

Marran Ltd

Hinton Lodge

Inspection report

Patten Lane
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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

About the service

Hinton Lodge provides support for up to four people who have mental health needs or learning disabilities. The home is an adapted building and provides residential care to young adults and older adults. At the time of inspection three people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a small home, similar to a domestic style property. It was registered for the support of up to four people. Four people were using the service. This is in line with current best practice guidance. The design of the building supported people to be independent. It was located within a residential area, close to local amenities. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People said they loved living at the service. It was close to local amenities which supported them to be independent. They were very positive about staff and the care which they received. This helped them to feel safe. Staff were responsive to people's needs and acted quickly when risks to people were identified. People said there were always enough staff on duty to look after them.

Staff knew people well and had the right training to support them. People were well supported to maintain their health and well-being. Staff followed guidance from health professionals to manage any risks. The home was well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were very complimentary about staff. They told us they received the best care from them. Staff involved people in all aspects of their care. People were encouraged to be independent and were supported to maintain relationships with relatives.

Staff had been in post for many years and had excellent knowledge of people. People received consistent, individualised care and support. Positive relationships between people and staff had been developed. They

referred to each other as 'family.'

The registered manager and staff worked together to deliver good care to people. This had led to positive outcomes for people. Quality assurance measures had been effective in maintaining a good level of care for people. Feedback was sought and used to make improvements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 6 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Hinton 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Hinton Lodge is a 'care home' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Redcar and Cleveland local authority. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, house manager and two senior care workers.

We reviewed a range of records. This included one person's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew the procedures they needed to follow to keep people safe. People said the care they received from staff helped to keep them safe. Comments included, "The staff are always around. Someone has to be here all the time and overnight. I like that they are here overnight. This makes me feel safe."
- Staff had taken quick action when risks of abuse to people had increased. This included a review of the support people received. As a result, lessons had been learned and the risk of further harm had been reduced.

Assessing risk, safety monitoring and management

- Staff managed the risks to people. This enabled people to live their lives the way they wanted. Care plans clearly outlined the risks to people. These had been regularly reviewed.
- The safety of the building was maintained. Certificates were in place to support this. People participated in planned fire drills. This gave them confidence they could safely evacuate the building in an emergency.

Staffing and recruitment

- Staff had been recruited safely. There were always enough staff on duty to provide the right support to people. Staff had enough time to support people in the way they wished.

Using medicines safely

- Medicines were safely managed. People received their medicines when they needed them.
- People received good support with their health conditions. This had led to a reduction in 'when required' medicines. Regular medicine reviews had taken place with health professionals.

Preventing and controlling infection

- The home was clean throughout. Staff used the right equipment to safely manage the risks of cross infection. Staff had participated in training for infection control.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Regular reviews took place to make sure the care which people received was right for them. Records to support people's care had been kept up to date. Where people's needs had changed, staff sourced support from health professionals.

Staff support: induction, training, skills and experience

- Staff had the right knowledge and experience to support people. Supervisions, appraisals and training were up to date. Staff demonstrated good knowledge of people to support them with their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were safely supported to maintain a good diet. Care records accurately reflected the support people received. People were positive about the food provided. One comment included, "The food is beautiful. Meals are out of this world."
- People were involved with menu planning and were encouraged to provide feedback. They were supported to prepare simple meals. People said they enjoyed eating out in the local community.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were well supported with their health. Regular reviews had taken place with health professionals. This helped to promote people's well-being.
- Referrals for support had been completed quickly. Recommendations from health care professionals had been incorporated into care plans and support regularly reviewed.

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

- People were happy with the design and decoration of the service. They were easily able to navigate their environment. Updates to the environment had been completed when needed.

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 that, 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff followed the principles of MCA. Staff demonstrated how they supported people to be as independent as they could be. People had choice in all aspects of their care.
- Care records showed how people were supported to make choices. Records relating to applications about people's mental capacity had been regularly reviewed and updated.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 said they received good care and support from staff. They said staff had time for them when they wanted to talk. Staff offered timely support when people experienced a deterioration in their health and well-being.
- People and staff referred to each other as 'family.' The ethos of the home was embedded into the way staff supported people.
- People valued staff. Comments included, "I like it here. It is near everything for me. The staff are good. I can get up when I want to and eat when I want to" and "Staff look after me. This makes me feel safe."

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

- People said they were involved in making decisions about their care. They had reviewed and signed their care plans to show they were happy with their plan of care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent in all aspects of their lives. They were kept up to date and asked for feedback about planned changes taking place in the home.
- People were supported to maintain relationships with relatives. Good procedures were in place when people went to stay with relatives. This enabled people to remain safe yet lead fulfilled lives.
- Staff understood people's needs. The support provided helped to maintain people's privacy and dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care and support. Staff knew people's personal routines and what was important to them in their care. People said they were very happy and felt well looked after. Comments included, "I feel well cared for. Staff are very good to me."
- Care records supported the delivery of good care. They had been regularly reviewed to make sure they remained accurate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people. Meaningful conversations between people and staff were observed.
- Staff supported people to understand the information given to them. People's communication needs were clearly outlined in the care records. Staff understood and followed the AIS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People participated in regular activities, such as visiting the cinema, theatre and local concerts. People were supported to follow their hobbies and interests at the service. One person had Sky television in their bedroom and liked to watch American football. Staff supported people to access music playing apps, which they said they enjoyed.
- People were supported to access the community. Some people attended voluntary placements. Others participated in activities in the community, such as craft groups, coffee mornings and five-a-side football.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern. They said they would always speak to staff. When they had raised a concern, people said they had been listened to. People said staff were very supportive of them.

End of life care and support

- No-one was receiving end of life care at the time of the inspection. Discussions had taken place around people's preferences and choices in relation to end of life care. These had started to be recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service. Staff had been in post for many years and were committed to the delivery of good care. Comments included, "The home has a nice feel to it. I enjoy going to work."
- Managers had the right skills and knowledge to support staff. Staff worked well together to deliver good care. Staff said they could raise concerns and share ideas. They said they would be listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance measures were effective. They supported the delivery of good care at the home. Staff understood their roles in making sure people received the best care.
- A registered manager was in post. They had notified the Commission about incidents taking place at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked to give feedback about the home. Important information was shared with people and staff in meetings.
- People were well known in their community. Staff supported people to access services within their interests. This included the Methodist church, local cafes, shops and fairs.

Continuous learning and improving care

- The service took on board feedback from professionals. This was used to develop the care and support people needed.
- Changes at the home were discussed. This had led to improvements in the support which people received.
- The staff team discussed incidents and changes in people. This enabled them to make sure people received the right care. It also encouraged staff to recognise where changes could be made.

Working in partnership with others

- The service worked in partnership with health and social care professionals. This improved the overall quality of care provided at the home.

