

Mere Lodge Healthcare Ltd

Mere Lodge

Inspection Report

93 Mere Road
Leicester
LE5 5GQ
Tel: 0116 2517441

Date of inspection visit: 01/04/2014

Date of publication: 08/06/2014

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	6

Detailed findings from this inspection

Background to this inspection	7
Findings by main service	8

Summary of findings

Overall summary

Mere Lodge provides care and support for four people with learning disabilities and mental health needs. There was a registered manager in post at the time of our inspection. We met three people who used the service on the day of our inspection. We were unable to speak with people who used the service in detail due to their complex communication and behavioural needs; however, we observed that people were comfortable and confident with staff.

There were systems in place that aimed to ensure people were protected from the risk of abuse and avoidable harm. People were cared for in an environment that was safe and appropriate for their needs.

People received care and support that met their individual needs and promoted their well-being. Care plans provided sufficient guidance for staff about how people's needs should be met and these had been regularly reviewed. We found that people's health had been monitored and guidance from health professionals had been sought when appropriate.

We spoke with staff and found they had been supported to deliver individualised, appropriate care that met the needs of people who used the service. Staff had received appropriate training and supervision to enable them to provide effective care that promoted people's independence. The staff team cared for people with kindness, compassion and dignity and demonstrated a genuine rapport with the people who used the service. There were sufficient numbers of staff to ensure the safe and effective delivery of care.

Records showed that people's views, wishes, preferences and concerns were sought, listened to and responded to. There was effective management in place which ensured the delivery of person-centred care, supported staff learning and development, and which promoted an open culture.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that people were protected from the risk of abuse because the service had effective systems in place to ensure allegations of abuse were reported and responded to. Staff we spoke with had received training about the safeguarding of vulnerable adults and were clear about their responsibilities.

There was a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Records showed that the service had carried out mental capacity assessments for some people. However, these assessments did not always document a clear rationale about what the decision to be taken was and why it was in the persons' best interests.

Staff responded to behaviour that challenged in a proactive manner that respected the individual. Any risks to people as a result of their behaviour, environment or health had been assessed and monitored by the service.

People were cared for in a safe, clean and hygienic environment. However, some maintenance had not been carried out to a high standard.

Are services effective?

Care plans were individualised to people and contained information in relation to their personal preferences, needs, wishes and routines. We found that people's care was delivered in a way that reflected this information. This could be further improved by developing people's care plans in relation to behaviours that challenged and in how to communicate effectively. Discussions with the staff showed they had valuable additional knowledge and expertise about people that was not included in the care plan.

We found that people's representatives were involved in the delivery of their care and support when appropriate and that staff knew how to access to advocacy services when necessary.

People were supported to maintain good health by on-going monitoring and referral to appropriate health professionals when necessary.

Staff had a good understanding of the needs of people who used the service and had received relevant and appropriate training and support to ensure they delivered effective and person centred care.

Summary of findings

Are services caring?

Our observations showed that staff interacted with people in a positive way and treated them with respect and kindness. Staff showed consideration for people's individual needs and provided care and support in a way that respected their diverse wishes and preferences. People's cultural and religious needs had been met by the service.

There were policies and procedures in place to promote people's privacy, dignity and human rights and records showed that staff had received training in these areas.

Staff spoke positively about their role and the support they provided. The provider may wish to consider giving a staff member the responsibility for promoting dignity and respect within the service by becoming a Dignity Champion. This would help the service ensure it enhanced people's experience of the care and support they received.

Are services responsive to people's needs?

Consideration had been given to supporting people to engage in activities relevant to them and the service promoted people's independence and community involvement.

Care plans and records demonstrated people's involvement in the delivery of their care and support and in the running of the service. Staff gathered people's views in a number of ways including questionnaires, residents meetings and through key worker engagement. We saw that the service responded to people's changing needs and wishes.

People's consent was sought in relation to the provision of care and staff understood the procedures they should follow if people did not have capacity to make a decision at the time it needed to be made.

The service had an appropriate complaints policy and responded to concerns and complaints effectively. Although an easy read version of the complaints policy was available, this could be improved by providing people with more information and support about how they could make a complaint or raise concerns.

Are services well-led?

The service had been organised to meet the needs of the people who used it. There was a positive culture which promoted people's rights and independence. Staff were clear about their roles and responsibilities and demonstrated this in their values and behaviours.

Staff felt that the service was well-managed and had confidence in the registered manager. There was a consistent staff team that had

Summary of findings

been supported to receive training and development that would enable them to meet people's complex needs. The manager had ensured there were enough staff on duty at all times to provide effective and appropriate care.

There was a robust quality assurance system in place that monitored the risks to people and others and ensured the service was learning and continually improving.

Summary of findings

What people who use the service and those that matter to them say

We met three people who used the service on the day of our inspection. We were unable to speak with people who used the service in detail due to their complex communication and behavioural needs. However, our observations showed that staff treated people with kindness, dignity and respect and were responsive to their needs. People looked comfortable in their surroundings and were free to spend their time as they wished.

One person was able to tell us about the activities they enjoyed, such as exercising at the park and listening to music, and we found they were supported to do so. We observed that another person's personal routines were respected by staff.

We spoke with the relative of one person who used the service and they told us about the positive impact the staff team had on their family member in terms of improving their quality of life. For example, they told us the staff team had supported their family member to go on holiday to Scotland which they had really enjoyed. They said, "It's very comforting he's so well cared for."

Mere Lodge

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 was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited the home on 1 April 2014. We met three of the four people who lived at the home accompanied by the registered manager. We looked at all areas of the building including communal areas and people's bedrooms.

The inspection was carried out by a single inspector with experience of working with people with learning disabilities

and challenging behaviour. During our inspection we observed the staff team supporting people who used the service for a limited time in order to prevent people becoming unnecessarily anxious or distressed due to our presence.

We spoke with the registered manager, deputy manager and the two care workers that were on duty at the time of our visit. We looked at a number of records including people's personal records, staff records and records in relation to the management of the home.

Following our visit we spoke with one person's relative who was involved in their care and support.

Are services safe?

Our findings

We met three people who used the service on the day of our inspection. We were unable to speak with people who used the service in detail due to their complex communication and behavioural needs. However, our observations showed that people were comfortable and confident with staff. We spoke with the relative of one person who used the service and they told us people were protected from harm. They said their relative was, “absolutely safe, we’re very reassured.”

Staff told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. Staff knew about the signs of abuse and were able to tell us the right action they would take to report and document matters. Records showed that staff had recorded any incidents or accidents that had happened in the home. These included incidents involving behavioural challenges. We looked at examples of these and found that staff had responded effectively and consistently with minimal intervention.

The service had an up to date safeguarding policy and procedure which was in line with national guidance about how to protect vulnerable adults. In addition, we saw that the service was aware of local procedures for reporting abuse and relevant contact numbers were displayed in the office. This meant that people were protected from the risk of abuse because the service had systems in place to safeguard those they supported. However, the provider may wish to consider providing people with more information about safeguarding in an appropriate format.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA). Staff told us they had received training about the MCA and demonstrated a good understanding of the principles and how they might apply to people who used the service. Records showed that the service had carried out mental capacity assessments when it was appropriate. These records could be improved by providing a clearer rationale about what the decision to be taken was and why it was in the persons’ best interests.

We found that the service had policies and procedures in place in relation to the Deprivation of Liberty Safeguards

(DoLS). Although no applications had needed to be submitted, the staff team had a good understanding about the circumstances which may amount to a deprivation of a person’s liberty.

We spoke with the staff team and found they had a good understanding of each person’s behaviour and how to manage behaviours that challenged. We found that staff managed these situations in an effective and proactive way which aimed to distract and divert people from these behaviours. During our inspection we observed the staff team responding to people in a positive way in order to reduce any anxieties that may develop.

We looked at people’s care plans in relation to dealing with behavioural challenges and found there was sufficient guidance for staff about how to approach these situations. Records showed that staff had recorded any incident that happened in the home and these were analysed on a regular basis to ensure that staff were following care plans appropriately. The manager and staff team told us they did not use physical intervention and restraint as a way of managing behaviour and all records we looked at supported this.

As part of our inspection we looked at a number of risk assessments in relation to people’s behaviour, health and the environment. We found that risk assessments recorded the potential risk and any action that should be taken to minimise the risk. We found that risk assessments were individualised to people, had been regularly reviewed and emphasised that people’s choices and wishes should be respected.

The home was safe, clean and presented in a way that met the needs of people who used the service and there were records of regular maintenance being carried out. For example, new kitchen worktops and tiling had been fitted. In addition, we found there was a daily health and safety check which ensured that problems were identified and responded to quickly. Records also showed that the service had regular fire drills and testing of emergency equipment. Although we found the environment was safe and had been maintained, some maintenance had not been carried out to a high standard.

Are services effective?

(for example, treatment is effective)

Our findings

The service was effective. People received care and support that met their individual needs and promoted their well-being. Staff had been supported to deliver individualised care so that people's needs were met.

We met three people who used the service on the day of our inspection. We were unable to speak with people who used the service in detail due to their complex communication and behavioural needs. One person told us, "I like to go to the park and exercise" and we saw that staff had encouraged this person with this activity.

We spoke with the relative of one person who used the service and they told us they were satisfied with the care that was being received. They spoke about the positive changes they had seen in their family member since they had been living at the home. They told us the person's health and quality of life had improved with the care and support that had been provided by the staff team. They told us, "They've done a marvellous job, particularly with managing health and behaviour issues."

During our inspection we observed staff responding to individual requests and supporting people to carry out routines that were important to them. People could choose how to spend their time and staff we spoke with understood the importance of involving people in decisions about their care and support.

We looked at the care plans and records of two people who used the service. We found that people's needs had been assessed and that these people and their representatives had been involved in writing their care plans. Care plans were individualised to the person and contained sections about people's health needs, personal care, behaviour and communication, amongst others. We found that care plans contained sufficient guidance for staff to ensure that care was delivered to people in a way that met their needs and daily records demonstrated that care had been delivered in accordance with people's care plans. We found that the manager had regularly reviewed people's plans of care to ensure they reflected their current assessed needs, choices and preferences. People's care plans in relation to

behaviours that challenged and in how to communicate effectively could be developed further. This would ensure that the staff teams' valuable knowledge and expertise about people was recorded.

Care and support was delivered in a way that respected people's choices and preferences. We saw evidence of this happening during our visit and care plans reflected people's personal preferences, routines and wishes. When appropriate, people's representatives had been involved in the planning and delivery of their care. Although no one using the service had advocacy support at the time of our inspection we saw examples of where advocacy had been used in the past. The manager had an awareness of local agencies that were able to provide advocacy support if required.

Records we looked at showed that people had been supported to maintain good health, had access to appropriate healthcare support and that their health had been monitored. For example, we found that one person's mobility had declined. Records showed that the service had supported the person to visit their GP and attend hospital appointments to investigate this further. There were care plans in place which documented the support individual people required in relation to specific medical issues such as diabetes or epilepsy. In addition we saw that staff had supported people to attend medical appointments when necessary. Staff told us that people's key workers had the responsibility for ensuring people attended other appointments with the dentist or optician for example and staff were aware of individual people's health needs.

Staff we spoke with had a good understanding of the needs of people who used the service and were able to tell us about people's personal preferences and individual needs. Staff told us they had been supported to develop the skills required to be able to meet the complex needs of people who used the service. Records we looked at supported this and showed that staff had been provided with training in topics such as challenging behaviour, epilepsy, medication administration, equality and diversity and first aid. In addition we found that staff received regular support through the use of supervisions, training and team meetings. This meant that staff had been supported to deliver effective care that met people's needs.

Are services caring?

Our findings

The service was caring. People were supported with kindness, compassion and dignity.

We met three people who used the service on the day of our inspection. We were unable to speak with people who used the service in detail due to their complex communication and behavioural needs. We spoke with one person's relative who was very positive about the care being provided and commented that their family member was happy living at the home.

During our inspection we observed that staff treated people with dignity and respect. Interactions between people and the staff team were positive and staff demonstrated a rapport with people who used the service and responded to people in a way that provided reassurance. We saw that the staff team had a good understanding of people's needs and communicated effectively with people, despite their complex needs.

We found that care was individual and centred on each person and the staff team knew people's preferences and individual needs. For example, we saw that people's cultural needs were being met and staff supported people

in a way that respected their culture and religion. In addition, staff told us about people's religious and cultural needs and how they supported people to visit the temple or celebrate religious festivals.

We spoke with staff who were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. Staff spoke positively about the support they were providing and talked about how they had helped people to achieve positive outcomes, for example by researching activities they might enjoy or helping people choose a holiday destination. One staff member told us, "It's their home...we're just here to support them when needed".

There were policies and procedures in place to ensure people's privacy, dignity and human rights were respected and records showed that staff had received training in these areas. We found that people's care plans had an emphasis on providing care according to people's preferences.

The service could improve further by giving a staff member the responsibility for promoting dignity and respect within the service by becoming a Dignity Champion. This would help the service ensure it enhanced people's experience of the care and support they received.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service was responsive. People's views, wishes, preferences and concerns were sought, listened to and responded to.

We met three people who used the service on the day of our inspection. We were unable to speak with people who used the service in detail due to their complex communication and behavioural needs. We spoke with one person's relative who told us about the activities and support their family member had enjoyed since living at the home. We were also told that the service had supported their family member to maintain relationships with the people who were important to them and fully involved them with the person's care.

During our inspection we observed that people were encouraged to engage in activities that were relevant to them. For example, we saw that one person was supported to go the gym and another was supported to attend a day centre. Records we looked at showed that people had been encouraged to use community facilities and they regularly went to the cinema, shops or local pubs. There was a minibus available which was used to support people's access to the local community. The staff team told us about how they supported people to carry out activities they enjoyed and were proactive in suggesting additional ideas that the person might not have considered. We found that a holiday for two people who used the service was being planned and staff had provided brochures and pictures to help people make decisions and be as involved as possible in the planning.

We looked at the records and care plans for two people who used the service and found they had been encouraged to make their views known about their care and support, despite their complex communication needs. Care plans reflected people's diverse needs and took into account people's needs, wishes and preferences. We found that

people and their representatives had been involved in reviews of their care plans. In addition people had chosen a key worker from the staff team and the key worker spent time on a regular basis supporting people to make their needs and wishes known.

We also found that the service held regular resident's meetings. Records of these showed that people were encouraged to talk about issues reflecting the quality of service, for example the meals prepared, décor, and activities. Wherever possible we found the service responded to these requests. In addition, we saw that staff spent time supporting people to complete a questionnaire about the service. This was presented in an easy read format and aimed at involving people in the running of the service. This demonstrated that the staff team were actively listening to people and being proactive in asking people for their views.

Staff at the service understood the importance of seeking people's consent and consent was asked for and recorded wherever possible for decisions in relation to people's care and support. Where people were unable to consent we found that people's capacity was considered. Staff had a good working knowledge of the principles of the Mental Capacity Act 2005.

The service had an appropriate complaints policy in place. The registered manager recorded all complaints and concerns the service received. We looked at a copy of the complaints log and found that concerns and complaints had been appropriately responded to within a timely manner. Although an easy read version of the complaints policy was available, it was not displayed in the home and may not have been accessible to all people who used the service. This could be improved by providing people with more information and support about how they could make a complaint or raise concerns. For example, the information could be presented to people by their key workers or during residents meetings.

Are services well-led?

Our findings

The service was well-led. There was effective management in place which ensured the delivery of person-centred care, supported staff learning and development and promoted an open culture.

We met three people who used the service on the day of our inspection. We were unable to speak with people who used the service in detail due to their complex communication and behavioural needs. However, our observations showed that all aspects of the service had been organised to meet the needs of the people who used it. Records showed there were clear systems in place to ensure that people were effectively communicated with and listened to despite their complex needs and difficulties in communication.

We spoke with the registered manager and found they promoted a service that was shaped by the needs of the people using it. We were told the service aimed to support people to become as independent as possible. The service also provided support to help people reduce their anxieties and negative behaviours and promote a good quality life where people had access to meaningful activities. The staff team spoke consistently about how the service was run to enable people to achieve good outcomes and were clear about their roles and responsibilities. Records we looked at confirmed the information we had been given about the culture of the service and our observations supported this.

Comments from the staff team showed that the service had good leadership and staff we spoke with said they would have no concerns about speaking to the manager if they wanted to raise issues about the delivery of care or running of the home. We found the staff team had regular team meetings where they were encouraged to be involved in the development of the service and we found staff to be motivated, well-supported and knowledgeable.

We found there were sufficient numbers of staff on duty to meet the needs of people who used the service. The rota for the week showed that there was enough staff scheduled to be on duty at all times and we saw that the service was flexible in terms of staff numbers. For example, on the day of our inspection we found the manager had asked for an additional member of staff to accompany a person to an activity. The manager told us that additional staff was scheduled to work according to the needs of people who used the service.

We found that the service had a consistent staff team and that staff were experienced and had developed an excellent understanding of people's needs. The manager ensured that staff had received appropriate and up to date training that enabled them to work effectively with people's complex communication and behavioural needs. Staff confirmed they felt well supported in their role and were positive about the management of the service. Staff also knew about the services' whistleblowing policy and said they would be comfortable raising any concerns they had with the manager of the service.

We found the manager had implemented an effective quality assurance system to ensure the risks to people were being assessed, monitored and responded to. These included regular checks of the environment, reviews of care plans and risk assessments and audits of incidents, accidents and complaints. This meant that action was taken to respond to and learn from adverse events so as to ensure the continuing improvement of the service.

We found that individual evacuation plans were in place for people using the service and that the service also had plans in place to deal with any foreseeable emergencies which may affect the running of the service. In addition, the service had a number of up to date policies and procedures to ensure people's safety and the quality of service provided.