Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Mill Lodge Care Centre

1a Moorside Place, Thornbury, Bradford, BD3 8DR

Tel: 01274354501

Date of Inspection: 05 September 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care UK Community Partnerships Limited
Overview of the service	Mill Lodge Care Centre is a registered facility providing for 42 places in single room accommodation. The home is situated within a busy community that is well serviced by local shops; post office and so on and bus routes to Leeds and Bradford are close by. The home has level access and a passenger lift is fitted to ease access to the first floor. All of the single bedrooms are equipped with en-suite toilets. There are a variety of bathrooms and communal disabled toilets as well as a kitchen area. There are a number of communal lounges and dining rooms. Parking is provided within the grounds.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 5 September 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Before people received any care, support or treatment they were routinely asked for their consent. Members of staff told us they always explained all procedures and treatments. People had contributed their preferences and their experiences were taken into account in relation to how care and support was delivered. One person told us, "I choose to eat in my room." Another person told us, "I can tell them if I want something different."

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. One person told us, "I am well looked after. I am happy as I can be." Another person told us, "They certainly do look after me. It feels like home."

Appropriate arrangements were in place in relation to management of medicines. The home had clear guidance that outlined how medicines should be obtained and protocols that staff must follow. Staff we spoke with said they had received medication training. People we spoke with said they received their medication on time and when they needed it. One person told us, "I get my medication on time, they are on the ball."

We found people were supported by sufficient numbers of qualified, skilled and experienced staff which met people's needs. People we spoke with told us there were generally enough staff to help them when they needed support.

There were quality monitoring programmes in place, which included people giving feedback about their care, support and treatment. This provided a good overview of the quality of the service's provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People who used the service and their families had contributed their opinions and preferences in relation to how care and support was delivered. Before people received any care, support or treatment they were asked for their consent and staff acted in accordance with their wishes.

We looked at six people's care plans. The care plans were individual and reflected background, culture, preferences, likes and dislikes. We saw evidence that people's choices were recorded in their plans. For example, we saw some relatives had signed a mental capacity assessment for their family member. People's wishes were respected where possible and there was a friendly and supportive atmosphere between staff and the people who used the service.

We spoke with nine people who used the service and they told us they could make decisions about their day to day lives such as choosing when to go to bed and where to spend their time. One person told us, "I choose to eat in my room." Another person told us, "I can tell them if I want something different." One person said, "You have only to ask for what you want and you usually get it."

Information in the care plans showed the home had assessed people who used the service as to their capacity to make their own choices and decisions around care. People and their families were involved in discussions about their care and the risk factors associated with this. Individual choices and decisions were documented in the care plans and reviewed on a regular basis.

The provider acted in accordance with legal requirements where people did not have the mental capacity to consent. Staff had an awareness of the Mental Capacity Act and deprivation of liberty safeguards. The training records showed that training around the Mental Capacity Act and the deprivation of liberty safeguards had been arranged for the

10 September 2013.

Staff told us people were given opportunities to make choices and decisions throughout the day and those decisions were respected. Staff told us how they worked with people with differing needs. Staff were able to tell us how they sought agreement to the care and support that was offered to a person who was not able to communicate verbally. Staff said relatives were also involved in making decisions about people's care when it was appropriate.

We saw the home had up to date policies and procedures which included the consent to examination, treatment and photograph, confidentiality and deprivation of liberty safeguards.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, including talking with people, observing the care being delivered and looking at records.

We observed staff giving care to people throughout the inspection and they were respectful and treated people in a friendly way. We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people wanted to watch television or were reading. Some people spent time in their room, in the lounge areas or were with the hairdresser. During lunchtime people were given time to finish their meal in an unrushed and calm way.

We looked at six people's care plans which were in electronic format. However some documentation was also held in paper format. For example, people's mental capacity assessments. We found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans were written in a person centred way, which included family information, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The also included a document called 'my life story' which contained information about how the person used to live. We saw care plans contained guidance for staff about the way each person should be supported and cared for.

Care, support and treatment was planned and delivered in a way that ensured people's safety and welfare. Each person had an assessment of care needs and a plan of care, which included risk assessments and identified care needs. The risk assessments included, moving and handling, pressure area care and nutrition. The care plans highlighted what people could do on their own and when they needed assistance from staff.

We saw evidence that care plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan that showed specialists had been consulted over people's care. These included health professionals' and GP communication records. One of the Nurse's we spoke with told us

they always read people's daily notes. This enabled her to see if people needed any additional support or care.

During our inspection we spoke with three members of staff, who told us the care plans were easy to use. They also told us they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated a good knowledge of people's care and support needs and could describe care needs provided for each person. One person told us, "The care plans tell you what is needed and they give you enough information."

We spoke with nine people who used the service who told us they were happy living in the home and with the care and support they received. People were complimentary about the staff who assisted them. One person told us, "I am well looked after. I am happy as I can be." Another person told us, "They certainly do look after me. It feels like home." Other comments included, "Staff know how to look after me. I am well looked after", "I am very comfortable"; "It is 100% living here. I would not want to live without these people, I love them" and "I have no complaints."

We spoke with five relatives who told us they were happy with the care and their family member was well looked after. They told us the staff understood the care needs of their family member and they were contacted by the home straight away if their family member required any treatment. One person told us, "He is happy and well looked after." Another person told us, "I am satisfied with the care. I can't complain." Other comments included, "Yes, they are well looked after" and "It's a lovely place, we are fine and have no issues."

People's care, support and treatment was planned and delivered in a way that protected them from unlawful discrimination. For example, the home had lift access to the top floor. This enabled people with limited mobility to have access to activities and other areas of the home.

There were arrangements in place to deal with possible emergencies. The home had first aid kits that were stored securely and accessible to staff. We also saw several 'slide' mats around the home for evacuation purposes. Staff talked confidently about what to do in an emergency. Some staff had received training in basic life support skills and resuscitation.

The Manager told us the deprivation of liberty safeguards were only used when it was considered to be in the person's best interest. We saw the home had up to date policies and procedures in place. These included care planning, first aid and medical emergencies, risk assessments and admission and discharge.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People we spoke with said that they received their medication on time and when they needed it. One person told us, "I get my medication on time, they are on the ball." Another person told us, "I get my tablets on time." Other comments included, "I think I have enough tablets, they never miss and they are always there" and "I always get my medication."

Appropriate arrangements were in place in relation to obtaining and recording of medicines. We looked at medication stocks and records and we found they were well maintained. A system was in place to record all medications in and out of the home.

Medicines were handled appropriately. The medication system in use was a monitored dosage system where tablets were supplied in a 'pop out' sheet. The home had procedures for the safe handling of medicines. All staff who administered medication had been trained and had their competency checked.

Medicines were safely administered, prescribed and given to people appropriately. We observed people being given their medication and this was done in a considerate, encouraging way with an explanation of what each medication was.

Medicines were kept safely. A member of staff told us the home used a local chemist as their pharmacy supplier. We saw monthly stocks of medicines were stored in a locked trolley in a locked room. The storage of medications was organised and the expiry dates were checked on a regular basis. Medicines requiring low temperature storage were kept in a locked refrigerator fitted with a visual temperature display. We saw the temperature was checked daily and logged for audit purposes.

People's medication administration records contained specimen signatures, photos of each person, allergy details and information about each person's individual needs, for example, if medication was refused on a regular basis then the doctor would be contacted for advice. We looked at the medication administration records for three people and no gaps in recording were evident.

Members of staff we spoke with told us they completed a daily medication audit that checked stock levels. They told us they recorded any identified medication incidents or errors and addressed them immediately.

We looked at the controlled drugs (CDs) kept in the home and the CD register. We saw the CDs were kept in a locked cabinet in a locked cupboard. One staff member told us there were always two members of staff who administer CD medication. The procedure was one person would administer the medication and the other person would witness the medication being given. Signatures would be recorded in the CD register. Checks of the stock levels found these were correct and matched the records kept.

Medicines were disposed of appropriately. We saw unused medicines were recorded and stored securely in a purpose made container, in a locked cupboard, ready for collection by the pharmacist.

The homes medicines policies covered the supply, recording, administration, safekeeping and disposal of medicines. This policy was reviewed annually to ensure it was current and relevant.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. On the day of our inspection the Deputy Manager told us the home's occupancy was 41. There was two qualified nurse's on duty throughout the day and they had responsibility for administering medication and for overseeing the care staff. There were also one senior member of staff and six care workers. There were members of staff for domestic, laundry and kitchen duties and an activities co-ordinator. During the night, there was one qualified nurse and four care staff. The Deputy Manager told us one night per week there were two qualified nurse's on duty to order people's medication.

The rotas we looked at showed the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. They confirmed there were sufficient staff, of all designations, on shift at all times.

The Deputy Manager told us staffing level were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or they used staff from a different part of the organisation to make sure there was continuity in service.

We observed staff working in the home. There appeared to be sufficient numbers of staff and they acted appropriately when undertaking their roles and responsibilities. However, there were several call bell activations that were not answered until the tone of the call bell had changed indicating there was an emergency. The Manager told us he would address the call bell issue immediately.

People received consistent care and support that met their needs. We spoke with nine people who used the service and five relatives who told us there were generally enough staff with the right skills and experience to meet their needs. One person said, "They answer the call bell straight away." Another person told us, "They answer the buzzer now and again." One person said, "They are sometimes short staff but people get a fair bit of attention." Another person said, "Sometimes there are not enough staff but care is not impacted." Other comments included, "There are enough staff and I always get someone to look after (name of relative)" and "I feel safe with the staff."

We asked the staff about staffing levels at the home. Staff told us they felt in general there was enough staff but it would be nice to have a little more time to talk with people who used the service. They told us the care and support of the people who used the service was never compromised. The Manager told us he was currently working on recruitment of bank staff for the home.

The Manager told us a rolling programme of training was in place for all staff. This was evident as several training courses for 2013 were seen to have taken place or had been arranged, including safeguarding, medication, dementia awareness, dignity and equality and Mental Capacity Act and deprivation of liberty. The Manager told us there was a mechanism in place for monitoring training and what training had been completed and what still needed to be completed by members of staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. They also had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

Reasons for our judgement

We looked at how the home gathered information about the service they provided. The Manager told us audits were undertaken regularly. Records of audits that had been undertaken confirmed that a programme was in place.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider had carried out an annual survey for 2012 of the views and experiences of people who used the service. The results of the survey were displayed in the entrance to the home. This included 'what we asked', 'what you said' and 'what we did'. For example, we saw the home asked about the location of the home, people who used the service said the area was not very good. The response from the Manager was they would improve the garden and outside area. We saw there was a nice garden area with plenty of seating and pathway around the area. The Deputy Manager told us the survey for 2013 was still being analysed.

We looked at the Area Managers monthly audit for August 2013. This included health and safety, customer feedback, care delivery, infection control, safeguarding and training. We saw audits had been completed for infection control and medication. We saw evidence that action plans were developed which identified actions, with on-going monitoring and completion dates.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The staff we spoke with explained changes to care plans were made after discussion with people who used the service and if appropriate with their relatives. Staff also had a daily handover meeting where information was shared regarding people's care and support needs.

We saw staff meetings were held monthly and included meetings with specific staff groups. Actions were considered and taken following each meeting. We saw the meeting minutes for August 2013 which included discussion topics on staffing, repairs, client care, sluice machines and training. The Manager held a monthly surgery for residents and

relatives to speak with them if they wished.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. The Manager told us they addressed any serious untoward incidents immediately. They said they produced a log of incidents which they were able to identify any patterns, trends and training opportunities.

We spoke with the Manager regarding how they monitored complaints. They explained the complaint's procedures and we saw the home's log of complaints. The log included details of each complaint, the response and any changes in practice or procedures required to improve the service. They told us complaints were fully investigated and resolved where possible to the person's satisfaction. The provider took account of complaints and comments to improve the service.

The quality monitoring showed people who used the service benefited from safe quality care, treatment and support.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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