Skitini Care Homes Limited

Melody Lodge

Inspection report

West Keal Hall
Hall Lane, West Keal
Spilsby
Lincolnshire
PE23 4BJ

Tel: 01790752700

Date of inspection visit:
04 May 2016
05 May 2016

Date of publication:
22 June 2016

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

We inspected Melody Lodge on 4 May 2016. This was an unannounced inspection. The service provides care and support for up to 11 people. When we undertook our inspection there were 7 people living at the home.

People living at the home were of mixed ages. Some people required more assistance either because of physical illnesses or because they were experiencing difficulties coping with everyday tasks. The home had a small occupancy and the majority of people had lived together for a long time.

There was a registered manager in post. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection there was no one subject to such an authorisation.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

Staff had taken care in finding out what people wanted from their lives and had supported them in their choices. They had used family and friends as guides to obtain information and accessed a number of different resources within the community.

People had a choice of meals, snacks and drinks. And meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it. Some people helped with the preparation of meals and setting tables for meals.

The provider used safe systems when new staff were recruited. All staff completed training courses to update their knowledge about people's individual health care needs. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements. Since our last inspection the provider had continued with building development at the premises and refurbished many parts of the home. The building work was still on-going.

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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely. Record keeping and stock control of medicines was good.

Is the service effective?

Good

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Is the service caring?

Good

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Is the service responsive?

Good

The service was responsive.

People's care was planned and reviewed on a regular basis with them.

Care planning had taken place to ensure people's wishes were adhered to, no matter how long this took. Staff accessed a variety of resources in the community.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated.

Is the service well-led?

Good

The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

Melody 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 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.

This inspection took place on 4 May 2016 and was unannounced.

The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with two local authorities who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with four people who lived at the service, two members of the care staff, the registered manager and the provider. We also observed how care and support was provided to people.

We looked at four people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, audit reports and questionnaires which had been sent to people who lived at the service and relatives.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel happy and safe." Another person said, "I feel safe living here."

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right action to safeguard people. This ensured people could be safe living in the home.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. Staff told us they were informed through shift handover periods when actions needed to be revised.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, helping in the kitchen and using sharp implements. People were observed and guided by staff on the use of sharp implements and how to protect themselves and others. People had signed to say they had agreed to the course of actions described.

People told us if they felt safe going out on their own, but were aware of the times they needed an escort. One person said, "I like staff to come with me as I don't think I would remember the bus numbers." Another person said, "Staff have made sure I feel comfortable being left on my own at the local club, but they will always take me." Staff told us and people's records confirmed that assessments had taken place on the capability of people to visit the community either with an escort or on their own.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and what support they required. For example, ensuring people were not frightened when the fire alarm sounded. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency. The provider was in constant contact with the local fire brigade and buildings inspector whilst the remainder of the building work was being completed.

A lot of refurbishment of the environment had occurred since our last visit. The home looked clean and well maintained. We were invited into two people's bedrooms to see how they had been decorated. People told us of their involvement in the layout of the room and how they completed what they described as "house work" to ensure the rooms were kept clean and safe. Such as keeping food in containers and changing their bed linen. Two people told us the days they liked to do their housework. One person said, "I like to be organised and do it on the same say each week. It's best to keep everything clean."

People told us their needs were being met and there was sufficient staff available each day. One person said,

"Staff are always around to take us out." Another person said, "If I wanted to go out staff are there at the drop of a hat."

Staff told us there were adequate staff on duty to meet people's needs. Staff described their shift patterns and that they worked as a team to ensure adequate staff were on duty at all times to enable people to exercise their independence.

The registered manager told us how they had calculated the numbers of staff required, which depended on people's needs and daily requirements. These had been discussed with the commissioners of services and reflected what had been agreed for each person, which was documented in care plans. However, there was on-going discussion with two sets of commissioners as two people's needs had increased due to deterioration in their health. The provider had ensured the extra staff required were on duty, even though the funding had not been finalised. Staff were aware of people's increasing health care needs as they got older and were happy to discuss the flexibility of staffing with the registered manager. The provider was considering involving people who used the service in the recruitment process.

We looked at two personal files of staff. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them. The registered manager was recruiting for a part-time care worker's position and conducting interviews. There had been some staff change over the last year, but the registered manager and staff told us they felt fortunate in the people they had recruited into posts. One staff member told us, "It's all about team work."

People told us they received their medicines at the same time each day and understood why they had been prescribed them. Two people told us about every tablet they took, why they took them and were happy for staff to order them. This had been explained by GPs', hospital staff and staff within the home. This was recorded in people's care plans. Staff were observed giving advice and medicine to one person who became ill during our visit. Staff knew which medicines people had been prescribed and when they were due to be taken. A procedure was in place for people to take medicines out with them if they left the home. People told us medicines were handed to their family members if they went home, or to staff if they went on holiday or out for the day.

Medicines were kept in a locked area. There was good stock control. Records about people's medicines were accurately completed. When people required to have regular medicine by injection, staff told us they took each person to the GP surgery. The records confirmed when those visits had occurred. We looked at medicine audits and found they were completed regularly and any actions had been signed as completed.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage area and staff told us they also used the internet for more detailed information about particular medicines and how it affected people's conditions. They also obtained information leaflets from their pharmacy supplier, which were kept in a file in the medicines storage area.

Good

Is the service effective?

Our findings

None of the staff we spoke with had been recently recruited. However, a staff member told us about the introductory training process they had undertaken, but this had been a few years ago. This included assessments to test their skills in such tasks as manual handling and helping people with complex needs. They told us the programme had suited their particular needs. This provided the skills they needed to meet people's needs safely. Details of the induction process were in the staff training files. The registered manager told us that all staff were completing the new care certificate as this would give everyone a new base line of information and training, which would benefit the people living there. People told us staff had the knowledge and skills to look after them.

Staff said they had completed training in topics such as basic food hygiene and first aid. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Staff had completed training in particular topics such as sensory deprivation and challenging behaviour. This ensured the staff had the relevant training to meet people's specific needs at this time. The registered manager said they liked one particular training company they used as all of the training had a person centred approach and an easy progress chart so staff could see what training they had completed and which topics required updating. We saw this was in use.

Staff told us a system was in place so they could speak with the registered manager and receive a formal supervision session, but the manager would also observe them in the work place. They told us that as this was a small staff group they could approach the registered manager and provider at any time for advice and would receive help and supervision until they were competent in a task. Staff found the process helpful. The records showed when supervision sessions had taken place and there was a planner on display showing when the next formal sessions were due.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken all of the necessary steps to ensure that people's rights were protected.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. Staff had recorded the times best interest meetings had been held and assessments completed to test their mental capacity and ability.

People told us that the food was good and they could have drinks when they wanted them. One person said, "We are on a rota, those of us that can, to help in the kitchen. We all discuss the meals." Another person said, "I like meals with cheese and fish and chips the best and when we have take aways, a Chinese." Two people told us what was usually on offer for each meal time as regular items. One of the people said, "But of course we can have anything we want if it's in our diet plan."

Staff had one to one meetings with people throughout the year to discuss their needs and menu planning and people told us when staff had discussed menus with them. This was recorded in people's care plans. Menus were available and on display within the kitchen and a sitting room, which people had access to all the time. This ensured people felt included in the menu planning and their specific needs were taken into consideration. We observed staff helping people with drinks and snacks throughout the day and asking for help to set the tables for the lunch time meal. One person helped prepare the lunchtime meal and proudly showed us their apron, gloves and hat which they wore in the kitchen area. People were making social conversation and commenting on the meal at lunchtime.

People told us staff treated them with dignity and respect at all times. One person said, "They knock on my door if I'm in my room." Another person said, "If I want to talk with [named staff member] about women's things we go and sit in another room or my bedroom. I don't like the men to hear."

People told us how the staff had helped them with their oral hygiene and the maintenance of their own teeth, to enable them to eat their meals. The details of visits to the dentists, oral health visits to the hospital and how people liked to clean their teeth were recorded in the care plans.

People told us staff obtained the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people's behaviours had changed and when they required annual health checks. We also saw in the records when people had visited the opticians and women's health clinic. Several of the people had hospital appointments which they had attended. Staff had recorded outcomes of those visits. Staff told us they had a good rapport with other health professionals and felt supported by them when they required assistance. Staff had recorded when they had asked people's consent to care and treatment and this was recorded.

Good

Is the service caring?

Our findings

People told us they liked the staff and they were confident staff would look after them. Staff were described as nice and kind. One person said, "I like all the staff. I've been here longer than some of them but everyone is nice." Another person said, "The reason I am happy here is because I have been here a long time and staff have always been kind to me." Another person said, "Yes, they are looking after me."

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "My friend here is organised, but I'm not so staff help me make choices of what to do each day." Another person said, "I do get up, but I like my bedroom so staff understand when I want to be quiet." Another person said, "I can talk to all the staff, especially [named a staff member]."

People told us they had been involved in the refurbishment programme. They told us they had been asked about colours of the carpets and walls. One person said, "I chose the colours of my bed linen." Another person said, "We were asked what colour we wanted the carpet outside our rooms. I'm glad it's red as I like red."

All the staff approached people in a kindly manner. They were patient with people when they were attending to their needs. For example, one person needed assistance to walk. Staff gently took their arm and talked quietly to them as they walked to the person's bedroom. Another person was walking quickly around the home. Staff gently spoke with them and pointed out that if they walked too quickly they may bump into objects or people. The person understood and walked slower.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, one person was being encouraged to take a walk during the day to help their mobility. One person was unwell during our visit, so staff kept returning to their room. This was to see how the person was feeling and if their medicine was helping them. We heard staff planning to speak with relatives about home visits and holidays, after obtaining people's permission. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff could that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. Some staff could use the sign language symbols of Makaton to help them communicate with those hard of hearing. Staff ensured that the spectacles of those who required to wear them were clean and they could see people to aid their sight.

People told us they could have visitors whenever they wished. We saw several signatures in the visitors' book of when people had arrived at the home. Staff told us some families visited on a regular basis and they were offered refreshment and opportunity to speak with staff. This was recorded in the care plans. This ensured people could still have contact with their own families and they in turn had information about their family member. People told us staff would telephone their family members when they wanted to speak with them.

One person told us, "My mum and dad come of a Sunday. I like them to visit me here." Another person said, "I like to see the visitors."

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care could be supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display. There were no local advocates being used by people at this time.

Good

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs quickly. One person said, "When I need to go to see the doctor staff come with me. They arrange the appointment and make sure I am ready to go out." Another person said, "When I had a [named a medical condition] staff worked very quickly to get me an appointment with the nurse at the surgery. It's getting better now." We observed staff asking the person how they were feeling that day.

People told us staff had talked with them about their specific needs. This was in reviews about their care in meetings and questionnaires. They told us they were aware staff kept notes about them. One person said, "I know staff keep notes and I can read them, they are like a booklet." People told us they were involved in the care plan process, but if they could not read their notes staff would do this for them. This was confirmed in the care notes we reviewed. One person said, "My key worker will read them to me." Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes. For example, when they liked to go to community activities and people's specific medical needs. This was confirmed in the care plans.

Staff received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten.

People told us staff had the skills and understanding to look after them and knew about their social and cultural diversity, values and beliefs. People told us that staff knew them well. Staff knew how to meet people's preferences with suggestions for additional ideas and support. This means people have a sense of wellbeing and quality of life. Staff had used local resources in health and social care, plus the internet, local tourist offices, local newspapers and local libraries to ensure messages were received by people about health matters and local events.

People told us how their problems sometime prevented them from socialising in the community. People told us staff never put them in a situation they could not cope with each day. One person said, "I would never go abroad years ago but now I love going to [named owner] house in Cyprus." Another person said, "I never used to go to the disco, but others go so I decided I would go and I enjoy the music and dancing." This has helped those individuals to expand their social skills and broaden their horizons.

People's care and support was planned proactively in partnership with them. Staff used different ways of involving people so they felt consulted, empowered and listened to. People told us that staff took time each day to discuss their care and treatment. As well as the opportunity to speak with other health professionals. We saw that some records had been adapted to use pictures as well as words, for those having difficulty reading. Each person had a personal plan of what they liked doing each day. Sometimes this was the same as others, so a group event was organised. For example, during our visit two people had a computer session together as both were learning new skills on their laptop computers. They were helping each other and asked staff for help when necessary. There was also a weekly plan on display which showed events every

one could join in on; such as a games afternoon and walks around the village. Pictures on display confirmed events and places people had attended.

Professionals' visits to the service recorded it was focused on providing person-centred care. Ongoing improvement was seen as essential and lessons learnt were recorded about any part of the service which may have fallen short at any time. Social care professionals we had contact with before the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions and did so.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. Arrangements were made for social activities, and where appropriate education and work to meet people's individual needs. For example, one person told us of the courses they had completed at a local further education college and showed us their certificates. Another person was interested in a certain series on the television. They had been supported to obtain information on each one and had visited a couple of places where they had been filmed and bought souvenirs.

The service takes a key role in the community and was actively involved in building further links. People were encouraged and supported to engage with services and events outside of the service. Input from other services was encouraged. Links had been made with the local leisure centre to encourage people to go swimming. A staff member told us how they could not swim when they were first employed but because the people they looked after enjoyed it so much they had taken lessons. This enabled them to join others when they want swimming. People told us they had been consulted by staff about what they would like to do. Some people had competed in the local disabled games competition with other people who lived in other services. One person described this as "a scary event", but they liked seeing so many other people.

People told us about their holidays. Some people told us they did not like to go away but had frequent visits from their family and occasionally went on day outings with staff. Others told us about their visits abroad and to places in this country. They included visits to local towns for shopping, theme parks and holiday parks. People talked animatedly about visits to a local club for music and bingo. One person said, "We've got a lot of friends there."

People are actively encouraged to give their views and raise concerns or complaints. People's feedback is valued and concerns discussed in an open and transparent way. People told us they were happy to make a complaint if necessary and felt their views would be respected. Each person knew how to make a complaint. No-one we spoke with had made a formal complaint since their admission. People told us they felt any complaint would be thoroughly investigated. We saw the complaints procedure on display, which was in word and picture format. There were no formal complaints in the log book since our last visit.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they were well looked after, could express their views to the registered manager and felt their opinions were valued in the running of the home. One person said, "I can always talk to the manager." Another person said, "I know if I've got a problem [named manager] will sort it out."

People who lived at the home and relatives completed questionnaires about the quality of service being received. People told us they had completed questionnaires. The last questionnaire had been in 2015 for people who used the service and had given a positive view about the services being provided. Any actions had been passed to the relevant staff, through staff meetings. Staff confirmed these had occurred. People told us there were frequent house meetings held to discuss major topics such as the refurbishment programme and holidays. This was confirmed in the minutes of meetings for February 2016 and April 2016. People had been given opportunity to ask questions and give their views.

Staff told us they worked well as a team. One staff member said, "It's just like working in an ordinary household." Staff felt supported by the registered manager and owner and described them as "going the extra mile" and "easy to talk to." One person said, "The manager tries to accommodate everyone." Staff told us they supported each other as well. They said the registered manager talked to everyone and helped with every task required within the home. The previous evening the registered manager had completed a night shift so they could see any problems for themselves of events which tended to only happen at night. Such as people not being able to get off to sleep and how staff helped people achieve a restful night's sleep.

Staff told us staff meetings were held occasionally. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of the staff meetings for November 2015 and January 2016. The meetings had a variety of topics which staff had discussed, such as; staffing, receiving gifts and training. This ensured staff were kept up to date with events. Staff told us they felt included in the running of the home. This was reflected in records seen.

The registered manager and provider were seen walking around the home during our inspection. They talked with people who used the service and visitors. They could immediately recall items of information about each person. They gave support to staff when asked and checked on people's needs. There was a lot of laughter in the home between the registered manager, the provider, staff and the people who lived there. The atmosphere was relaxed.

There was sufficient evidence to show the registered manager had completed audits to test the quality of the service. These included medicines, care plans and equipment. Where actions were required these had been clearly identified and signed when completed. Any changes of practice required by staff were highlighted in staff meetings and shift handovers so staff were aware if lessons had to be learnt. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. There was a suggestion box in the main hall way and people told us anyone could put a suggestion in about anything and it would be considered. One person

told us they had suggested more walks with the dogs and this had been put into place since the weather had improved.

Services that provide health and social care to people are required to inform CQC of events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.