

Shaw Healthcare (Ledbury) Limited

Market Lodge

Inspection report

Ledbury Community Health & Care Centre
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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

Market Lodge is a residential rehabilitation and nursing home. It is registered to provide care and accommodation for up to 10 younger adults who live with physical disabilities and sensory impairments. There were nine people living at the home at the time of our inspection.

What life is like for people using this service:

- People were supported to stay as safe as possible whilst increasing their independence. Staff understood risks to people's safety and well-being and promptly supported people at the times people chose.
- There had been changes to the staff caring for people and managing the home. However, people had quickly developed caring and trusting relationships with the staff who cared for them.
- There were sufficient staff to care for people. People were confident to ask for assistance from staff when they wanted this.
- People were supported to have their medicines safely. People's medicines were regularly checked and reviewed.
- The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- Staff promoted people's rights to dignity and privacy and assisted people to increase their confidence and independence.
- Where people needed support to make their own decisions about their care this was provided. Staff used people's preferred ways of communicating to facilitate this.
- People were encouraged to shop and prepare some of their own meals. Staff supported people to have enough to eat and drink so they would remain well.
- People were supported to see other health and social care professionals. Where other health and social care professionals had provided advice, this was followed by staff. This helped to ensure people experienced good levels of well-being and physical health.
- Staff worked with people to create care plans which reflected their needs and aspirations. People's, relatives' and other health and social care professionals' views were considered when care was assessed, planned and reviewed. This helped to ensure people's needs continued to be met.
- People's wishes for their care at the end of their lives were recorded. Staff gave us examples of the care they had provided at this stage of people's lives so their preferences were met.
- People were supported to keep in touch with others who were important to them.
- Staff had been supported to provide good care through induction and on-going training. Additional specialist training was planned, to further enhance staff skills and inform staff practice.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- People had opportunities to spend their time doing things they enjoyed. This increased people's independence and encouraged them to spend time in the community.
- Systems were in place to take any learning from complaints and to further improve people's care.
- The registered manager and provider checked the quality of the care provided and sought suggestions for

improving people's care further. Suggestions were listened to and acted on.

- The registered manager and staff reflected on the care provided, so improvements in people's care would be driven through. The registered manager planned to continue to develop the facilities at the home and to further develop their strategy for supporting people at the end of their lives.

- We found the service met the characteristics of a "Good" rating in all areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good. The last report for Market Lodge was published on 21 July 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Market Lodge

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team: One inspector and an assistant inspector carried out the inspection.

Service and service type: Market Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and saw how staff supported people they cared for. We spoke with four people who lived at the home and one relative to gain their views about the care provided. We spoke with the registered manager, the provider's representative and six care staff.

We reviewed a range of records. This included three people's care documents and multiple medication and records. We also looked at records relating to the management of the home and checks undertaken by the

registered manager. For example, systems for managing any complaints, checks on medicines administered and feedback provided by people living at the home.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Staff had received training and developed the skills needed to support people in the event of any concerns for people's safety.
- Information was available to people which promoted their safety.

Assessing risk, safety monitoring and management

- People's safety needs and risks were considered when their care was planned.
- The view of people, their relatives and staff were considered when people's safety needs and plans were developed and reviewed.
- Staff acted promptly to assist people if they needed support with their safety.

Staffing and recruitment

- The provider checked potential staff were suitable to work with vulnerable adults.
- There were sufficient staff to care for people and to promote people's well-being and safety. People, relatives and staff told us there had been significant changes in care and management team staff prior to our inspection. People had quickly developed trusting relationships with the new staff. New staff told us they had been supported to understand people's safety and well-being needs, so people received consistent care.
- Staffing levels were based on the needs of people living at the home.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff followed the training they received to reduce the likelihood of the spread of infections and people experiencing poor health. This included using equipment such as gloves and aprons.
- The registered manager had introduced a series of measures to ensure the home was well maintained and clean.

Learning lessons when things go wrong

- Staff communicated information about incidents and accidents so any learning could be taken, and risks to people further reduced.

Is the service effective?

Our findings

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

Good: ☐ 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 assessments were informed by specialist advice provided by other health and social care professionals. Staff gave us an example of specialist equipment which had been obtained in order to meet one person's safety needs as a result of an assessment.
- The views of people, their relatives, and staff were considered when people's needs were assessed. Systems were in place to support people to be involved in their initial assessments. This helped to ensure people's needs and preference were understood before they moved to Market Lodge.

Staff skills, knowledge and experience

- People told us staff knew how to help them.
- New staff worked alongside staff who knew people's needs well. This helped to assure senior staff people were receiving care from staff who understood how people liked their care to be given.
- Staff were supported to provide good care through indication and on-going training. The registered manager told us further staff training was planned which would provide staff with greater insight into the needs of people living at the home.

Supporting people to eat and drink enough with choice in a balanced diet

- Where appropriate, people undertook some of their own food shopping and preparation, to increase their independence.
- People were supported to have enough to eat and drink to remain well. Where people needed support to maintain their safety when eating this was provided by staff. For example, if people needed a specific texture of food.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- Staff understood people's physical health and well-being needs. Staff gave us examples of protocols and strategies which had been put in place with other health and social care professionals. These supported people who experienced long term illness, or who were anxious, so they would continue to enjoy the best health and pain management possible.
- People told us staff supported them to attend routine health appointments, such as GPs and dentists, so they had access to the healthcare they needed.

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

- The layout of the home provided people with areas for spending time quietly or to socialise as they wished. Sensory items were available for people to enjoy using. People's rooms reflected their interests and what

was important to them.

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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ 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

- People wanted to spend time with staff and were relaxed in staff's company. One person said, "The staff here are really nice." One relative told us, "The staff are lovely, and even the new staff spend time with [person's name]."
- Staff spoke warmly about people. One staff member said, "It's nice to get to know [people]. You can talk and engage with them. You read their care plans, too, to find out about them." The staff member said by doing this they could find out what was important to people.
- Where people wanted reassurance staff focused on their needs, and gently supported them, so they recovered quickly.
- People were supported in ways which made them feel valued. One staff member told us some people did not have regular visitors. The staff member said staff had made sure everyone had presents to open on significant dates, so they would know they were cared for and appreciated.

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

- People told us staff respected their rights to make choices about their day to day care. This included what time people wanted to get up and how they wanted to spend their time. One staff member said, "You show people different shirts, so they can choose themselves."
- Where people wanted support from staff to make their own decisions, or to communicate their choices, this was provided.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was promoted by staff, who suggested things people might like to try to increase their independence, such as attending 'breakfast clubs.' The breakfast clubs helped to increase people's confidence and life skills and prepare people to move on to more independent living.
- Where people needed support or prompting with personal care staff discreetly assisted them.
- People's confidential information was securely stored.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships

- People's care plans reflected their histories, interests and what mattered to them. Relatives told us their views were considered when family member's care was planned.
- People's care plans gave staff guidance to follow, so people would be supported as they wished. For example, if people had any preferences for how staff communicated with them, or if they liked a specific gender of staff member to care for them.
- Staff gave us examples of support provided to people which was tailored to people's unique needs. One staff member explained they had seen people were growing in confidence and were now less isolated because of the plans put in place to support them. The staff member said, "[Person's name] is coming out of their room more, now and has a chat to other people. They now go for a walk and go shopping a couple of times a week." This had led to increased independence and well-being for the person.
- We saw people's care plans were reviewed as their needs or goals changed, so people would continue to have the care they needed.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such information on supporting people to understand how they could make a complaint and service user guides.
- People were supported to do things they enjoyed. One person told us they chose to spend time doing crafts in the community and liked to go into town for coffee. Where people needed support to continue to do things which interested them such as listening to music, staff assisted them.
- Relatives told us there were no restrictions on when they could visit their family members.

Improving care quality in response to complaints or concerns

- Systems were in place to promote, manage and respond to any complaints or any concerns raised. Relatives told us if they raised concerns or suggestions their views were acted on.

End of life care and support

- Plans for providing care to people at the end of their life were based on people's wishes, and needs. One staff member told us, "You keep people comfortable, and you spend time reading to them if they want this. You make sure they have one-to-one care."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People, their relatives and staff told us they saw the registered manager regularly and found them approachable.
- Staff were supported to provide good care and enjoyed working at the home. One staff member said, "You can talk to [Registered manager's name] at any time. They are so approachable and supportive."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff understood the registered manager's vision for the home. One staff member said, "[Registered manager's name] and the nurses have the right values. They want people to have the best care."
- The registered manager told us, "I want people to feel safe and happy and to get the most out of their lives. Full recruitment of the right staff has given people continuity and stability."
- Staff were supported to understand their roles through regular meetings. Staff understanding of key systems of working was promoted through discussions of "Policy of the month."
- The registered manager told us they were supported by the provider to understand regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff regularly consulted with people, their relatives and other health and care professionals. This helped to ensure people had access to the full range of support they needed and the service would continue to meet people's needs.
- Staff told us they felt respected and their suggestions were listened to.
- The registered manager sought the views of people through surveys. We saw the surveys had been positive. Action had been taken where suggestions had been made to develop people's experience of care further.
- Staff worked with other health and social care providers to support people to explore their options for moving on from Market Lodge, when they were ready. People were encouraged to develop and maintain their links with the local community, as they wished.

Continuous learning and improving care

- The registered manager checked the quality of the care provided. For example, checks were made to

ensure people's medicines were administered as prescribed, and the home was safe.

- The registered manager and staff kept up to date with best practice through meetings with the provider's other managers, training and research, so they could be sure people were supported to enjoy a good quality of life.