

Millreed Lodge Care Limited

# Millreed Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 16 January 2019 and was unannounced.

Millreed Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides nursing and personal care for up to 33 older people, some of who may be living with dementia. Accommodation is provided on two floors with passenger lift access between floors. There are communal areas on the ground floor, including a quiet room, lounge, conservatory and dining room. There were 24 people in the home when we inspected.

At our last inspection on 13 June 2018, we rated the service as 'Inadequate' and in 'Special Measures'. We identified six regulatory breaches which related to staffing, safe care and treatment, recruitment, person-centred care, consent and good governance. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

At this inspection we found improvements had been made and the regulatory breaches had been met.

The service had a registered manager who had started in post in August 2018. 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.

Staff knew how to manage any risks to people and keep them safe. There were enough staff to ensure people received the care and support they needed. Medicines were managed safely which meant people received their medicines as prescribed. People's nutritional and healthcare needs were met. Systems were in place to manage complaints.

The home was kept cleaned and well maintained. Some fire safety works had been identified by the fire authority and the provider was addressing these. The home had an ongoing refurbishment plan and we recommended the provider sought guidance on making the environment more dementia friendly.

People were supported to have maximum control and choice over their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

Staff were recruited safely and received the training and support they required to fulfil their roles. Staff worked well together as a team and communication was good.

New care documentation had been introduced and people's care records were more person-centred. This

work was ongoing to ensure all care records fully reflected people's current needs. Activity provision had improved and we saw people enjoying a range of activities on a group and individual basis.

People were happy with the care they received. Staff treated people with respect and compassion and maintained their privacy and dignity. There was a happy, relaxed atmosphere and staff had developed positive relationships with people.

Management and leadership of the service had improved. People, relatives and staff were unanimous in their praise of the registered manager. Effective audits systems were in place and the provider had an ongoing action plan to make further improvements to the quality of the care and service.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People received their medicines as prescribed. The building was well maintained and plans were in place to complete fire safety works.

Staffing levels were sufficient to meet people's needs in a timely manner. Staff recruitment checks were in place.

Risks were well managed. Safeguarding incidents were recognised, dealt with and reported appropriately.

### Is the service effective?

Good 

The service was effective.

Staff received the induction, training and support they required for their roles.

The service met the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met and they had access to healthcare professionals. The environment needed further adaptation to make it dementia friendly.

### Is the service caring?

Good 

The service was caring.

People told us the staff were kind and caring.

People were treated with respect and their privacy and dignity was maintained.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

New care documentation was being implemented to ensure people's needs were fully reflected.

People were provided with a range of activities.

People knew how to raise any concerns and a complaints procedure was in place.

**Is the service well-led?**

The service was not always well-led.

Although improvements had been made to the quality of service provided, these need to be sustained and developed.

Effective systems were in place to assess, monitor and improve the quality of the service.

People, relatives and staff provided positive feedback about the way the home was run and praised the leadership and management.

**Requires Improvement** 

# Millreed Lodge Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 16 January 2019 and was unannounced. The inspection team consisted of an inspector and an assistant inspector.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We observed how care and support was provided to people. We spoke with six people who were using the service, one relative, a nurse, four care staff, one domestic, the cook, the activity organiser, the deputy manager and the registered manager. We also spoke with a visiting healthcare professional.

We looked at two people's care records, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

# Is the service safe?

## Our findings

At our previous inspection we identified three breaches with regard to safe care and treatment relating to medicines and risk management; staffing and recruitment. At this inspection we found improvements had been made in all of these areas.

Medicines were managed safely.

People told us they received their medicines when they needed them. Medicine administration records (MARs) confirmed this; they were well completed, with codes used to explain if medicines had not been administered as prescribed. MARs for prescribed creams and ointments included a body map which clearly showed where and how often to apply them.

Protocols were in place for the majority of 'as required' medicines, but not all. Following the inspection the registered manager confirmed protocols had been put in place for all 'as required' medicines so staff had clear guidance about administration.

Medicines were stored safely and securely. Temperatures of storage areas were recorded and within the required limits. Records were kept of the ordering, receipt and disposal of medicines. Some medicines require additional secure storage and management because of the nature of the drugs they contain. These are known as 'controlled drugs'. These medicines were managed safely.

One person received their medicines covertly (hidden in food or drink) and all the relevant information was in place including a mental capacity assessment and a best interest decision. There was also clear guidance from a pharmacist about how each medicine should be administered.

All staff who administered medicines had completed training in medicine management. The registered manager had assessed the competency of the day staff and had planned in competency assessments to be completed with the night staff. Regular audits were carried out to monitor the management of the medicines.

Risks to people were well managed. Staff understood the risks and knew the actions to take to keep people safe. People's care records included risk assessments for areas such as falls, nutrition, mobility and skin integrity with guidance for staff on how to manage the risks. Where people were assessed as being at high risk of falling we saw technology was used to reduce the risk with equipment such as sensor mats and falls pendants. Records showed those who were at high risk of developing pressure ulcers were repositioned regularly by staff and had appropriate pressure relieving equipment in place.

The provider had taken action to improve fire safety. Staff had a good understanding of the fire procedures and confirmed they had taken part in fire drills and practiced using evacuation aids. This was confirmed in the records we reviewed. Personal emergency evacuation plans (PEEPs) were in place for each person living in the home.

The fire authority had recently identified fire safety work that needed to be completed on the building. The provider was working with the fire authority and had made arrangements for the work to be carried out at the end of January 2019.

The environment and equipment was safe and well maintained. Safety certificates and records we checked were satisfactory and up to date.

Accidents and incidents were well recorded and included the action taken in response to keep people safe. The registered manager had implemented a more in-depth analysis of accidents and incidents which considered themes and trends and actioned any lessons learned.

We found there were enough staff to meet people's needs and keep them safe. People we spoke with gave mixed feedback about the staffing levels; three people felt there were enough staff, the other three felt more were needed. Our observations showed staff were available and worked well together as a team communicating with one another to make sure people were not left unattended. Staff maintained a presence in communal areas, engaging with people and responding promptly and appropriately to individual needs and wishes. Regular checks were carried out on those people who chose to stay in their rooms.

Staff told us staffing levels had improved and said agency staff were brought in to cover any absences. One staff member said, "I never feel like we're understaffed. If someone is sick we cover them with agency. I feel like staffing is definitely better than it was seven months ago."

Night staffing levels had been increased by one care assistant and night staff told us this had made a big difference and meant they had more time to care for people and complete the care records.

The registered manager used a dependency tool to calculate safe staffing levels and we saw this was regularly reviewed and updated. The use of agency staff had reduced significantly since the last inspection and permanent staff had been recruited which provided more consistency for people using the service.

Recruitment processes were safe. Required checks were completed before new staff started in post; this included application forms with full employment history, job interview, proof of identity, references and a criminal record check. Systems were in place to check nurses were registered with the Nursing and Midwifery Council (NMC) and licensed to practice.

Infection control was managed well. Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately. People told us the home was kept clean and we found good standards of cleanliness when we visited.

Staff had received safeguarding training and understood how to keep people safe from abuse or harm. A system was in place to record and monitor any incidents. Concerns and allegations were acted on to make sure people were protected from harm and appropriate referrals had been made to the local authority safeguarding team.



# Is the service effective?

## Our findings

At our previous inspection we identified two breaches with regard to staff training and consent. At this inspection we found improvements had been made in both areas and there were no breaches.

Staff received the induction, training and support they required to fulfil their roles and meet people's needs.

Induction for new staff had improved as was evidenced in the staff records we reviewed. The registered manager told us staff completed an induction which included a period of shadowing more experienced staff before working alone. We spoke with two recently employed staff members who were very satisfied with their induction. One said, "My induction, I thought it was great because the person that took me round was brilliant. They explained everything. I did shadowing for a week. If I had needed more, they would have said yes, I could have had it." The other staff member told us their shadowing period had been extended which they said helped them gain confidence in their role.

Staff confirmed they received ongoing, up to date training relevant to their roles. This was confirmed in the training matrix we reviewed. The registered manager told us they were looking to provide more specialist training for new nurses and were supporting two senior staff in leadership and management courses to develop their careers.

Staff told us the support they received from management had improved and they were now receiving regular supervision. This was confirmed in records we reviewed. The registered manager had started to implement staff appraisals and had planned these in for the next 12 months. One staff member said, "I've just had an appraisal with (registered manager), it was good. It the first one I've ever had and I've worked here years."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The service was working within the principles of the MCA. The registered manager had an effective system in place to track DoLS applications and authorisations. Two people had conditions on their DoLS authorisation. We checked one of these and found the conditions were being met.

Staff had received training in the MCA and DoLS and had a good understanding of the Act. We heard and saw staff offered people choices and involved them in decision making; asking for consent before delivering

any care or support. Where people lacked capacity to make a particular decision we saw mental capacity assessments and best interest decisions were recorded.

People's nutritional needs were met. People told us they enjoyed the food and had a choice of meals.

We observed lunch in the dining room. The day's menu was displayed with choices for each meal. People were offered a choice of food and drinks. Condiments were on each table and staff offered people extra gravy and sauces. Staff were present throughout the meal and provided people with the support they needed, encouraging them to eat. Staff took covered meals on trays to people who chose to have their meals in their rooms.

The cook told us they met with new people when they arrived at the home and discussed their dietary needs and preferences. Menus were devised on a four week rota and showed a varied choice of meals. All the meals were homemade, including cakes and puddings, and specialist dietary needs were catered for. Snacks and drinks were available at any time; supper included sandwiches, toast, cakes, cereals, milky drinks. The cook told us how they fortified food and drinks where people's dietary needs required this, such as for managing weight loss

People who were low weight or losing weight had their food and fluid intake recorded. These records were monitored by senior staff and the registered manager. One of the senior staff had taken on the role of nutrition champion and took responsibility for monitoring people's weight and body mass index and reported any weight loss to the nurse and registered manager so prompt action could be taken.

People's healthcare needs were being met. People told us they had regular visits from healthcare professionals such as the GP, optician, chiropodist and community nurses. This was confirmed in the care records we reviewed. We saw specialist healthcare advice was sought appropriately which included input from community psychiatric nurses, dieticians and occupational therapists. We spoke with a visiting healthcare professional who said communication with staff was good and they had no concerns.

The registered manager visited people and assessed their needs before they moved into the home. We saw the assessments considered the individual's needs and choices and the support they required from staff, as well as any equipment which might be needed.

We identified more could be done to make the environment dementia friendly. Pictorial signage indicated bathrooms, toilets and people's bedrooms, however there were few aids to assist people in finding their way round the home. The provider had a refurbishment plan for the home. We recommend that the service seek advice and guidance from a reputable source, about making the environment dementia friendly.

## Is the service caring?

### Our findings

People praised the staff for their kind and caring manner. Comments included; "I like it here, staff are kind and patient with me"; "They're wonderful. I've no complaints at all. Nothing is any trouble"; "They're good. They do their jobs and they look after me" and "Most of them are lovely. Good and caring."

A relative told us they were very happy with the care provided to their family member and said, "Staff are very good with (family member), I've no concerns. (Family member's) very well looked after here."

There was a happy, relaxed atmosphere in the home. Staff were friendly and cheerful and we saw this had a positive effect on people. We heard staff complimenting people which was well received. For example, a staff member said to one person, "What a lovely jumper you've got on, you look nice" and the person replied with a big smile, "Oh thank you, that's made my day."

Staff were patient, giving people time to do things at their own pace and encouraging and praising them. For example, when one person was struggling to walk, the staff member who was with them told them how well they were doing and suggested they sang a song together as they walked along. The person joined in and the singing had a positive effect on their walking.

Staff were observant and caring, noticing when people were quiet or subdued and gently checking they were all right. Staff listened to what people had to say and responded with kindness and compassion.

People were supported to express their views and were involved in making decisions about their care. One person's care records showed they had an advocate who was actively involved in their care and decision making. The registered manager told us they had worked with the advocate to obtain sensory equipment for the person's bedroom.

People told us staff treated them with respect and maintained their privacy and dignity and we saw this ourselves during the inspection. Staff knocked on doors, announced themselves and asked if it was all right to enter. Staff supported people with their appearance and we saw people looked clean and well groomed. Staff were discreet when talking with people about personal matters and all personal care was carried out in private. When we asked one staff member how they maintained people's privacy and dignity, they said, "I'll get as close to them as I can and ask them quietly. One (person) won't make out what you're saying, so we write it down for (them). Then I'll take that piece of paper away so no-one can read what I've written. If I go into bedrooms, I'll knock and then close the door so no one can hear what I'm saying."

People told us they were supported to maintain relationships with friends and relatives and said they could visit at any time. One relative told us they came every day and were always made to feel welcome by staff.

## Is the service responsive?

### Our findings

At our previous inspection we identified a breach with regard to person-centred care as we found care plans did not always contain sufficient or up to date information about people's needs and there was a lack of activities. At this inspection we found improvements had been made.

People received personalised care that was responsive to their needs. People told us they were happy with the care they received and were involved in making any decisions. They told us they could have a bath or shower when they wanted. Good communication systems ensured staff were informed of any changes in people's care needs. We listened to the morning handover between night and day staff which provided a comprehensive update on people's needs and gave staff an opportunity to discuss and clarify any issues.

The registered manager recognised improvements were needed to the care records and had started implementing new care documentation. Eight care records had been completed when we inspected. We looked at two of these and found they were person-centred, reflected people's needs and preferences and provided clear guidance for staff. Named nurses were allocated to update and review specific people's care records. One nurse told us this system was working well and said, "Care plans are much better now, they were rubbish before. (Registered manager's) introduced new documents. They're more personalised, clearer. We're not all done yet, it's work in progress. We're getting there."

People were supported to make decisions about their preferences for end of life care. One person's care records showed discussions had taken place with the person and their relative and their wishes were clearly recorded. We were present when night staff informed the day staff that a person had died during the night with their family present. Staff expressed their sadness and compassion for the person and their family, but also discussed with great sensitivity how they could support other people in the home who they knew would be upset by the loss of their friend.

The home employed an activity organiser who arranged individual and group activities planned around people's interests and what they wanted to do.

People told us there were activities taking place if they wanted to join in and these were advertised on a noticeboard in the home. Some people told us they preferred to stay in their rooms and entertained themselves watching television, listening to music, playing word games and reading.

We saw other people enjoying different activities in the lounge. A staff member sat with one person looking at a classic car magazine and chatted with them about the different cars. Another person was reading a newspaper. There was a table in the conservatory with different games and activities so people could help themselves. We saw one person looking through these who chose some paints and a book. They were joined by a staff member who painted with them and we saw them laughing and joking with each other. One person liked to sing and dance to the music that was playing in the background. They knew the songs well and seemed to get great pleasure from singing along. The activity organiser spent time with people giving manicures and hand massages. One person showed us their nails saying, "Aren't they lovely? I chose

the colour myself."

Later in the day we saw people enjoyed an afternoon's entertainment with a singer. The singer visited the home regularly and had built up a good rapport with people, who were laughing, tapping their feet and singing along to their favourite songs.

Systems were in place to manage complaints. People we spoke with said they had no concerns but would speak with staff if they had a complaint. The complaints procedure was displayed in the home. One complaint had been received since the last inspection; records showed this had been investigated and the complainant was satisfied with the response they received.

## Is the service well-led?

### Our findings

At our previous inspection we identified a breach with regard to good governance as we found ineffective leadership and management and quality assurance systems were not robust in identifying and resolving issues. At this inspection we found improvements had been made. This domain has been rated 'Requires improvement'. Before we can conclude the service is well-led, we need to be assured the provider will continue to provide support to the management of the home and ensure improvements will be sustained and developed further to make sure people consistently receive high quality care.

Following the last inspection the provider made changes to the management of the home. A new manager started in post in August 2018 and registered with the Care Quality Commission. Further support was provided with the appointment of a deputy manager and some senior care staff had been trained to take on additional responsibilities such as managing medicines for people who were receiving personal care.

Staff spoke positively about these changes and the improvements that had been made to the quality of care. One staff member said, "There have been great improvements since [registered manager] came. She's approachable, listens to us and gets things done. It's a different atmosphere, we all work together. I enjoy my job now, I didn't before." Another staff member said, "It's so much better now, the atmosphere and support. Before it was awful. It was a case of you didn't want to come to work. The new manager is absolutely brilliant. Everybody is happy and everybody knows what they're doing. Everything has settled back down. Nobody is on edge anymore. The residents seem happier in themselves. Happy staff means happy residents." A further staff member said, "The care itself has improved because [registered manager] is leading us well and encouraging people to do their best. Before it was all a dampened mood. It wasn't the best of environments. We've got some old staff come back now since [registered manager] joined us."

Staff told us communication was good. Staff handovers were thorough, highlighting any changes in people's needs and also giving staff time to ask any questions. Staff meetings were held regularly and minutes showed staff were able to raise any issues and put forward suggestions. An employee of the month scheme had been introduced, where good practice was recognised and rewarded.

People and relatives knew the registered manager and praised the improvements that had been made. Comments made in surveys completed by people and their relatives in December 2018 also showed people were very satisfied with the quality of care and management of the service. Comments included; "Always clean and tidy, cleaning is outstanding. Any problems staff get in touch straightaway. Management are always on top of problems"; "Very satisfied with the care, [registered manager] has been outstanding in all our dealings with her from day one. Open, honest and super helpful" and "If I mention any small thing it's dealt with quickly and sympathetically. Everyone makes a fuss of [family member] and myself when passing and always make time to chat and have a laugh or catch up...cheers me up."

The registered manager told us they had not held any residents' meetings since they started in post, however, they said this was something they intended to introduce.

Since the last inspection the home had worked in close partnership with the local authority and CCG to secure improvements for people living in the home. We received positive feedback from both organisations who had carried out regular monitoring visits to the home and noted improvements. The provider had an ongoing action plan to improve the quality of the service and we saw progress had been made since the last inspection.

Quality auditing systems had improved. We reviewed recent audits relating to medicines, infection control, care plans, wound care and cleaning. We saw action had been taken to address any issues identified.

The regional manager completed a monthly performance review which looked at all aspects of the service. We looked at the reports for the previous four months which were comprehensive and demonstrated continued improvements.