

Millreed Lodge Care Limited

Millreed Lodge Care Home

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

About the service

Millreed Lodge provides 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 21 people in the home when we inspected.

People's experience of using this service

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being.

People's needs were assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

The provider followed safe recruitment processes to ensure the right people were employed. Staff training included an induction and ongoing training to ensure staff had the knowledge and skills they required to meet people's needs. There was enough staff to keep people 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.

Risks to people's health and wellbeing were assessed and mitigated. People's medicines were managed safely. The home was clean, and staff followed procedures to prevent the spread of infections.

Staff had formed genuine relationships with people and knew them well and were seen to be consistently caring and respectful towards people and their wishes.

People received food and drink of their choice. When required, people were supported to access healthcare professionals and receive ongoing healthcare support. People were supported to share their views and shape the future of the care they received.

Care plans provided staff with the information they needed to meet people's needs. People could choose how they wanted to spend their time and a variety of activities were offered to people. People were supported to receive end of life care in the way that they wanted and met their individual needs.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

The provider and manager followed governance systems which provided effective oversight and monitoring

of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home where people could move around freely as they wished.

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 requires improvement (published 12 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 ●

Millreed Lodge Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager left the service in November 2019 and another manager was in the process of registering with CQC. The provider was in the process of de-registering the previous registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority to seek their views and opinions of the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with the manager, the area manager, a staff member administering medicines, the cook and two other care staff members. We spoke to a visiting health care professional. We reviewed a range of records, including three people's care records, risk assessments and medication administration records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to ensure staff received training and support to recognise and respond appropriately to abuse. Staff understood the principles of keeping people safe.
- The manager kept a record of safeguarding incidents and assured appropriate actions were taken to keep people safe.
- People told us they felt safe living at the home, one person said, "Oh yes I feel safe living here, it's very nice."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and actions were in place to minimise risks occurring.
- Staff knew people well and were knowledgeable about the risks in relation to their care.
- Fire risk assessments were in place which covered all areas in the home. People had personal emergency evacuation plans in their care file to ensure staff knew how to safely support them in the event of a fire which reflected each person's needs.
- Premises' risk assessments and health and safety assessments were in place, reviewed regularly and up to date; these included gas, electrical installations and fire equipment.

Staffing and recruitment

- Staff were recruited safely. The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry.
- Staffing levels were determined by the number of people using the service and their needs and were adjusted accordingly.
- We observed staff constantly interacting with people and there were enough staff available to ensure people received timely care.

Using medicines safely

- People received their medicines as prescribed. We looked at three people's medicines administration records these were completed correctly. We did a stock check of people's medicines, including controlled drugs which are subject to more rigorous guidelines, and these were correct.
- We observed staff administering medicines and found they did so in a safe manner. All staff who administered medicines had received the necessary training and competency checks.
- Medicines were stored safely and room and fridge temperatures were maintained daily to ensure medicines were stored at the correct temperature.

Preventing and controlling infection

- The service was clean and free from malodour throughout; we saw staff carrying out cleaning duties during the inspection.
- Personal protective equipment was readily available and accessible, such as disposable gloves and aprons, and staff used these appropriately during the inspection.
- Staff received training in the management of infection control and food hygiene. The manager carried out regular infection control audits to ensure compliance.
- The service had achieved a rating of 'five' (the highest rating) from the Food Standard's Agency in relation to hygiene levels.

Learning lessons when things go wrong

- The manager kept a record of accidents and incidents and took appropriate actions to ensure they were minimised.
- Very few incidents had occurred and there had been no major or serious injuries. The manager kept a log of all incidents and these corresponded with notifications received by CQC.
- Incident forms had been fully completed, and detailed the action taken in response. Body maps were used for any injuries to the body. People were referred to the 'falls team' where necessary. We saw some people were wearing falls pendants to alert staff if they were prone to falling.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs continued to be assessed prior to admission to ensure the home was suitable; the pre-admission assessment included areas such as mental health, communication, mobility needs, nutrition, skin integrity.
- People's needs were reviewed regularly to ensure the home could continue to meet any changes. People told us they were involved in care planning and relatives said they were kept informed of any changes. One relative said, "Yes, the home took time to find out about [my relative] at the beginning and it's an ongoing process."
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices. People's past life histories and background information were also recorded in their care documentation.

Staff support: induction, training, skills and experience

- Staff received the necessary training and support which gave them the knowledge to carry out their roles and responsibilities.
- Staff told us they worked well together as a team and were complimentary about the support they received from the management team. One staff member said, "I feel very supported in my role and have no complaints to make. I can go to any of the management team and they are all supportive at work and also in my personal life; they have all been there for me as friends, as well as a managers."
- Staff told us they received a thorough induction which comprised of mandatory training and shadowing experienced staff; we verified this by looking at staff induction records.

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day; we saw staff asking people what they wanted to eat at each meal. A variety of choices were available and a pictorial menu was used to help people understand and choose; a new pictorial menu book was being drawn up, to take to people who preferred to stay in their own rooms.
- People told us they enjoyed the food provided at the home. One person said, "There's a good choice of food each day and we get plenty of drinks too." A relative told us, "I think the food is very decent; it looks good and smells nice at mealtimes. [My relative] is eating a lot better since being here."
- The cook was knowledgeable about people's dietary needs and choices. There were appropriate risk assessments and care plans in place for nutrition and hydration which were reviewed regularly, and people's daily nutritional intake was recorded; any allergies were also clearly noted.

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

- People had access to healthcare professionals and were referred appropriately to services to support their needs. Staff worked in partnership with other agencies to support people effectively; records showed the service worked with other agencies to promote people's health. People had oral healthcare assessments in place and mouth care assessments were done to ensure people received the correct support.
- Staff responded well to advice given by healthcare professionals to ensure people received effective care.
- We spoke with a healthcare professional who regularly visited the home; they were very complimentary about the staff team and how they worked effectively with them. They told us, "The home is much more organised now than before. They refer to us appropriately and follow advice and guidance we give. The new manager is doing well to keep things organised and the atmosphere feels settled. Staff are attentive and know people well."

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

- The premises were homely and well maintained. There was plenty of space for people to get around freely without restriction, and people could move around as they wished, which we observed. A quiet lounge was available for people and was also used for meetings with relatives.
- People's rooms were personalised and individually decorated to their preferences; people's rooms reflected their personal interests and contained personal family objects; bedroom doors had a picture of the person and their name on them, along with other objects of meaning to the individual person to help them find their room.
- The home was 'dementia friendly,' and there was signage to identify different areas. The manager told us the garden of the home was due to be redesigned to make it more accessible to people, and this was being done in partnership with The Prince's Trust

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We looked at care records and found the provider was working within the principles of the MCA. Where people lacked capacity, decisions had been made in people's best interests.
- The provider demonstrated an understanding of the need to consider people's mental capacity when making specific decisions and that any made on their behalf should be made in their best interests; they had made applications for people to have a DoLS assessment where needed.
- Staff received training in MCA and DoLS. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. We observed staff asking for consent before assisting people, and written consent was also recorded in people's care files.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff continued to demonstrate a caring and kind approach towards the people they supported. We saw numerous occasions when staff enquired about people's welfare, and throughout the inspection no-one was left alone for any long period. It was clear staff had developed good relationships with people and their relatives and knew people well.
- Staff were respectful when talking with people, calling them by their preferred names. Staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people of the reason for our visit.
- Equality and diversity were promoted, and any individual needs were identified in people's care plans. We found no evidence to suggest anyone using the service was discriminated against. A person told us, "I think all the staff are decent, and we always have a good banter and a laugh; I'm happy with the way things are." The home had policies on privacy and dignity, equality and diversity; staff were aware of these policies and how to follow them.

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

- People were supported to express their opinions and be involved in making choices about their care. We saw staff asking people what they wanted to do and offering choices such as what people would like to eat and drink, or what activities they wished to do.
- People and their relatives told us they had choices and were involved in making day to day decisions and relatives said they were involved in care plan discussions and that they were kept up to date with any changes in [their relative's] circumstances. One relative said, "Staff encourage [my relative] all the time. [My relative] makes [their] own choices on what to do, always. I get called immediately and on a daily basis by the home if there is a need to update me. Communication is great, and the home are always willing to listen to me. They [the home] seem to be on the ball and [my relative] has had some super care from them." A person told us, "Staff are fine with me day and night and I have a staff call bell in my room if I need."
- Regular reviews were held with people, or when needs changed, and their relatives had opportunities to attend and be involved in this process; care records recorded when relatives had been involved, or when telephone conversations had been held with them.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to providing good care for people; we observed they respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed if supporting people with personal care. Staff knocked on people's doors before entering their room.

- Staff valued the importance of maintaining people's independence and told us they promoted this where possible, for example, people were encouraged to carry out tasks they could do themselves such as selecting their own clothes. A relative told us, "Staff are always dignified and always ask [my relative] first before doing anything. Staff encourage [my relative] to do as much as possible for [themselves] and would knock on the toilet door first and ask if they can come in to maintain dignity."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulations (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. People's records were stored safely in a secure cabinet in a lockable office, which maintained people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 continued to be person-centred and contained specific individual details about people and how they wanted to be supported. Care plans were detailed with people's likes, dislikes and preferences. Staff demonstrated they knew about people's likes and dislikes, through interactions we observed throughout the inspection.
- People's care plans detailed their strengths and areas of independence. For example, where people could complete elements of their personal care independently, this was clearly recorded in their care plan.
- The service regularly reviewed care plans to ensure all information was accurate and up to date; this ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was signage used around the home to identify rooms and help people orientate around different areas. Staff used a written communication board with some people who had a hearing loss, and staff waited until the person had read and confirmed their understanding of this written information.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.
- Information could be provided in different formats, such as large print, and the menu was in pictorial format to help people understand what was on offer. During the inspection one person received a visit from a relevant person who did a hearing test; a hearing test is important as limited hearing can affect the ability to communicate effectively.

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 were supported to follow their interests and take part in social activities. Care plans included information about people's known interests and staff supported people daily to take part in things they liked to do. Historical pictures were available showing people taking part in activities.

- There was an activities coordinator and we saw various activities taking place such as games and puzzles and singalongs. An activities weekly planner was available that was changed each week depending on people's preferences. The activities coordinator told us about how they were supporting one person who had an interest in photography, and how they were producing a guide to help the person use their own personal computer more successfully; we spoke with this person to verify this.
- Clergy regularly visited the home and the activities coordinator told us about a new initiative where a local school had been invited to assist with making new bird boxes for when the garden area was refurbished. Further links with schools were planned so people could talk with children about the local history, as part of their learning curriculum. Outings were being planned for when the weather improved. All people had been registered for a postal vote.

Improving care quality in response to complaints or concerns

- People told us they had confidence to raise a concern if they had any problems. One person said, "If I had a complaint I would tell one of the staff or the manager, but really I have nothing to complain about." A relative told us, "Yes I know how to make a complaint; we got information on this at the start. I would have no problem in speaking to staff or management, but we've never had a problem."
- There was a complaints policy and procedure in place which was given to people at the start of their residence. Where any learning could be gained from any complaints, it was documented and shared with staff.
- No recent complaints had been received by the home. A compliments book had lots of historical compliments previously received; these referred to the staff's caring attitude, staff treating people with dignity and respect and supporting families well.

End of life care and support

- People were supported to document their wishes for the kind of care and support they wanted to have when they reached the end stages of their lives if they wished, and advanced care plans were in place for some people.
- At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order in place. End of life care was supported by district nursing teams, doctors and relevant other professionals.
- Lots of compliments had been received about end of life care; these complimented staff on how they had made people feel comfortable at the end stages of life, how they had comforted people's relatives and how devoted staff were in providing good care to people.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Throughout the inspection the manager was constantly involved in observing and supporting staff and people. It was clear the manager knew people well and their individual needs. The atmosphere in the home was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- The manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people and their relatives as part of the process of care plan reviews, through regular meetings and annual questionnaires. The results of the most recent questionnaires, done in December 2019, and sent to people and their relatives were positive, indicating that people and their relatives were happy with the care being provided.
- Staff were enthusiastic about their roles and committed to providing person centred care. One staff member told us, "[Manager name] is very supportive and a 'hands-on' manager and always there to help us and check up on things. I enjoy learning about new things and working closely with other staff and looking after the residents."

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

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. A range of audits were carried out on a daily, weekly and monthly basis. The area manager also visited regularly to carry out their own audits, to observe the staff and to check on the auditing the manager had done; this ensured the provider was aware of any issues in a timely way.
- The service had a manager who was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this. The registered manager of the service had left the home in November 2019 and the current manager was in the process of formally registering with CQC.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last inspection report was displayed within the home and was available for all to see.
- People had confidence in the manager and found all staff to be approachable. A relative told us, "I think it's a very happy place, and very homely. It's not like some places that are too big and [my relative] is comfortable. Staff attend to people and there's no issues with getting what they need. The manager always makes me aware if something changes." A social care professional had commented in a questionnaire

response, 'Millreed Lodge has been through a very difficult period but things appear to be improving. The care staff are excellent, caring and knowledgeable. The team leaders are engaging and keen to accept advice and support.' A second social care professional told us they felt the newly appointed manager was settling into their new post well and felt the manager was well organised and had a good knowledge of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The manager ensured staff, people, relatives and healthcare professionals could attend reviews at the home and share their feedback about the service with them.
- The manager promoted best practice in person-centred care; there was a culture focused on achieving positive outcomes for people which was reflected in their care file information. The service involved people in their day to day care and promoted their independence to make their own decisions; our observations confirmed this.
- Staff meetings were held regularly which discussed people and their needs. A handover meeting was held in between staff shifts to ensure they staff had the latest up to date information about people.
- The service had a range of audits which were used to ensure the service maintained standards expected by the provider. Since our last inspection audits had been further embedded into practice and were more robust, thorough and effective.

Working in partnership with others

- The manager had been proactive in engaging with clinical professionals and social care professionals who visited the home to check on people's welfare and identify any issues as a pro-active measure; this helped to ensure people's welfare was maintained.
- The service worked in partnership with the local community, other services and organisations. Local schools and churches visited the home and people were supported to access the local community facilities.
- Records showed multi-disciplinary teams were involved in people's care.