

Care UK Community Partnerships Ltd

Mildenhall Lodge

Inspection report

St Johns Close
Mildenhall
Suffolk
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Tel: 01638582510

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05 October 2022
11 October 2022

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Mildenhall Lodge provides accommodation, nursing and personal care for up to 60 older people across four suites. There were 57 people living in the home on the day of our inspection. This inspection took place on 5 October 2022 and was unannounced.

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

We received some mixed feedback about staffing levels with some concerns about availability of staff to support people, however we also received positive comments that staff had sufficient time to spend with people. We have made a recommendation that the provider monitors staffing levels closely.

There were systems in place to help keep people safe and risks were assessed appropriately. Risk assessments and care plans were up to date and contained personalised information. Staff were aware of people's risks and how to keep them safe.

The environment was clean and there were systems to help prevent and control infection.

People were supported to have maximum choice and control of their lives and staff supported did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were systems for managing the service including dealing with incidents, accidents, complaints, safeguarding alerts and other adverse events.

The provider had systems in place to have oversight of the care people received and they carried out regular checks of the quality of the service. People were engaged and involved in the service and their views were sought regularly. Relatives and staff also had opportunities to share their views.

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 outstanding

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mildenhall Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mildenhall Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection site visit was completed by 2 inspectors, a specialist advisor who was a nurse 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

Mildenhall Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mildenhall Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at Mildenhall Lodge to seek their reviews of their care and support. Not everyone who used the service were able to tell us about their experience of receiving the service, so observations of care and support were also made. We spoke with 7 people's relatives, received written feedback from a further 3 relatives and spoke with 10 staff members. These included the deputy manager, registered manager, the clinical lead, the regional manager, trained nurses, care and maintenance staff. Following our site visit, we received feedback via email from a further 15 staff.

A selection of records was also viewed, and these included the care plans and associated records for 9 people who used the service. The medicines records for 10 people were also assessed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We received a mixed response from people regarding the availability and timeliness of staff in meeting their care needs. One person told us, "There always seems to be enough staff when you need help. They seem to come quickly. Although they don't always come when you need the [toilet] which can be difficult. I know they are with someone else, but you have to just wait." Another person said, "I [need assistance] at night and I have to wait a while for help. There used to be two staff on at night now there is one and they are [administering medicines]. I think the staff doing the medicines is looking after two [suites] at night. There are a lot of [call] bells going at night and they [care staff] are always rushing about." A third person commented, "They [care staff] are often here within a minute. You might have to wait a bit if they are with someone else, but you expect that. It hasn't caused me any problems. If they are passing by you can call out and they will come in and help."
- Around half of the care staff we had contact with told us they felt staffing levels were not sufficient to meet people's needs and described how they were so busy they were stretched and had insufficient time to spend with people. This was especially so across two of the suites. The other staff told us an opposing view that there were sufficient staff. One staff member said, "On paper we are usually fully staffed, there is often times staff don't show up for shift, but we are lucky as usually have agency arrive within a couple of hours. That being said the staffing skill mix is poor at times which then impacts on how the shift runs and what tasks and activities can be completed."
- We spoke at depth with the registered manager about the staffing levels. The registered manager told us the staffing levels were based on people' dependencies and that since commencing in the role they had always used a dependency tool and visual observations of care in practice,
- The registered manager told us that they were confident that staffing levels were adequate, and that no member of staff had raised concerns with them. They assured us that if staffing levels were not sufficient, they would have taken action. We saw records that demonstrated the dependency tool and records were updated monthly or as people's needs changed.
- During our visit, we observed that there were sufficient numbers of staff on shift to spend time with people at frequent episodes during the day. Staff were not task orientated and were available and interacting with people.

We recommend that the provider continues closely monitoring and reviewing staffing levels using an effective tool and through frequent communication with people, their relatives and staff, to ensure people's needs continue to be met in a timely manner.

- Staff were recruited safely. Checks on people's suitability to work in a care setting were carried out such as checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details

about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of any harm or abuse. Any incidents or concerns were appropriately reported and shared with relevant safeguarding authorities.
- People and their relatives told us they felt the care and support provided by staff was safe. One person said, "We are safe here. The place is fenced in and there is always someone round checking on you." Another person shared, "The staff are always popping in and speaking to me, so I do feel safe here."
- Staff had received training on safeguarding and understood their responsibility to record and report any concerns.
- Where incidents had been raised, they were reported appropriately to the local authority safeguarding team in line with local procedures and appropriate safeguarding investigations were carried out.

Assessing risk, safety monitoring and management

- Risks associated with people's health and care needs had been identified and kept under regular review. This included risks around health, mobility, skin integrity, nutrition and medicines.
- Risks within the environment and any equipment used were identified and action taken to monitor these. For example, regular checks and servicing were made on fire safety and the water temperatures.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- People told us they received the support they required with their medicines. One person said, "I know what all my medication is for and they [staff] do discuss any changes with me. It has all been good so far. If you are in pain, they will give you something for it." Another person told us, "They [staff] look after that for me. They always tell me what [medicine] they are giving me."
- The provider had systems in place to ensure medicines were managed and administered safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent. The provider had policies and procedures regarding the handling and administration of medicines.
- The provider used an electronic system to manage the administration of medicines. Staff who were trained to administer medicines, demonstrated their knowledge of the system and process.
- Some people were prescribed medicines on an 'as required,' required basis, frequently referred to as PRN. PRN medication records had clear guidance in place to ensure staff administered them safely and in line with the person's needs.

- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions in place on visiting arrangements. People were observed receiving visits from family and friends during our visit.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. An analysis of these were undertaken to identify trends and patterns and any action required to prevent reoccurrence.
- Any learning from any accidents and incidents were shared and discussed with the staff team during daily stand up meetings, during handovers and at staff meetings to prevent these from happening again.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed 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

- Care plans were detailed and person-centred. They contained sufficient information to enable staff to support people and understand their preferences. When people's needs changed staff acted quickly and records were reviewed and amended accordingly.
- People were supported in a personalised way that was responsive to their needs. One person told us, "You can choose if you have a male or female carer which is good." Another person said, "You never get anyone telling you to get up or go to bed, it is up to you what you do and when you do it. You can please yourself."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plan documentation included information about communicating effectively with people.
- During our inspection we saw staff responded to people's body language and recognised people's individual communication.

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

- People enjoyed a range of activities and the service were very responsive to individuals' social needs. One person told us, "They [staff?] do come and ask you if you want to be involved. I like the singing and they do sing and shake which I do. I am not interested in much else. I read and I have my TV in my room. They did some trips out but I didn't go. Five of us did go for afternoon tea which was lovely." Another person said, "I have been to some of the activities and they have been good. They [staff] do exercises with you."
- The provider employed a 'lifestyle team' who worked together well to ensure people had opportunities to take part in favourite pastimes and new experiences. These included a 'wish tree' where people could express and record their wishes and the team worked to try and make these a reality. Recent wishes met included meeting the fire service and going out to an historic exhibition.

Improving care quality in response to complaints or concerns

- The provider had a formal system in place for recording and responding to complaints. There was evidence of communication and feedback to those who had submitted their concerns. One person commented, "I would speak to the [registered] manager although [they] haven't been here long. I did

complain to the previous manager and that was resolved."

- Relatives told us that if they had any concerns, they would discuss these with a member of the management team. One relative said, "I deal with [deputy manager]. They listen and I feel I can go to them."
- Where necessary, the registered manager had met with people and their relatives to try and resolve issues and look to improve support. One relative told us of their concerns about aspects of their family member's care, which the registered manager was aware of and trying to work through.

End of life care and support

- People's specific needs and preferences were considered when planning for end of life care.
- Care plans were in place regarding people's final wishes to ensure relatives and staff knew what would happen at this stage in people's lives.
- People had made advanced decisions and personal preferences for their care in terms of where they wished to be supported at the end of their lives, as well as clinical recommendations for emergency care and treatment.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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

- The majority of the management team were new in post and coupled with some other management changes, several staff reported mixed morale as an impact of this. Some staff spoke of supportive hands on management support, whilst others said there was a lack of an 'open door' policy. The registered manager assured us of their supportive approach and said they were actively supportive towards staff.
- The registered manager and staff team understood their roles and responsibilities. There were effective quality assurance systems in place to monitor quality performance and ensure good governance.
- The registered manager and management team carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve procedures and practice when audits identified issues.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare and had sent us notifications relating to significant events occurring within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive culture at the service. Staff provided personalised care, which was kind, and caring. There were regular reviews of people's care to make sure this remained person-centred.
- People spoke highly of the staff team who delivered high quality care. One person said, "I don't think there is anything that could be improved, they [staff] do what they can to help you. This is the best care home I have been in because of the care and attention they give you." Another person told us, "This is a happy home."
- We received some mixed feedback from relatives about the care and support their family member received. Two relatives told us of frustrations that the registered manager wasn't as visible in the home as they were used to, "I have never seen the [registered] manager up here, maybe just once. The previous manager would come up in the morning and speak to everyone."
- Other relatives were positive about the culture saying, "I have only met [registered manager] twice and they seemed helpful. I can't really comment on how well they manage the home as I don't know them that well. They did have a cheese and wine evening so we could meet them and the other staff which was a good idea."

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 and provider understood the requirements relating to the duty of candour and to be open and honest if things went wrong.

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

- The provider engaged well. There were regular meetings to keep people up to date and to offer opportunities to provide feedback so improvements could be made where needed and people's preferences taken into consideration. One person told us, "I have been to some residents meetings. Several of us complained about the food. It has got better, and they [management] are changing the menus this month. We also complained about the agency staff and they [provider] said they are trying to recruit permanent staff." Another person told us, "They do have residents' meetings, but I haven't been. The [care staff] let you know what is going on and they have notices up all over the place. I haven't seen any questionnaires, but they do ask you what you think of things and encourage you to speak up about things."

Continuous learning and improving care

- People and relatives were encouraged to completed satisfaction survey with action being taken, as a result of the comments made, to improve the service if needed.
- The provider had worked in partnership with a range of health professionals when supporting people with their individual health care needs.