

Health Scrutiny Committee
Date: 15 October 2014
Care Quality Commission Inspection of Mildenhall Lodge

Information in this report was produced on behalf of	
Director or Assistant Director	Evelyn Wheeler, Assistant Director for Commissioning and Market Development, Adult and Community Services
By	Ian Patterson, Head of Contract Management and Market Relationships, Adult and Community Services Tel 01473 265802 ian.patterson@suffolk.gov.uk
Title:	Care Quality Commission Inspection of Mildenhall Lodge.
Date Submitted:	3 October 2014

Introduction

1. On December 1st 2012, Care UK took full operational control of the Council's 16 care homes and eight community wellbeing centres for older people, following an extensive procurement process. Care UK is required to run the existing facilities, whilst replacing them with 10 new care homes and 10 new community wellbeing centres, in a development programme due to be completed by early 2016. This is a complex programme which requires careful planning and close working with residents and families to support them through the changes.
2. The new homes will provide modern, purpose-built accommodation designed to support people with dementia and complex care needs. Mildenhall Lodge, the first new care home, was opened on 20th June 2014. This was followed by Asterbury Place in Ipswich on 4 July 2014 and Davers Court in Bury St Edmunds on 15 August 2014.
3. Careful planning supports the process of residents transferring from the existing homes to the new homes. This includes a dedicated social work resource to ensure that people's needs and preferences are understood, family members are involved, there is help with the choice of rooms, effective planning has taken place to ensure that actual moves are undertaken safely, and that social workers follow-up through reviews normally after six weeks.

4. The Care Quality Commission (CQC), responsible for regulating care homes, inspected Mildenhall Lodge on 31 July 2014, soon after the care home opened, and found that the home was not compliant in four areas of care standards out of five.
5. Care UK is contractually required to provide a quality service. They have acted swiftly to put measures in place to rectify matters at Mildenhall Lodge, to ensure that it is compliant. The Council and Care UK are working closely together to ensure that these issues are not replicated in any of the other new homes to open.

Focus of this report

6. This report addresses the following key questions:
 - a) What were the findings of the CQC report on Mildenhall Lodge?
 - b) What steps have been taken by Suffolk County Council and Care UK to ensure residents at Mildenhall Lodge are safeguarded and necessary improvements have been implemented?
 - c) What further action is required?
 - d) In light of the transfer of the former SCC care homes to Care UK, what assurances are being provided to residents, their relatives and the public that the safety and wellbeing of residents in the homes is a priority?

Main body of evidence

a) What were the findings of the CQC report on Mildenhall Lodge?

7. CQC undertook an inspection of the home on 31 July 2014. Their report is published on the CQC website at: <http://www.cqc.org.uk/location/1-1465022022/inspection-report/1-14650220222014-09-17>
8. CQC explain in their report that this was an unannounced inspection. They looked at personal care and treatment records, observed how people were being cared for, and talked to people who use the service as well as carers and or family members.
9. The CQC report shows that the service provided in Mildenhall Lodge was non-compliant in four areas. Particular issues are highlighted by CQC under each of these headings:
 - I. Care and welfare of people who use the services. The report says that the care home did not meet the standard required.

The report refers to records kept by Care UK and that these showed insufficient information to help staff provide care and support for people with diabetes, and insufficient evidence that the appropriate care had been given in all cases. This included information about blood tests to determine glucose levels, whether their condition was tablet or diet controlled, information about food and fluids taken, and information which showed that inappropriate food had been taken.

CQC said that there was evidence of call bells not being answered quickly enough. CQC spoke to residents who said that there were not enough staff on duty to provide the required care.

CQC observed someone in the home taking a meal without the help they required as described in their care plan. CQC also saw in the records that one person had been admitted to hospital because they had aspirated food into their lungs because it had not been prepared appropriately.

Memory boxes outside the bedrooms, which are designed to help people find their own rooms, were seen to be empty.

There was insufficient evidence about activities for residents.

CQC observed that the service had appropriate policies in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA DoLS).

CQC served a warning notice which meant that Care UK needed to be compliant with this standard by 22 September 2014.

- II. Safeguarding people who use services from abuse. The report says that the care home met this standard.

There was a programme of training in place for staff about safeguarding people from abuse, with information and procedures available and displayed. The staff had made appropriate safeguarding referrals, where necessary. There were arrangements to look after people's money safely where required.

- III. Staffing. The report says that the care home did not meet this standard.

CQC said that they had been told by Care UK that one member of staff would be needed to support and care for five people in the day and 10 people at night and that the home was aiming to exceed this guideline, aiming for 10 members of staff on duty in the day, nine in the evening and four at night. However, when the rotas were examined, the service rarely showed that it had reached these levels. On 28 July 2014, six staff worked the day and evening shifts, and an additional staff member working 12-6pm. CQC said that they observed that there were insufficient staff to help a resident take a walk in the garden.

Staff files showed evidence of incomplete training and induction programmes.

- IV. Assessing and monitoring the quality of service. The report says that the care home did not meet the standard required.

The service had been operating for a short while and had not had the opportunity to send out questionnaires at the point of the inspection, however, since then, Care UK have sent out questionnaires to all of their homes in Suffolk, as part of the contractual requirement and as part of Care UK's normal quality assurance practice. In addition, Care UK are planning a local survey for Suffolk homes to ask about the experience of transferring to the new homes.

One meeting had been held with people who used the service. A complaints policy was in place and two complaints had been received which had been responded to promptly.

This section of the CQC report also refers to care plans, and says that although care plans were being reviewed regularly, there were care plans for people with diabetes which did not ensure that they received care and treatment to meet their needs.

CQC said in this section of the report that staffing levels had been assessed using a system which did not sufficiently take into account people's specific health needs, and that staffing numbers regularly did not meet the assessed levels.

Communication arrangements to pass on information about residents between staff working on different shifts were not clear.

The fire system and equipment was maintained but the call bell system had not been tested regularly and staff were not able to provide information about response times to call bells at the time of the inspection, although the information was provided subsequently.

- V. Records. The report says that the care home did not meet the standard required.

Paper and electronic records were being used. There was evidence that records contained insufficient information, for example for the care of someone with diabetes.

The electronic recording system was not easy for staff to access or navigate. Records of GP visits were made in a number of different locations which could prove confusing for staff.

Handover information for staff on different shifts contained insufficient detail about activities which each person had undertaken during the previous shift.

Staff files did not in some cases provide accurate information about training and induction for staff members.

b) What steps have been taken by Suffolk County Council and Care UK to ensure residents at Mildenhall Lodge are safeguarded and necessary improvements have been implemented?

Actions undertaken by Care UK in response to the issues raised in the CQC Report.

10. Care UK was required to send a report to CQC by 16 September 2014 to explain what action Care UK planned to take to meet the standards and ensure compliance, and to inform CQC when they had completed the work to make the service compliant. CQC visited again on 26 September 2014 and Care UK are awaiting their formal response.
11. Care UK fully acknowledged the importance of addressing each issue of concern quickly and thoroughly, to ensure that the home is compliant. Care UK has discussed the work they have undertaken with the ACS Contracts Team and other officers, and have made the following changes to the service in response to the CQC findings:

I. Care and welfare of people who use the services.

In response to the finding that records were insufficient to help staff provide help and support to people with diabetes, Care UK undertook a review of all care plans and this has been backed up with additional staff training about the care of people with diabetes, also about specific aspects of health and care needs, including fluid thickeners. Care UK has explained that they are now working more closely with local GPs regarding the care of people with diabetes.

In response to CQC's findings about call bells not being answered quickly, Care UK obtained further instruction about the new system which has been installed to ensure that there is effective monitoring of response times using regular print-outs, and these are now reviewed at least weekly and at random times.

Care UK's response to the concerns about staffing are shown in section III, below.

In response to CQC's observation that memory boxes outside bedrooms were empty, Care UK confirmed that their staff are working with residents and families to make sure that memory boxes are used where residents and families agree, to include personal items to help people find their rooms. Memory boxes will remain empty when rooms are vacant.

In response to concerns about activities provided, Care UK has given the responsibility for organising activities to a lead member of staff in the care home. Activities are organised as 1:1 activities, which include manicures, individual discussions and other activities of interest to individual residents. There are group activities as well.

Care UK has provided a summary of the activity schedule for Mildenhall Lodge for September and October 2014. This has a variety of activities which include old time music, Wamil Court re-union lunch, memory box reminiscence, coffee group, biscuit decorating, Italian themed lunch, bingo, and a Sunday film afternoon. There was a themed day on 19 September 2014 with Spanish food and clothing worn by residents and staff, and evidence of the activities being enjoyed by residents including cooking.

II. Safeguarding people who use services from abuse. The care home was compliant and Care UK will continue to work to ensure that compliance is maintained.

III. Staffing. In response to the concerns about staffing levels, Care UK said that staffing levels are continually reviewed to meet the needs of residents, and that staffing levels are higher than in Wamil Court which was replaced by Mildenhall Lodge.

Senior management has confirmed that this means that typically for people with nursing needs, there is 1 staff member working to support 3 residents during the day, at night there are 2 members of staff for 3 residents. For people who do not have nursing needs, there is 1 staff member for 3 residents during the day and at night there is 1 staff

member for 5.5 residents. For the purposes of arranging staff cover, Care UK uses 8am to 8pm for day hours, and 8pm to 8am for night hours.

Care UK managers are working to ensure that tasks are allocated and shifts are managed to ensure that staff time is completely focussed on providing appropriate care.

In response to CQC's observations about staff files and training undertaken by staff, Care UK have undertaken a review of staff files and training, to ensure that all the required training and induction programmes have been completed and recorded accurately.

- IV. Assessing and monitoring the quality of service. In response to CQC's concerns about there not having been a residents' satisfaction survey completed, Care UK acknowledged that because Mildenhall is still relatively new, they have not undertaken a questionnaire exercise. However, this will be completed as soon as possible and there is a contractual requirement for Care UK to provide the Council with the outcomes of a satisfaction survey on an annual basis.

CQC referred to care plans with insufficient detail in this section of their report. Care UK has undertaken a review of all care plans and staff have been given additional training regarding the care of people with diabetes.

Care UK's response to the concerns about staffing are shown in section III, above.

In response to CQC's observations about communication arrangements, these have been improved so that clear and accurate information is handed on by staff working one shift to staff beginning another shift. A handover information sheet is used.

Call bell response times were highlighted by CQC in this section of their report. To address the concerns about call bells not being answered quickly, they have called the engineer back into the home to give further instruction about the monitoring of call bell response times. These are monitored at least weekly and at other times.

- V. Records. CQC reported that care plans were insufficient in this section of their report. Care UK undertook a review of all care plans and staff have been given additional training regarding the care of people with diabetes, and fluid thickeners.

Regarding the recording systems, additional help and support has been given to staff to use the electronic recording system, which some staff were familiar with having worked with the system in Wamil Court after it was introduced by Care UK. Visits by GPs and other health professionals are now recorded in one communication book which is held on each unit within the care home.

In response to CQC's concerns that information about activities being undertaken by residents was not shared between staff working different shifts, is being included in information which staff hand over from one shift to another.

Actions undertaken by the Council

12. The Council placed a suspension on new admissions to Mildenhall Lodge on 29 July 2014 when concerns were made known to the Council. This will not be lifted until there is clear evidence that all of the measures taken by Care UK have satisfied CQC and that the home is assessed as compliant.
13. Two meetings took place on 1 August 2014 and 8 September 2014 and were arranged by the Council's Adult Safeguarding Team, attended by Care UK, CQC, the NHS, and ACS staff to review specific issues and concerns. A third meeting will be arranged to review matters following a formal response from CQC following their last visit, and this will be the opportunity for the Council to review the suspension.
14. Adult and Community Services Safeguarding and Quality Improvement staff have contacted and have visited Mildenhall Lodge. There are currently 4.25 officers in the Quality Improvement Team available for direct visits to services, including the service manager, covering a range of services across Suffolk which includes 187 accredited care homes and 750 accredited services overall.
15. Officers have seen staffing levels during the day and have spoken with Care UK staff who have been brought in to review and provide advice and instruction on medication issues. Officers have also seen examples of activities, for example the planning for the themed day on 19 September 2014 with Spanish food and clothing worn by residents and staff, and evidence of the activities being enjoyed by residents including food preparation. The ACS Quality Improvement Team will support the home's manager through a mixture of weekly contact, either by telephone contact or physical visits.
16. Care UK's progress towards full compliance will be reviewed through the formal Governance arrangements for the contract between the Council and Care UK. These include the regular monthly contract meetings between the ACs Contracts Team and Care UK. Also, the Contract Development Board, attended by senior managers and representatives of the Council and Care UK.
17. Matters have been discussed between senior ACS Managers and Care UK senior representatives, to ensure that the problems are rectified immediately.

c) What further action is required?

18. Care UK is awaiting formal notification of the outcome of the most recent CQC visit on 26 September 2014. The ACS Contracts Team will review the suspension on new admissions once the outcome is known. Learning will be taken from Mildenhall Lodge so that there is not a repeat in the other new homes being developed by Care UK.
19. The arrangements for closures of existing homes and the opening of new homes will include a continuation of the careful planning for the transfer of residents and their support, together with a comprehensive check for each new service to open, and follow up through the social work review process once the new home is operating. Reviews at Mildenhall Lodge began earlier than six weeks in response to comments and concerns.

20. Arrangements will continue for Council officers and Care UK to review lessons learned. Care UK has already introduced new quality monitoring arrangements with service and quality audits being undertaken in new homes by managers with knowledge and expertise in quality issues, to ensure that the homes remain compliant from the point of opening. Senior Care UK managers are involved directly with each new home opening, to ensure that the new service is safely established.
21. Council officers will continue to monitor standards in the existing Care UK homes which are due to be replaced, and the new homes being built and opened. Arrangements will be reviewed through the formal contract governance arrangements.

d) In light of the transfer of the former SCC care homes to Care UK, what assurances are being provided to residents, their relatives and the public that the safety and wellbeing of residents in the homes is a priority?

22. The contract with Care UK represents a significant investment in services and facilities to meet the needs of vulnerable people with dementia and complex care needs. It is essential that the service provided at Mildenhall Lodge is quickly established as a quality and compliant service. The Council will continue to work with Care UK through the contract governance arrangements and contact with the home to ensure that this happens.
23. Meetings will continue to be arranged for residents and families in the new homes. There have been three information sharing meetings in Mildenhall Lodge, with the most recent meeting held on 1 October 2014. This was attended by relatives, senior Care UK managers, the homes management team and the ACS Contract Manager. This was the opportunity for an open discussion about a number of issues, including the CQC report and the work undertaken to ensure compliance, the dedication of staff working in Mildenhall Lodge, staffing and work patterns in the home, the quality of the food provided and future meetings which will be held for relatives to share their views and ideas. There were positive views expressed about the service being provided in Mildenhall Lodge.
24. Assurances were given by the Care UK management team about their commitment to providing a quality service in Mildenhall Lodge, and their commitment to work with residents and relatives to understand their views. The Manager of the home and her senior team is present in the home throughout the week and they are available to speak with relatives about any comments or concerns. The Manager has also made a specific time available between 1pm and 4pm each Thursday afternoon where she has guaranteed that she will not be involved in any other duties in the home and will be available to meet privately with relatives on an individual basis.
25. Similar arrangements to meet with relatives are being made for each of the other new homes.