

# Iceni Care Limited

## Mill Lodge

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

Mill Lodge provides care and support for up to three people with learning disabilities. On the day of our inspection three people were living in the home,

There was a registered manager in post. 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.

People were supported by staff who understood safeguarding procedures and were able to recognise the signs of potential abuse.

Risks to people had been thoroughly assessed and plans put in place to manage these risks while enabling people to live their lives without unnecessary restriction.

Robust recruitment procedures had been employed to ensure that staff were suitable to work with people who used the service. There were sufficient numbers of staff deployed to meet people's needs. Staff received comprehensive training to enable them to meet people's needs.

People were given support to take their medicines as prescribed or to administer their own medicines if they chose. People's nutritional needs were met and they were supported to access healthcare if they needed it.

People were supported by staff who showed respect and cared for them as individuals whilst maintaining their dignity. People were encouraged to make their own decisions where possible and their consent was sought appropriately.

People and those important to them were involved in planning their care, how it was delivered and their independence was promoted. People's care was delivered in the way they wished by staff who were knowledgeable about their needs.

People who used the service and staff who supported them were able to express their views on the service. People were supported to make complaints and were confident that these would be heard and acted upon. The service maintained good communication with people who used the service and their families.

The management maintained a good overview of the service and had systems in place to monitor the safety and quality of the service. Staff were supported by the management and felt valued by the organisation.

## 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 were supported to meet their needs by sufficient numbers of staff.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

Medicines were managed in accordance with best practice and people were given the choice to manage their own medicines where appropriate.

### Is the service effective?

Good ●

The service was effective.

Staff were highly motivated, well trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People were supported to have their nutritional needs met and to access health care when they needed it.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and provided support discreetly and with compassion.

People were fully involved in making decisions about their care and their independence was promoted.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

People were supported to enjoy a wide range of activities that interested them and encouraged to actively engage with the local community and maintain relationships that were important to them.

People were empowered to make meaningful decisions about how they lived their lives and raise any issues that concerned them.

**Is the service well-led?**

**Good** ●

The service was well led.

The manager and directors had provided staff with appropriate leadership and support. Staff and managers worked effectively as a team to ensure people's needs were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

The service's managers and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' health and care needs were met.

# Mill Lodge

## 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 19 and 21 July 2016 and was announced. The provider was given 24 hours' notice because the location was a small service and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us in June 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We gathered feedback from a care commissioner (who funds the care for people) of the service, the local authority safeguarding team and quality monitoring team.

During the inspection we spoke with three people who used the service, two members of staff and the two registered managers who owned the service but were not based at Mill Lodge. The manager of Mill Lodge was not available during our inspection so we spoke with them on the telephone afterwards.

We reviewed three people's care records and medicines administration record (MAR) charts. We viewed three staff recruitment files as well as training and induction records. We also reviewed a range of management documentation monitoring the quality of the service.

## Is the service safe?

### Our findings

People told us that they felt safe. One person told us, "I feel safe here." Another person told us that if they were worried about their safety they would, "Talk to staff straight away." People told us that staff gave them advice on how to keep themselves safe when they were out on their own. For example, one person told us that they knew not to talk to strangers.

Staff told us that they received training in safeguarding and they were able to tell us different types of abuse that people might experience. They were confident that they could recognise if a person was experiencing abuse. One staff member told us, "[People here] wear their hearts on their sleeves, we would spot any problems." This told us that staff knew people well and would be able to spot any changes in behaviours that might indicate they were experiencing abuse. There was information within people's care plans for procedures to help people keep safe when they were in the community on their own. This included letting staff know when they were going out and phoning the home to let staff know they had arrived safely. If people wanted to go out but did not feel safe on their own, the service ensured that there were staff available to accompany the person.

Risks to people's safety had been fully assessed and plans had been put in place to reduce the risk without restricting the person's freedom unnecessarily. Staff told us that they tried to manage risk for people in the least restrictive way as one of the main aims of the service was to promote people's independence. One person had chosen to administer their own medicines. We saw that a risk assessment had been carried out in respect of this. The risks in this area had been identified as had the level of risk to the person. It had been identified that the person might drop one of their tablets and not be able to find it again and therefore miss the dose. To reduce the risks of the situation, staff had discussed them with the person and an agreement was reached that the person should take the medication with staff present. The person confirmed with us that this had happened and that they were happy with the plans. We saw that risk assessments had also been undertaken in respect of people preparing food in the kitchen. For instance, one person was unfamiliar with kitchen knives when they were admitted to Mill Lodge so a risk assessment was carried out around this to reduce the risk of them hurting themselves.

One person living in the home told us, "There's enough staff." We saw staffing rotas which showed us that sufficient numbers of staff were deployed to meet people's needs safely. We were told that staffing levels were calculated on the needs of the people living in the home. Additional staff were available at the provider's other services should they be needed. Staff told us, "Additional staff can be brought in if needed."

People were supported by staff who had undergone required recruitment checks to ensure that they had not previously been deemed unfit to provide care and support. We saw that references from previous employers of new recruits had been sought by the manager. However, the registered manager told us that not all requests had been answered. They told us that they had tried to obtain all references but had not always been successful and acknowledged that this was not ideal to ensure the suitability of staff to work in this environment. Disclosure and Barring Service (DBS) checks had been carried out to show the applicant's suitability for this type of work, The DBS provides information about an individual's suitability to work with

people to assist employers in making safer recruitment decisions.

People received their medicines in the way that they wanted from staff who had received training in the administration of medicines. One person told us, "I go upstairs in the office and staff give me my tablets." We saw that two people had opted to have staff administer their medicines while the other person living in the home had chosen to administer theirs themselves. We looked at the medicines administration records (MAR sheet) and saw that details of people's medicines were recorded and all administrations had been signed by staff. We also saw protocols for people who had been prescribed PRN (as needed) medicines which contained information on when the person would need the medicine. One person told us that if they felt they needed their PRN medicines they would ask staff. Medicines were stored safely in the office in the home. Medicines that needed to be refrigerated to ensure their effectiveness were stored in a fridge while others were kept in locked cabinets.

## Is the service effective?

### Our findings

People were cared for and supported by staff who had the skills and knowledge to effectively meet their needs. One person who lived in the home told us, "I think they [staff] know what they're doing." Another person told us, "They [staff] know what they're doing to help me." We saw evidence that staff had received a range of training that the provider considered mandatory. This included training in health and safety, safeguarding, fire safety, first aid, mental capacity, person centred care, diversity and equality, food hygiene and medication. Staff told us that they could request additional training in areas they considered necessary and that the provider would do their best to facilitate it.

Staff were required to complete an induction course which included shadowing more experienced colleagues before they started to provide support to people. Staff told us that they found the induction valuable. One staff member told us that they received an induction pack and shadowed two shifts before they started to work on their own and that they, "Did feel comfortable doing the job after the induction." The provider informed us on their PIR that their induction process consisted of, "Completion of common induction standards" and "Shadowing of other staff."

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 home and hospitals are called 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.

Staff had a good knowledge about supporting people to make their own decisions when necessary. They told us they sought people's consent when offering them support and respected their wishes if they declined. One person told us, "Sometimes they'll [staff] ask if I want any help, I say yes or no." Staff were able to explain how they applied the principles of the MCA in respect of people living in the home. One staff member told us how provided reassurance for one person who was fearful of uninvited visitors entering the home. They told us that they bolted the door on the inside which reassured the person but didn't prevent other people from leaving the home if they wanted as they could unbolt the door themselves.

People were supported to have enough to eat and drink and to have a healthy diet. One person needed additional support regarding their nutrition and there was information available to staff to help them meet this person's nutritional needs. We saw that the service had made contact with the local health dietician who had provided advice that was included in the person's care plan to reflect the additional support they needed. We saw that the person was consulted about how to manage their diet. They told us



that they discussed their dietary needs with staff particularly regarding making their diet healthier. People's weights were checked monthly so that staff could monitor people's health and advise them if there were any issues.

People were supported to access healthcare if they needed it. One person told us, "I'd get someone to make the appointment if I couldn't do it myself." Staff told us that they would accompany people to appointments if they requested that support. We saw records of referrals to different agencies with people's care plans. For instance, a referral to a health service dietician who consequently provided a care plan and advice to support someone with nutritional needs.

## Is the service caring?

### Our findings

People told us that staff treated them with kindness and respect. One person told us, "They're [staff] caring, they're there for you." Another person told us that they thought the staff were caring. They said, "I can trust them." They also told us, "They've [staff] helped me so much, I can't thank them enough." The provider informed us on the PIR, "Service users are treated with dignity and respect at all times. Mission statement to this effect." and "We look at the values that new staff have as much as their training so that we know they have the values we feel people need. For example that they are caring, they have empathy, patience, understanding, tolerance and are non –judgemental." We observed staff interactions with people that were respectful and kind. During our inspection one person became distressed and we noted how staff spoke with them in a kind, reassuring and understanding way. Staff told us that they know people very well. One staff member told us, "You can spot when something's wrong." One care commissioner told us, "The staff, from observation, are attentive, person centred and holistic in their approach to supporting people with Learning Disabilities."

People were encouraged to express their views and be involved in decisions about their care. One person told us, "I get the right care when I need it, I make my decisions." People's care plans showed how they were involved in planning their care. For example, there was a section in one person's care plan titled 'How I stay safe' which contained details of what made them feel safe and how staff could enhance their feeling of security. The person had been supported to make their contribution by an advocate. The provider informed us on the PIR, "Staff (key workers) work with service users to complete their support plans so they fit the service user's needs." Staff told us, "We support [people] to live how they want to live, they can make their own decisions and we support them in that."

We saw that information for people living in the home was presented in a way that they could understand. For instance, there was information in the dining area regarding which staff were on duty. This information consisted of a photo of the member of staff on duty positioned to correspond to a picture that represented morning, afternoon or night. One person told us that they found this easier to understand than if the information was just written.

Independent advocacy was available to people if they needed it. this service enabled people to make their views known. One person told us that they had been working with an advocate to support them through a difficult time in their lives.

People told us that the service promoted their dignity and privacy. One person told us, "I lock my room because I don't like other people going in there, it's private" and, "I lock the door when I have a shower." Another person told us, "Staff leave me alone, allow private time but after a while they come and check me." The provider informed us on the PIR, "Service users have their own bedroom where they can shut the door if they wish to. Other service users are asked not to access someone else's bedroom."

The service maintained the confidentiality of people's information. Staff told us, "You don't talk about people's confidential information in front of others". We saw that people's care plans and other personal

information were kept securely in lockable cabinets to maintain confidentiality. The provider informed us on the PIR, "Confidentiality policy [to] ensure that staff do not disclose information to anyone other than the appropriate person(s)."

The registered manager told us that the service operated a supported living ethos that promoted people's independence. One person told us, "We choose the menu on Saturday", they went on to tell us that one person then went to a local supermarket to do the shopping for the home with the support of a staff member. We saw a rota showing people's responsibilities for cleaning the home. One person told us that they had been improving their cooking skills with the support of staff.

## Is the service responsive?

### Our findings

People received personalised care and were fully involved in contributing to the design of their care. One person told us, "If anything's changed, they [staff] write it down. I can tell staff what help I need." Another person told us, "I need help with saving money and cooking." This person told us that all the people in the house were going on a visit to Harry Potter World and that they needed to save the money for that. One staff member told us that the care provided to people was person centred. They told us, "They [people] choose how they want to live their lives; each person is seen as an individual." One person showed us their bedroom and told us that they had chosen the decoration of the room.

People's needs were fully assessed before they were admitted to Mill Lodge. The provider informed us in their PIR, "Service users are involved in their support plans. They have an initial visit to view the premises to make sure they like it. Introductory tea visits - where they have an evening meal with us." The care plans contained detailed information about the person's likes and dislikes, their personal history, communication needs and preferred leisure activities. The registered manager told us that they would not admit someone to the service if they felt that they couldn't meet their needs. We saw that people had expressed the level of support they needed and this was adhered to by the staff. One member of staff told us, "[Person] asked for help in the kitchen." The care plans also detailed people's needs when using public transport and when they felt they would need carer support. All the people living in the home confirmed to us that they were involved in planning and reviewing their care. We saw that the care plans were reviewed every month to ensure that they reflected people's current needs.

One person told us that they played football twice during the week and another person enjoyed going to bingo every week. There was also a list of other community activities available for people where they were able to meet and socialise with their peers. This included events such as Friday Club and a social event at the provider's day service premises on Tuesday evening. The registered manager told us that people living in the home were supported to maintain friendships and relationships with people who were important to them. We saw that people were supported to have contact with their families if they wanted and have their friends visit Mill Lodge for meals. We saw that one person did voluntary work locally.

We saw that the service had copies of complaints leaflets available for people in a format that was appropriate to their needs. One person told us that they had made a complaint. They told us that they felt their concerns were listened to and changes were made as a result. We also saw details of a complaint received from the relative of one of the people living in the home. We saw that this complaint had been listened to and responded to in a timely manner. Details of the correspondence between the two parties showed that there had been a satisfactory outcome.

People told us that they had been asked to complete a survey to provide their views on the quality of the service. We saw copies of the surveys that the service had carried out with people. These surveys looked at areas such as whether the person felt safe at Mill Lodge, whether the staff were kind and caring and if the person knew how to make a complaint. The manager of the home told us that they had not provided surveys to people's relatives or visiting professionals but were planning to do so.

## Is the service well-led?

### Our findings

Staff were happy working at Mill Lodge. One staff member told us, "This home comes out at ten out of ten." Staff felt supported in their role and told us, "[There is] always someone available for advice."

People were able to contribute their views in a variety of ways. We saw that meetings were held regularly for people living in the home. These meetings gave people an opportunity to discuss disagreements with other people. One person told us, "We talk about the house, what we're about. Improvements happen; the meetings are not a waste of time." For instance, in the minutes for one meeting we saw that one person was unhappy with other people leaving the possessions in the communal areas. This was discussed and a compromise was facilitated by staff to all people's satisfaction. People living in the home also told us that they met weekly to decide the next week's menu for the home. Staff told us, "There are residents meetings regularly, [people] can also speak to staff whenever [they want]." The manager of the home told us that the resident's meetings were a form to discuss any issues or concerns for people in Mill Lodge. They told us, "We all sit down together and address any issues at the time."

People told us that the manager of Mill Lodge was visible and approachable. One person told us what they thought of the manager. They said, "I think they're a lovely manager." Another person told us, "When they are here, I see the manager; I can chat with [manager]." Staff told us that the manager had an open door policy. They said, "If we need [manager], we can call her."

Staff told us that the manager of Mill Lodge modelled good practice. They told us, "If there are any issues, [manager] will let you know." The manager of the home told us that they would address any issues of poor practice when they observed them and would log any such incidences.

We saw that incidents and accidents had been recorded and analysed to determine whether future recurrences could be avoided. The registered manager was aware of their responsibilities in terms of notifying the CQC of any serious incidents. The registered manager, who was also the provider and nominated individual told us that the manager of Mill Lodge would be submitting their application to be registered manager of Mill Lodge in the near future as the provider organisation changes its structure.

We noted that the manager employed accurate and robust audit systems to monitor the effectiveness of the service. We saw systems to monitor medicines management. To do this the manager regularly checked the MAR charts to ensure that they were comprehensively completed and stocks held corresponded to anticipated levels. Any discrepancies were investigated and additional staff training was provided if necessary. We noted that all necessary environmental checks were consistently and regularly carried out. These included portable appliance testing (PAT), water temperatures, kitchen safety checks and equipment checks. Where issues had been identified we saw that action plans had been drawn up and any problems had been rectified within a reasonable timescale.

We saw that the service worked well in partnership with outside agencies. A care commissioner told us, "Any professional involvement I have personally had within the service has been accepted receptively, any advice

and guidance provided has been acted on in a timely manner, with feedback communicated as required. Icen [provider] staff will initiate contact with the Learning Disability Team and have referred appropriately to the Learning Disability Team for advice and support".

Staff were able to tell us the vision and ethos of the provider. They told us, "The provider wants this to be the best." However, we did note that the provider did not carry out their own audits of the quality of the service. They told us that they were in regular contact with the manager of the home but acknowledged that they would need to carry out their quality assurance checks and agreed to start these soon. The manager of Mill Lodge told us that they were well supported by the provider and that they spoke to them most days. The manager of the home also told us that resources were available when needed to make improvements to the home and service.