struggled to support people. We did find there was a pleasant atmosphere in the dining room.

During our SOFI observation we found people in one of the lounges were not always supported and monitored by staff. We did not find that a nurturing and social atmosphere was created to encourage people to eat their meal. Different members of staff were in and out, and for a ten minute period there were no staff available. We found one person did not touch their main meal. We saw a second person look away disinterested, and at times fall asleep. We noted a staff member removed the meal without offering any assistance or encouragement to eat their food. No one was offered an alternative choice. When we went to look for staff, we found they had congregated in the kitchen and were eating their own meal. We found the activity coordinator spent time and sat with people in this lounge.

The registered manager told us that currently there was no one living in the home whom staff considered were at risk of malnutrition. However we noted that two people received fluid only diets. We observed several other people whom required staff assistance to eat and drink safely. However this was not risk assessed or highlighted in their care plans. The registered manager told us they completed daily food and fluid charts. However we found some of these daily records were basic and lacked detail. For example we noted at lunchtime one person did not eat their food. Their record stated, "Has been fine eaten and drank well." We found records did not specify what amounts of food and drink had been consumed. This information would assist staff to monitor people for any difficulties they may be experiencing and for changes in

their needs. In two other care plan records we viewed it was not clear how frequently staff should provide support. We found in a sample of records reviewed there was a variance in the frequency of checks and support taking place. In some instances there were significant gaps between times when staff had recorded support and time being spent with the individual. The registered manager told us she was confident her staff team provided regular assistance. However she acknowledged this could not be supported by the documents we looked at. We found there were no audits in place to ensure these important checks took place at regular intervals. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Section 14 (1) (4) (a) (c) (d) of the Health and Social Care Act 2008. Meeting nutritional and hydration needs.

Staff did undertake regular monthly weight monitoring wherever possible. This assisted staff to monitor for changes in people's health care needs. In the care plans we viewed, we could see for those people their weight was stable. For one person who was unable to weigh, monthly records were still maintained which is good practice. It was noted that staff had been required to buy a larger size in clothing, which suggested their weight had increased. This showed us there were some systems in place to monitor people.

When we spoke with staff regarding their understanding of the frequency of regular checks and support being provided they told us, "I usually try every two hours. It is not delegated, I just do it. If I don't I know my colleague will go up." A second staff member told us they usually checked every 2 hours." Although staff were clear regarding the support they should provide, there was no management or oversight in place to ensure this was taking place. The registered manager told us she would immediately review and update all the forms and care plans to ensure information is clearly available for staff to follow. She added she would ensure a new audit was implemented to ensure there was oversight by the senior management team.

Staff told us they were not familiar with working with specialised healthcare professionals such as a speech and language therapist [SALT] for guidance. Staff indicated they had not received any training with regard to caring for people with eating and swallowing difficulties. One staff member told us if they had any concerns they would

## Is the service effective?

encourage the person to eat or contact the GP. They told us, “There is no one at the moment we have concerns for.” This indicated staff had not received training in this area of care and support.

On the second day of our inspection we found the immediate action taken by the registered manager had some positive benefits for people. There was an improved deployment of staff available. For the people in the lounge there was a caring and nurturing atmosphere. People were offered a choice and were supported consistently by the same staff member. One person was heard to say “Oh that’s lovely. Can I have the salt please love? That looks nice.” This was in marked contrast to the previous day when there had been no interest or comments made about the food.

The registered manager had met with all her staff following the first day of inspection and had arranged to meet with her night staff team. This was to ensure they were all clear regarding their responsibilities to undertake regular checks to support and monitor people. The current forms in use were going to be reviewed to ensure they were clearer for staff to follow and complete. This should ensure systems in place are more thorough with regard to managing the risks and care to support people to eat and drink safely. Although there were improvements made, the registered manager continued to provide cover on the second day for the cook. We still found this was a pressurised time for staff. There was one staff member working outside of the home, supporting a person to attend a hospital appointment. There was also an unplanned minor accident over lunchtime. At the same time the hairdressers arrived, to set

up their equipment in the visitors lounge. There were also visitors arriving at the home to spend time with their relatives. This showed us it was a busy home, with many conflicting demands being made upon the staff team.

Care plan records contained a range of information regarding people’s assessed needs. This included communication, maintaining a safe environment, nutrition, personal care, mobilising, sleeping and activities. This information was available for staff to support people with their care needs. We found care plan records were regular reviewed and updated.

We found the design and adaptation of some areas of the premises was not dementia friendly. One relative told us, “It’s more like a home. It is not the poshest or purpose built, the standard of accommodation is the weakest point.” On the ground floor the corridor leading from the two lounges to the two toilet areas went down a slope. There were no contrast markings or signage in place to warn people of this. The ground floor area was carpeted throughout in the same dark coloured patterned carpet. We observed some people struggled to manage their walking frames and cope with the slope down to the ground floor toilets. There was a handrail available for support should people require it. Although there was some signage available to indicate the toilet and bathroom areas this had not been extended to other areas of the home and people’s bedrooms. This would assist people to navigate themselves around their home more independently.

**We recommend the provider refer to best practice guidance for the development of dementia friendly environments.**

# Is the service caring?

## Our findings

We looked to see how well people were cared for. We found people wore clothes that reflected their individual style and preferences. People looked well cared for and were smartly dressed. One person we spoke with was keen to show us their clothes and jewellery. It was clear their personal appearance was important to them. They told us they had been supported to buy some clothes locally and they looked smart and comfortable in their new clothing. This showed us staff supported people to dress in a style that reflected their individual preferences and choices. There was a hairdressing service available each week, and we saw that people's hairstyles were neat and tidy.

We spoke with relatives regarding the care and support provided. One relative told us, "They are managing my parent's needs excellently. I am very pleased. There is a lovely atmosphere and they go out of their way. They offer me a cup of tea and they anticipate my parent's needs. They are very very caring. I visit three other care homes and this one stands out, it is head and shoulders above the others." A second relative told us, "I see a lot of one to one [individual] care going on. They are so lovely; they treat people like their own mother/ relation. When one of the ladies cries, they hug and hold her hand and reassure her. It is nice to see. I feel confident and have peace of mind." This showed us people were supported by staff who were caring and nurturing. A regular visitor told us, "Yes they are very well cared for, 10 out of 10. I visit four times a week."

We observed staff demonstrated they had developed positive relationships with people they cared for by the rapport that existed between them. We found staff were respectful and treated people with kindness and compassion. Communication between staff and people they supported showed good humour and a good knowledge of the individual person. We witnessed lively conversations and when needed, gentle and discreet discussions took place. We saw people reacted positively to the patience and kindness staff provided.

We found that privacy and dignity was at times compromised due the fact that some people shared a bedroom. There were screens and curtains provided in shared bed rooms to promote privacy. One person we spoke with regarding this told us, "We might have a few problems now and then but what do you expect when all living under one roof." However a second person told us they were not happy with the arrangements. When we spoke with the registered manager she told us she was aware of this and that when a single bedroom became available she would offer this to the person concerned. This showed us the registered manager would take action when concerns were brought to her attention. We observed staff promoted people's privacy and dignity in aspects of the care and support they provided.

One newer staff member told us they had requested to undertake Equality and Diversity training. This was good as it indicated this staff member wanted to develop their own knowledge and skills with regard to meeting the diverse needs of people. They told us their manager was currently making arrangements for them to undertake this training. Two other staff we spoke with were able to explain ways in how they supported people with their spiritual and cultural beliefs and support with their gender and lifestyle choices. Although these staff told us they had covered some aspects of equality and diversity in other training courses, they acknowledged they had not undertaken any recent specialised training. The registered manager told us she would arrange for all her staff team to attend this training. This would enable staff to reflect upon their own values and share good practice. Staff would also benefit from the opportunity to share other points of view through discussion and group exercises.

A local ministry team visited the home to provide spiritual support and worship for those who wished to attend. One person told us they felt their religious needs were met very satisfactorily.



# Is the service responsive?

## Our findings

Since the last inspection we found all care plan records had been developed to incorporate a photograph of the individual person. Information included a background social history of the person. This information was available to assist staff to get to know people and enable them to deliver personalised care. We found care plan records and risk assessments were regularly reviewed and updated.

In addition to the care plan records, the registered manager maintained records of any contact with the local health service for their guidance and support. We reviewed records where staff had responded to people's changing health care needs by seeking advice from the local GP. This information was well documented, clear and easy to follow. This meant that staff were being kept up to date with information regarding any concerns regarding people's health. For some people whose needs had changed, the registered manager maintained monthly updates with individual doctors to ensure they were aware of the condition of their patient. This was good practice and showed us how the home worked in partnership with local doctor's. During our inspection people were supported to attend hospital appointments to ensure their health care needs were supported.

We spoke with people and their relatives regarding the quality of the care people received. One person told us, "The night staff are always popping in and checking." They added that if they felt unwell the doctor was available. One relative told us that when her parent began to get up in the night and walk around, the registered manager discussed with them the possibility of moving to a smaller room. They told us "Now she gets virtually 24 hour care, and I know she is safe." A second relative was keen to speak with us, they told us, "I cannot fault them, really nothing is too much trouble, and we do keep a close eye on things. I just wanted someone in authority to know." This showed us people and their relatives were happy with the care provided and kept up to date regarding any changes.

A third relative also went out of their way to give us feedback. They told us, "Everything is really good." They went on to tell us that sometimes if there is any conflict between people who live at Milton Lodge Rest Home, they had observed staff were quick to respond. They added this helped to calm and settle things down. Staff we spoke with told us they had received training in ways to manage

potential conflicts or challenges that may arise between people. They gave us examples of strategies they would use such as distraction or offering to make a drink. Staff responded well to our discussions regarding this aspect of care. This showed us staff were experienced and felt confident to respond to potential conflict should it arise.

People we spoke with told us they enjoyed a good social life. Birthday parties were celebrated, and there had been a recent Halloween party. People told us they were looking forward to their Christmas festivities.

The provider had recently employed an activity co ordinator. This staff member worked across the three homes the provider owned in the area. This meant they usually worked at Milton Lodge Rest Home three days a week. Although there was some flexibility with this arrangement. We saw this staff member was a happy and vibrant member of the team. We observed there was friendly banter taking place between them and the people who lived there. People and other staff members spoke very fondly regarding the new addition to the team. We read a thank you letter from a fourth relative, who acknowledged the special relationship this staff member had forged with their loved one. This showed us the recruitment of this new position had been a positive development within the service. People benefitted from the range of activities available in their home.

We met with the activity co ordinator, who was very enthusiastic and keen to develop their role. They showed us some of the activities they had recently organised with the use of technological equipment. They had been supported to undertake specific training to assist them use their equipment and provide suitable activities for people living with dementia. An example being a DVD recording they made of a recent party. This enabled people to watch and revisit activities they had participated in.

We looked to see how people and their relatives were supported to raise concerns, formal complaints and give compliments. We read a sample of the many thank you cards on display in the home. There were also two recent letters of thanks and positive comments being made regarding the care people received. Relatives and visitors who regularly visited and told us any concerns could be discussed and managed in a timely way. One comment we

## Is the service responsive?

read stated, "Well girls it is two years today I arrived at Milton Lodge far from well, but your wonderful staff have given me another lease of life. I want to thank you all so much."

There was a formal complaints procedure in place. This information was made when people moved into Milton Lodge Rest Home. There was also a copy available in the

office. There was a note on the reception door encouraging relatives and visitors to speak with the manager should they have any concerns. This showed us people were being supported to raise concerns should they wish. There were no formal complaints raised with the management of the home at the time of this inspection.



# Is the service well-led?

## Our findings

Since the last inspection the registered manager told us she had made improvements in several areas in the management of the home. She told us she had increased the staffing levels during the day, as well as recruiting a new activity co ordinator. This had enabled people to benefit from a more structured range of activities provided. She had increased the level of monitoring at night by the night staff team. This had helped to reduce the number of falls. The provider had also employed an area manager. This person was available to support the senior management team. The area manager undertook a range of external audits as part of the quality monitoring systems taking place within the home. They included auditing care plan records, medication audits, infection control audits and the safety of the environment.

Although it was evident from our inspection that the registered manager was very motivated to support her staff to provide a high quality service, the range of audits currently in place were not always effective. This was because the current checks in place had failed to identify the lack of maintenance to some aspects of the environment [with regard to the lack of window restrictors and the unsafe hot water temperature in the bathroom]. We also found the risks posed to people at mealtimes were not thoroughly assessed and managed. We found the staff deployment and staff breaks on our first day were not well managed. During our inspection and at feedback the registered manager told us she would take immediate action to address the shortfalls this inspection had identified. The provider was also present at feedback, and took on board our comments regarding some aspects of the environment that were not dementia friendly for people who lived at Milton Lodge Rest Home. The provider advised us there were plans to improve the facilities within the home. She told us she planned to replace the lift and stair lifts and would consider that future equipment took account of the needs of people living with dementia. This would help to minimise the risks posed to people and assist people with their orientation and familiarity within their home.

The registered manager did seek the views of people they supported through surveys undertaken twice a year. We noted feedback received was very positive regarding the care and support people received. We were told people felt involved, and had the opportunity to raise any feedback both formally or informally. One relative told us, "You can always bring up any concerns and can give any suggestions." We read many positive comments from people. One person wrote, "I have been here for four years and they are marvellous. They work so hard." A second person wrote, "You should be very proud of Milton Lodge and the wonderful home you `ve created for all your ladies."

Staff told us they felt listened to. They commented it was a good place to work, one staff member added, "We try to keep high a standard, these ladies expect it. Quite a few keep us on our toes."

A second staff member told us, "Yes I feel listened to. We can raise issues and we have staff meetings. We work together as a team." This showed us the manager supported a positive and open culture within the home, where staff enjoyed their work.

The management team had arranged to attend training to assist them with their knowledge and understanding regarding recent changes in health and social care. This showed us gaps in the management team `s experience and knowledge regarding the service they provided was being managed.

We found the provider did not always submit notifications regarding incidents affecting the well-being of people to CQC. A recent safeguarding incident had highlighted the provider and registered manager were not aware of their responsibility to notify the Commission. They had however informed the local authority and worked in an open and transparent way. They had also managed the potential risks posed at that time to safeguard people. The registered manager and provider assured us they would in future submit safeguarding notifications to the Commission. This would assist the Commission with their ongoing monitoring of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs</p> <p>The registered manager did not have thorough monitoring systems and care planning records in place to manage the risks posed to people with their assessed dietary needs.</p> <p>Regulation 14 (1) (4) (a) (c) (d)</p>