

Zenith Care Ltd

Mill Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Mill Lodge is a residential care home registered to provide personal and nursing care for up to 42 people. At the time of our inspection there were 36 people using the service.

Right Support

Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse, and the service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People received care and support from a team of staff who were dedicated, passionate and committed to their roles. Staff were caring and sought to ensure people were treated in a dignified and respectful way. Staff understood people's cultural needs and provided culturally appropriate care. Staff engaged with people in a respectful and compassionate manner.

Right culture

Leadership and management of the service was effective. The registered manager led by example, creating, and embedding a culture where people felt valued, and their individual contributions recognised. Staff and managers ensured the service was safe by assessing risks to people. Safe recruitment practices were not always followed. Staff knew and understood people well.

Recommendations

We have made 3 recommendations in relation to recruitment, infection prevention control and adapting service, design, decoration to meet people's needs.

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

Why we inspected

This service was registered with us on 03/12/2019 and this is the first inspection.

The last rating for the service under care uk community partnerships Ltd was good, published on 26/05/2017.

We undertook this inspection to assess that the service is applying the principles of right support right care right culture. 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.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 ●

Mill 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

Two inspectors and an Expert by Experience carried out the inspection. 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 made telephone calls to relatives.

Service and service type

Mill Lodge is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Mill 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 the inspection

We reviewed information we had received about the service. We asked the provider to complete a Provider Information Return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people living at the home, and 8 people's relatives about their experience of the care provided. We observed care to help us understand the experience of people. We spoke with the registered manager and 2 members of staff, we also received email feedback from 4 members of staff. We reviewed a range of records. This included 4 people's care records and 4 medication records. We looked at 2 staff files in relation to recruitment and supervision. We also looked at information regarding the arrangements for monitoring the quality and safety of the service provided.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There was insufficient oversight regarding the monitoring and management of risk.
- Two bathrooms were being used as storerooms, these rooms were unlocked and presented a risk to people. The deputy manager was made aware and took immediate action to have locks placed on the bathroom doors.
- Personal emergency evacuation plans were in place; however, these did not always have people's current information in them. Some people's rooms had pictures and numbers on them, however not all, this would make it impossible for the fire service to locate people when taking a risk-based approach should a fire occur. The deputy manager was informed and took immediate action to remedy this.
- An assessment of need was completed before a person started to use the service. This helped to ensure known risks were identified early and appropriate care plans could be put in place.

Preventing and controlling infection

- We were not assured that there was appropriate cleaning and infection control being undertaken within the home. There were cleaning schedules for people's rooms, communal areas, bathrooms and toilets. However, we observed that bathrooms and equipment within these rooms were not cleaned effectively, for example shower heads were dirty with limescale and hair. This was raised with the deputy manager on the day of inspection, who took immediate action.
- Hoists and slings were not stored away to prevent the spread of infection.
- The lack of maintenance of bathrooms, such as broken seals/ boxing in and cracks in surfaces presented an infection control risk.

We recommend the provider reviews their cleaning schedules to ensure that all cleaning and infection prevention control requirements are identified, and appropriate action taken.

Staffing and recruitment

- Pre-employment checks had been carried out to ensure the suitability of prospective new employees, this included 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. We noted that although references were in place, they were not always from the most appropriate people. So did not always give assurance of people's suitability to the role applied for.

We recommend the provider reviews their recruitment process regarding reference checks, to ensure it is

robust.

- There were enough staff to safely meet people's needs. Staff consistently told us they had enough time to meet people's needs. Relatives told us that staffing levels were good with one relative stating 'Definitely enough staff around. They don't go off duty until someone else comes, its often the same staff on duty, always someone I know.'

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which sought to protect people from the risk of abuse. Staff knew how to recognise and respond to potential signs of abuse and were aware of local safeguarding procedures.
- Staff were confident the management team would deal with any issues or concerns raised. One member of staff commented, "I would always report any concerns and if I didn't feel things were being done, I would escalate, I don't think this would be a problem as the manger would deal with it."
- People told us they felt safe living at Mill Lodge, and staff were kind, caring and responded to them quickly. One person said, "They look after me well, I have everything I need, they check on me regularly."

Using medicines safely

- Systems and processes were in place to make sure that medicines were ordered, stored, disposed of, and given to people safely.
- Qualified nurses administered medication, competency assessments were undertaken by the deputy manager and additional training was completed where required.
- People received their medicines as prescribed. Medicines records were completed and where people received 'as required' medicines, protocols were in place to guide staff about how to safely administer them.
- Qualified nurses reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.

Visiting in care homes

- The registered manager demonstrated they had followed the government guidance on visiting arrangements. Friends and family were able to visit the home with no restrictions. This allowed people to stay in contact with their relatives during the COVID-19 pandemic.

Learning lessons when things go wrong

- Safeguarding concerns, accidents and incidents were reviewed and analysed to ensure themes were identified, and appropriate action had been taken. This included looking at ways of preventing a re-occurrence.
- The management team used supervisions, daily meetings, and handovers to update staff, discuss learning and share ideas.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Two bathrooms were not accessible to the people who use the service. The registered manager confirmed that the bathrooms were currently out of action, however, this was evidenced as an action on the renovation plan. People did have access to other bathrooms; however, these only had a shower and not a bath, which meant that people did not have a choice at this time of which they would like.
- People's bedrooms were clean, well-furnished, and maintained. They had personalised items within them such as pictures and electrical items of their choice.
- People's bedrooms reflected their likes and dislikes, for example one person's room had Elvis pictures all over the walls, they told us "I love Elvis."

We recommend that the bathrooms are renovated as a high priority to ensure these are fit for purpose and accessible to all people who live within the service.

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

- People were supported to access healthcare professionals when needed. Care records demonstrated this in response to people's changing needs.
- The service worked in partnership with external professionals such as GPs and community nursing teams to support and maintain people's well-being and health. One relative told us "The nursing staff monitor healthcare needs. They contact the GP as needed and let me know, they certainly monitor [loved ones] glucose every day. They manage pressure areas very well. They provided a cushion for [loved ones] wheelchair."

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

- People's needs were assessed before care was provided to ensure the service could meet their individual needs.
- People and their relatives told us they were involved in decisions regarding their care planning to ensure information was person-centred and met an individual's needs. For example, how they would like to be supported and their daily routines.
- Care records considered people's protected characteristics, as identified in the Equality Act 2010 such as, gender, age, religion, culture, ethnicity, and disability.

Staff support: induction, training, skills and experience

- All staff received an induction and staff new to care completed the Care Certificate. The Care Certificate is

an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Comments from staff included, "I undertook induction, this covered training, shadowing and any person specific training that was required for the person we support."

- Training and development of staff was a blend of face-to-face learning and online e-learning. Staff were also afforded opportunities for continuous professional development.
- The service worked with staff to ensure up to date, relevant and person specific training was undertaken by all staff members.

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

- Support with eating and drinking was provided to people where it was part of an assessed care need.
- Risks to people associated with eating and drinking, for example, swallowing difficulties, were detailed in care records and information shared with staff. Relevant and up-to-date guidance was also available.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA and staff had received appropriate training. People were encouraged and supported to have as much choice and control over their lives as possible. One member of staff told us "I always try and offer as much choice as possible and always ask people about their wishes each day."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service was enriched by a team of staff from diverse backgrounds and who were reflective of the community they served. We saw that some people's protected characteristics were being considered to ensure person centred care, however in some instances this was not being fully considered. For example, some staff members were reliant on other staff members to translate, this meant that people were not always receiving the care they needed in a timely manner.

Respecting and promoting people's privacy, dignity and independence

- We saw that doors on some people's rooms had been left open, we asked the registered manager why this was and how this respected people dignity and privacy. The registered manager stated he would ask people if they wanted their doors leaving open or not and ensure this was recorded within care plans. A relative told us "There is an ongoing consultation on people's bedroom doors being left open or being closed". This evidenced that the registered manager had acted in a timely manner to address the issue.
- Staff understood the importance of promoting and maintaining privacy and dignity when providing care. Comments from staff included, "I always knock before entering a person's bedroom" and "Some of our clients cannot always express their needs to us when we are providing personal care so it's important to maintain their dignity."
- The service understood the value and contribution they could make in promoting people's independence. We saw people being encouraged to undertake activities and tasks themselves. For example, we saw one person going to the kitchen to get a yogurt when they wanted one, and another told the chef what she wanted for lunch, this was a banana that was presented at lunchtime "just how I like it."

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

- People were involved in decisions about their individual care journey. This ranged from people being routinely supported to share their views on a day-to-day basis, through to more formal periodic reviews of their care and support package. Where appropriate, people who were important and/or their lawful representatives were also involved. Comments from relatives included, "We recently had a personal review, how they feel [loved one] is, they keep us up to date" another relative said "The staff and I work together on providing [loved ones] care."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 had a life history section, which had been completed with the involvement of the person and for some people, their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs. One relative told us "They did a 'family life book' with [loved one] it includes photos of when [loved one] was young."
- People's care plans reflected their current needs and interests. The care plans were clear and detailed, so staff knew exactly how to provide personalised care and support. People told us their personal care needs were met as they would like. People said, "I have a shower when I want one, sometimes I just choose to have a wash in my room, it's up to me."
- People and their relatives (if this were appropriate) were involved in care planning and review of care plans.

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.

- People's specific communication needs were known and usually supported. We observed examples of staff speaking with people in their own language, however on occasion it was difficult for people to be understood, as the staff member they asked did not speak the same language. The registered manager confirmed they would look into ways to share people's communication needs better, rather than being reliant on staff that spoke the same language.
- The management team told us the service user guide and information about how to make complaints was available in different formats including different languages to meet needs when requested.

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

- Some people led an active lifestyle, whilst others preferred not to socialise or liked to stay in their bedrooms. During the inspection, activities included playing bingo, and doing arts and crafts. A local school were visiting the next day to come together in celebration of Eid.
- People told us, "I do the exercises"; [Staff member] does my nails, whenever I want." Another said, "We do quizzes and I go to church, there are lots of activities to be involved in if you want." We saw that one person had their TV connected to the Wi-Fi to enable them to watch a Sikh TV channel."

- A relative told us, "They are aware of [loved one] hobbies, they like crosswords, reading and going to the library, joins some of the group sessions, picks and chooses what they want to do."

Improving care quality in response to complaints or concerns

- People told us they would complain to the staff or the registered manager if they were unhappy about their care. Comments included, "They have meetings, you can join if you want to, I have no complaints."
- Relatives consistently told us they were aware of the complaint's procedure; one relative told us "I am aware of the complaints process. I have not made a formal complaint. They are very good and resolve things."
- The complaints policy was on display and people were given an opportunity in meetings to share any concerns or complaints they had.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end-of-life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Governance systems were in place to monitor the quality of the service. The registered manager was working through several actions to assess, review and monitor the quality of care and service provided.
- The registered manager completed audits which identified areas for improvement such as recording systems.
- The provider had policies and procedures in place to direct the running of the service. For example, in relation to complaints, equality and diversity and whistle-blowing.
- The service used an electronic care management system for recording care records, incidents, safeguarding, medicine errors, complaints and compliments. These were overseen by the registered manager and used as an opportunity to further drive improvement within the service and organisation.
- The registered manager had a thorough understanding of the regulatory requirements of their role.

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

- The management team told us they had worked hard to instil an open and transparent culture in the service to continually improve the service provided to the people living there. For example, by working with the staff team, being visible and developing a learning culture when things go wrong.
- As a result, staff commitment and morale was high. One member of staff said, "[Managers] are fabulous. I think [registered manager] is very approachable and personable and he made a point of introducing himself and made you feel like you could go to him about anything. Similar with [deputy manager] very approachable and personable."

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

- The registered manager understood their responsibilities in relation to duty of candour. Relatives were kept informed and updated if their loved ones had an accident or injury or if their health needs changed.
- The registered manager was aware of their legal responsibility to notify CQC of events that occurred at the service such as serious injuries.

Engaging and involving people using the service, the public and staff.

- Residents meetings were used to engage with people about the improvement and development of the service.
- The registered manager sought feedback from people and their relatives through a range of surveys and review and assessment processes.

Continuous learning and improving care; Working in partnership with others

- The registered manager used a comprehensive quality assurance system to monitor and analyse the quality of the service provided. Information and learning was shared with staff.
- The registered manager and their staff team worked with external health and social care professionals sharing information and assessments to inform and improve the quality of care for the people who lived at Mill Lodge.