

Mrs Mollie Green

Mrs Mollie Green - 23 Parliament Street

Inspection report

23 Parliament Street
Morecambe
Lancashire
LA3 1RQ

Tel: 01524414353

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18 January 2018

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22 February 2018

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

Mrs Mollie Green 23 Parliament Street is registered to provide care and accommodation for up to four people living with mental health conditions. The home has two communal living areas and a dining area. At the time of the inspection visit there were three people residing at the home. People were cared for by a small family unit who provided live in support within the home.

Mrs Mollie Green 23 Parliament Street is a 'care home'. People in care homes receive accommodation and nursing care as single under one contractual agreement. CQC regulates both the premises and care provided. We looked at both during this inspection.

At this inspection visit carried out on 18 January 2018 we found the service remained Good and met the all relevant fundamental standards. We found the registered provider continued to provide a good standard of care to people who lived at the home.

People who lived at the home were independent and could attend to their own care needs with minimum supervision. We saw that independence was promoted wherever possible at all times.

Staff told us they had known people who lived at the home for a considerable number of years prior to becoming paid employees. They said this contributed to positive relationships being developed and enabled person centred care to be delivered and achieved.

People who lived at the home told us they felt safe and secure whilst living at the home. Staffing was flexible and familiar staff could be called upon when people required assistance with additional unplanned support needs. People who lived at the home told us they were happy with the staffing levels.

Systems were in place to safeguard people from abuse and harassment. The registered provider had developed a person centred approach to risk. Risks were assessed and safety of people was monitored by staff on an ongoing basis.

People who lived at the home told us they were treated with kindness and respect. We observed support being delivered in a sensitive and timely manner. Privacy and dignity was routinely considered by staff.

We reviewed medicines administration and documentation and found this to be safe. People's skills were taken into consideration and independence was promoted when people were assessed as having the necessary skills to manage their own medicines.

People were encouraged to live active lives. There was a focus on promoting healthy lives through exercise and healthy eating. Cultural needs were identified and addressed by the registered provider. Relationships were encouraged and supported.

We saw evidence of multi-agency working to promote effective care. Health needs were identified and managed with support from staff who worked at the home. We saw evidence of good practice guidelines being referred to when supporting people with specific mental health conditions.

People who lived at the home told us the quality and availability of food was good. People were offered choices to meet their preferences and dietary needs.

We carried out a visual inspection of the home and found it was clean, tidy and appropriately maintained.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Consent to care and treatment was routinely sought.

People we spoke with told us they were happy with the service and had no formal complaints. During the inspection visit one person commented on how the service could improve. We saw action was taken immediately by the registered manager to ensure improvements were put into place straight away. People were encouraged to discuss and raise any concerns with a member of the staff team on an individual basis.

People who lived at the home told us the service was well led. Staff were aware of their roles and responsibilities and were supported by the registered manager. The registered manager understood the importance of their role and offered advice and guidance to staff working at the home to ensure safe and effective care and support was provided.

People we spoke with and relatives were happy with the service being provided and spoke fondly of the staff team and the registered manager. There was no formal internal quality assurance in place but informal checks were made routinely by all members of the staff team.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Mrs Mollie Green - 23 Parliament Street

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Mrs Mollie Green 23 Parliament Street supports people with mental health needs. It is registered to provide care and accommodation for up to 4 people. Accommodation is provided over three floors and the home has 2 lounges, a small kitchen area and a small terrace at the front of the home for people to enjoy. The home is situated close to shops, buses, the beach and the local facilities of Morecambe.

Before the inspection taking place, we spoke with the Local Authority contracts teams, and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We received no information of concern.

We reviewed information held upon our database in regards to the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We did not request a Provider Information Return from the registered provider before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This comprehensive inspection visit took place on 18 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for people who are often out during the day. We needed to be sure that someone would be at the home so we could carry out the inspection visit. The inspection was carried out by an adult social care inspector.

Throughout the inspection process we gathered information from a number of sources. We spoke with two people who lived at the home to gain their views on the service provided. In addition, we spoke with the registered manager and the two registered manager's relatives who were also paid employees at the home. Following the inspection visit we spoke with a relative and a health professional to gain feedback from them on their opinion of the service.

As part of the inspection process we observed care practices and how staff interacted with people in their care. We did this to try and understand the experiences of people who lived at the home.

To gather information, we looked at a variety of records. This included care plan files related to two people who lived at the home. We also looked at other information which was relative to the service. This included health and safety certification, training records and policies and procedures.

We viewed recruitment records related to the two staff members responsible for providing direct support to people who lived at the home. This included reviewing Disclosure and Barring Service (DBS) certificates for all staff working at the home.

As part of the inspection process we looked around the home in both communal and private areas to assess the environment and check the suitability of the premises. We were unable to access one of the bedrooms due to the person requesting we did not enter their room whilst they were absent from the home.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and secure living at Mrs Mollie Green 23 Parliament Street. Feedback included, "I feel secure here. Sometimes I worry that [registered manager] might kick me out. But that's just my anxiety. I know [registered manager] sees me as one of the family." And, "I feel safe here. I have no worries or problems here."

People who lived at the home told us they were happy with the standard of cleanliness throughout the building. One person said, "[Staff member] is cleaning up all the time. They are constantly mopping up and spraying air freshener." A health professional we spoke with also said they were impressed with the level of cleanliness at the home.

Whilst looking around the home we reviewed infection prevention and control procedures. Staff had knowledge of infection prevention and control procedures and how this was to be implemented. Although staff were able to tell us about the importance of infection prevention and control we noted the cistern of a toilet in a communal bathroom was cracked. Cracks in surfaces can affect infection prevention control processes as areas cannot be effectively cleaned. During the inspection process we discussed the additional support available from the Local Authority Infection Prevention and Control Team. The registered manager said they would ensure someone from the home attended the next infection prevention training session.

Procedures were implemented to minimise the potential risk of abuse and unsafe care. Staff had received safeguarding training and were able to describe how they protected people from potential abuse or poor practice. We saw evidence one person who lived at the home had been subjected to harassment from a person living in the community. The registered manager had worked proactively with other professionals to ensure the person was able to feel safe and secure in their community.

We found suitable checks were in place to ensure staff employed were of suitable character to work with people who lived at the home. Although no new staff had been recruited since the last inspection visit the registered manager had reviewed feedback from the last inspection visit and had developed an application form for all paid staff to complete. In addition, they had re-submitted the Disclosure and Barring Service checks for all staff who worked at the home. This showed us that good practice guidelines were considered when promoting the safety of people who lived at the home.

People who lived at the home told us they were satisfied with the staffing levels. They told us there was a member of staff present at the home at all times. If people had any additional appointments or required support to go out of the home extra staff would be available. This would always be the second member of staff or the registered manager. No agency or bank staff were used at the home. People said they were confident all their needs could be met by these staffing arrangements. During the inspection visit we saw staff were suitably deployed to ensure people were safe and had their preferences met. People had their needs attended to in a timely manner.

Risk assessments were in place to address and manage risk. Risk assessments viewed were person centred.

They clearly detailed all the information required to appropriately manage any risk. For example, one risk assessment highlighted potential triggers which may make one person's behaviours escalate. The risk assessment detailed strategies to use to try and prevent these triggers from occurring. This included monitoring of behaviours to look out for any potential concerns which may indicate a risk. Staff had a good understanding of each person living at the home, the risks and how to effectively manage these. The registered manager said, "This is a small home we notice when things are not right."

We looked at how the service managed people's medicines. We saw independence was considered and promoted whenever possible. For example, one person had been assessed as able to manage their own medicines. Staff therefore supported the person to administer their own medicines. When people were not able to manage their own medicines the service considered good practice guidelines to ensure suitable systems for ordering, receiving, storing and disposing of medicines were carried out.

We looked at how accidents and incidents were managed at the home. The registered manager told us there had been no accidents since the last inspection visit. A system was in place for recording of any accidents should they arise. The registered manager told us any accidents would be looked into and appropriate action taken so lessons were learnt.

We found equipment in use had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Since the last inspection visit the home had received an inspection from the fire and rescue service. We noted action had been taken by the registered manager as a result of the visit to make the required improvements to promote fire safety.

Is the service effective?

Our findings

People who lived at the home and a relative told us people received effective care which helped promote their health and well-being. Feedback included, "At Christmas I had a [illness], staff called the doctor for me. I had to have tests at the hospital. I couldn't eat but I am getting better now." And, "My [family member] has been ill since they were [number] years of age. This home is the best thing that has happened to them."

People were supported by a small team who knew people's needs and preferences. This was evident in the quality of the care plans maintained and developed with people who lived at the home. Needs and choices were assessed in line with good practice guidance. For example, we saw the registered provider had considered NICE guidelines when supporting a person who had experienced a specific mental illness.

People told us they were supported by staff to attend their health appointments. A relative we spoke with told us they were always informed about their family member's health. They said, "They always keep me up to date. They are ringing me this afternoon after he has had some treatment." We spoke with a health professional. They told us staff had worked in a professional manner encouraging a person to attend appointments for treatments which would have significant bearing upon their health.

We looked at records maintained by the registered provider. We saw that people's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This demonstrated the service was working together with healthcare services so people who lived at the home received ongoing healthcare support which promoted well-being.

During the inspection visit the registered manager said they were working with a person who had expressed a wish to live at the home. The registered manager said they always ensured people who moved into the home had a slow process of transition to the home. They said they worked intensively with people, their families and professionals to ensure their assessed needs can be effectively met. They said they used this process to get to know the person well and to develop an effective plan of care. This showed us the registered manager was committed to ensuring care provision was individualised and responsive to people's needs.

People who lived at the home told us there was an emphasis on health promotion within the home. One person told us they were in the process of stopping smoking. They said they had cut down on the number of cigarettes they smoked daily and hoped to give up completely in the oncoming year. They said they were supported in a positive manner by staff who worked at the home to achieve this goal. In addition, the service had an allotment where people who lived at the home could go to grow their own vegetables.

People who lived at the home told us meals could be flexible and they could eat when they wished. They told us the food was good and plentiful. One person told us, "We choose everyday what we want to eat. The food is very good. The staff are very good at cooking different meals." On the day of the inspection visit we

saw staff preparing meals for people around their people's individual requirements. One staff member said, "I can't remember the last time I cooked just one meal for everyone. People like to eat different things. My [family member] has taught me to cook."

During the inspection visit one person who lived at the home told us they had been ill and had lost some weight as a consequence. They told us the staff encouraged them to eat and offered them snacks. They told us they had since started to put weight on again and were feeling a little better. We reviewed the care records for this person and saw the person was being supported by a team of healthcare professionals to address their weight loss and ill health.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We spoke with the registered manager about MCA and DoLS.

The registered manager confirmed all people who lived at the home presently had capacity to make their own decisions and said there were no restrictions upon people's liberty. We noted good practice guidance was available at the home to support staff with their understanding of the MCA and how it was to be lawfully implemented. When asked, staff had a good awareness of the MCA and what to do should they need to lawfully deprive a person of their liberty. People who lived at the home confirmed there were no restrictions placed upon their liberty whilst living at the home. One person said, "I can go out on my own whenever I want. It gives you a sense of independence in a way." From records viewed we saw consent was sought in line with legislation and guidance.

We looked at what training had been provided to staff who worked at the home. Since the last inspection visit the registered manager had supported staff who worked at the home to carry out nationally recognised qualifications. The registered manager told us they considered training to be an important aspect of the job and said it helped in providing good care. They told us, "I am proud of what training we have provided staff with since the last inspection." Staff praised the registered manager's willingness to support them to carry out training to meet their own needs.

We asked staff about supervision and appraisals. Whilst there were no formal systems in place staff told us they received appropriate support from the registered manager on an informal basis. One member of staff said, "They [registered manager] are always telling me what I need to do. They also tell me when I am doing a good job."

We reviewed the design and adaptation of the home. The registered manager told us it was important the home retained a homely feel about it. They said, "I am careful about what I display on walls. This is a family home." We saw the communal areas had been decorated since our last inspection visit. The home had two communal spaces where people could have their own space and privacy. In addition, there was a small courtyard at the front of the home where people could have access to open space. The registered manager told us they were continuously improving the living space and said on-going refurbishment work included replacing the kitchen. The registered manager said people were consulted with in regards to how the home is decorated. Whilst carrying out our walk around the home we saw people were encouraged to personalise their own private spaces. Bedrooms were individually decorated according to people's tastes.

Is the service caring?

Our findings

People who lived at the home and a relative told us staff were kind and caring. Feedback included, "I am very happy here. Staff look after me and I feel better for it." And, "I am very happy with the care [family member] receives."

During the inspection visit we observed positive interactions between people who lived at the home and staff. Staff were attentive to people's needs and respectful. For example, one person arrived back at the home after being outside in the cold. Staff asked the person if they were okay and offered them a warm drink and something to eat to help them warm up. In addition, they asked the person if they wanted company. They respected the person's wishes when they said they wished to be alone.

Staff respected people's dignity and privacy. One person told us, "I have time to myself here." We saw staff knocking on people's doors and waiting before entering. When people wanted private discussions staff left the room and closed the door behind them so people could have discussions in confidence. Prior to the inspection taking place the registered manager informed people who lived at the home about our visit. One person had expressed a wish that we did not enter their room and locked their door before leaving the home. The registered manager understood the importance of respecting the person's wishes and the need to promote their privacy.

People told us they were consulted with and listened to. One person who lived at the home said, "[Registered manager] always asks us if we are alright." A second person said, "I will speak to [staff member] if I am anxious. They listen to me." People who lived at the home told us they were encouraged to share their opinions and discuss their concerns through weekly residents meetings. We saw evidence these were scheduled to take place one morning per week. People said these meetings were not always necessary as they could discuss any concerns or improvements they would like to see whenever they arose.

We spoke with the registered manager about supporting people who lived at the home in situations when they felt vulnerable and anxious. The registered manager said they were not afraid to speak up on people's behalf. They said, "We champion people's voices here." In addition, people who lived at the home had advocates to support them to make difficult decisions. Advocates are independent people who provide support for those who may require some assistance to express their views.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual whilst promoting dignity and respect. Since the last inspection visit the staff team had reflected upon their learning and introduced an equality and diversity policy to promote equality and diversity throughout the home. This demonstrated the registered provider was committed to protecting and respecting the individuality of each person who lived at the home.

Is the service responsive?

Our findings

People who lived at the home told us they were encouraged to live active lives. Feedback included, "I go to the bank, the library. I go shopping and go out on my own. I like reading my bible and sometimes go to Church." And, "I am happy I moved here. I have been out this morning and I feel better for it."

We spoke to the staff at the home about activities on offer. They told us activities took place on an individual basis according to people's choices and preferences. On the day of our inspection visit one person had gone out for the day on a coach trip with a friend. The registered manager said, "They have a good social life."

Independence was promoted at all times. People were encouraged to be as independent as possible. During our inspection visit we saw people going about their daily activities independently. One person said they had built up skills since moving into the home and told us they enjoyed their independence.

The registered manager said they tried to encourage people who lived at the home to be active and promoted mental well-being through exercise and diet. In addition people were encouraged to be members of the community. The registered manager told us one person who lived at the home volunteered their time helping out another person in their neighbourhood. In addition, they sometimes provided hot soups and drinks to other groups volunteering their time in the community.

We looked at care records related to two people who lived at the home. Care plans were comprehensive and addressed areas including general health, risks and concerns, promoting personal hygiene, leisure and activities. Care records were reviewed on a monthly basis or sooner if a person's needs changed. The registered manager said one person's care plan changed on a daily basis. They said staff spent time with the person in the morning discussing the person's care for the day. This demonstrated that care was responsive and flexible to people's needs.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw the registered provider had some documents in an easy read version for people who may sometimes lack understanding.

We spoke with registered manager about end of life care for people who lived at the home. People who lived at the home had funeral plans in place. These were person centred detailing where the person's final wishes and who they wished to be involved in planning their funeral. The registered manager said these plans were reviewed on an annual basis with each person to ensure they were still reflective of their needs and wishes. This showed the service recognised the importance of providing person centred end of life support.

We spoke with people who lived at the home about the complaints procedure at the home. People told us they had no need to complain. One person said, "This place is the best. I would never have any reason to complain." The registered manager told us they ensured any comments were acted on immediately and resolved before they became a complaint. One person said, "[Registered manager] is always asking us if we are okay and have any complaints."

Staff were aware of the process to follow should someone raise a complaint. A member of staff told us they had recently reflected upon the complaints policy whilst completing some training. They said they hoped to review this and make improvements to increase people's awareness of their rights to complain. . This showed us the registered provider was committed to ensuring complaints could be raised as a means to improve service delivery.

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way the home was managed. One person said, "I don't think there is anything they could do better here." In addition, a health care professional told us in their opinion the home was well-led.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and the staff team were aware of their role, responsibilities and regulatory requirements. During the inspection process the registered manager spoke about their plans for retiring in the future. They said they planned on handing over responsibility to one of the family members currently employed at the home. In order to prepare for this, the registered manager was supporting the staff member to complete a nationally recognised registered manager's award. The family member spoke positively about this and showed us information they had taken from the CQC website to reflect upon and make some changes within the service. This showed us the registered provider was committed to ensuring continuous improvements made were in line with good practice guidelines and regulatory requirements.

We spoke to the registered manager about working with other agencies. They told us they had good relationships with other health and social care professionals to ensure they continued providing a high quality service. As part of the inspection process we discussed initiatives and support for providers within the area. The registered manager said they would support other members of the staff team to attend these groups to obtain up to date knowledge and skills.

During the inspection visit the registered manager told us they were planning on changing the kitchen at the home. They spoke about how they would achieve this to ensure people who lived at the home were not disrupted. The registered manager had a clear business continuity plan to effectively manage this.

The registered manager monitored the quality of the service provided on an informal basis. Staff told us they reviewed standards within the living environment on a daily basis. They said they did this to monitor risk. In addition, the registered manager asked people who lived at the home if they were satisfied with the service each day they saw them. Formal discussions with people who lived at the home took place annually when people were asked to feedback about their experiences during their annual review.

Residents meetings were scheduled on a weekly basis. People who lived at the home were encouraged to take part and be involved in the meeting. This showed us people were encouraged to have a voice.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.