

Mere Lodge Healthcare Limited

Mere Lodge

Inspection report

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25 January 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Mere Lodge is a residential care home providing personal and nursing care to up to four people. The service provides support to people living with a learning disability and mental health conditions. At the time of our inspection there were four people using the service.

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

Right Support

The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. People were supported by staff to pursue their interests. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced. People had a choice about their living environment and were able to personalise their rooms.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People and those important to them, including advocates, were involved in planning their care. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

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

Rating at last inspection and update

The last rating for this service was good (published 30 September 2019). During our last infection prevention and control inspection (published on 30 April 2021), we found the provider to be in breach of a regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We carried out an announced inspection of this service on 07 April 2021. A breach of legal requirements was found relating to safe care and treatment.

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mere Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mere 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mere Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The registered manager is currently on leave. Therefore, a service manager and operations manager are overseeing the service in their absence.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to manage any risks relating to COVID-19.

Inspection activity started on 20 January 2022 and ended on 26 January 2022. We visited the location's service on 20 January 2022 and 25 January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

Most people living at the service were not able to share their views about the care provided. Therefore, we observed staff interactions and support provided in communal areas. We also spoke with two relatives to gain their views of the care provided. During the inspection we spoke to six staff which included; the head of operations, operations manager, service manager, team leader, senior support worker and a support worker.

We reviewed a range of records. This included two people's care records, four people's records in relation to medicines, staff training records, two staff files in relation to recruitment and staff supervision and people's feedback of the service. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

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

At the last comprehensive inspection the service was rated good. However, at the last infection prevention and control inspection, the provider was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found sufficient improvement had been made and the provider was no longer in breach of regulation.

Preventing and controlling infection

- At the last inspection we identified areas of the environment were not well maintained, which posed a risk of infection to both staff and people and minimised the effectiveness of cleaning. At this inspection, we found the provider had made significant improvements and the environment was being repaired. Whilst there were still some works to be carried out, the provider had a plan in place to address these shortfalls in a timely way.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control risk assessment and policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Staffing and recruitment

- The provider continued to conduct safe recruitment checks on staff. This included obtaining references of character and checking their DBS status. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were deployed in the service effectively to meet the needs of people. The provider continually monitored the baseline staffing required to keep people safe. One staff member told us, "We do have enough staff but one more pair of hands would be helpful."

- Staff continued to receive on- going training and new opportunities to develop in their roles. Records reviewed confirmed this.

Using medicines safely

- People received their prescribed medicines, administered by trained staff. Records showed staff had received training and had their competencies assessed in relation to the administration of medicine. Additional specialist training provided by the district nursing team.
- Some topical medicines prescribed did not have clear written directives to guide staff on where the cream should be applied. This was discussed with the service manager who took action to address this following the inspection.
- People who were prescribed 'as needed' medicine had a protocol in place which informed staff on how and when the medicine may need to be administered. This meant people were able to receive these 'as needed' medicine when they needed and not unnecessarily.
- There was a system in place to monitor the stock of medicines daily. This was overseen by the service manager and meant any errors could be identified in a timely way.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to reduce the risk of harm and abuse. Records showed the management team had acted where a concern had been raised to minimise the risk of harm to people. This included carrying out an investigation and liaising with external professionals.
- Staff received training in relation to safeguarding and understood their responsibilities to keep people safe. One staff member commented, "I would have no problem reporting any concern around abuse, I would go straight to [Name of Service Manager]." Another staff member said, "These people are like my family, it's my job to keep them safe."
- Relatives told us they felt their loved ones were safe in the service and received good care. One relative commented, "I would be happy to raise any concerns if needed. However, I do feel [Name of Person] is safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care had been identified, assessed and measures were put in place to mitigate the risk of harm to people. People's care plans contained person-centred information and guidance on how staff could support people safely.
- Where people lived with diabetes, there was a protocol in place to provide guidance to staff on what action should be taken if an event was to occur. For example; low blood sugar and high blood sugar readings. Each person's protocol was individualised to them and described the signs they may present if they experienced adverse events with their diabetes management.
- Some people experienced periods of anxiety and distress which required intervention from staff. People had care plans in place to enable staff to carry out different methods of support in these situations. Information was available to staff on signs which may indicate a person was becoming increasingly distressed, which meant they could act in a timely way to support the person.
- Information from accident and incidents was gathered and analysed on a monthly basis by the management team. Action was taken where there were causes for concern relating to people's health or well-being. For example, we found where a person had lost a significant amount of weight, staff had contacted the GP and nutritional intake support had been sought.

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 our last inspection we rated this key question good. At this inspection the rating 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems in place to monitor the quality of the service. However, there were occasions where shortfalls had been identified and action had not been always taken in a timely way due to a COVID-19 outbreak both in the service and with the contractors. For example, areas of the environment. These works were carried out as soon as it was safe to do so. We are now assured these areas can be effectively cleaned.
- The registered manager was on a period of leave and the service was overseen by a service manager and operations manager. Staff told us both the registered manager and service manager were approachable. One staff member commented, "[Name of service manager] is great, I know her well, she is approachable, and I am glad she is now managing the home."
- Managers and staff understood their roles, responsibilities and knew people well. During the inspection one person experienced symptoms of distress, staff responded quickly and provided the person with support. This meant the person began to settle promptly.

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

- Staff were passionate about providing good quality care and support to people living in the service. One staff member told us, "The guys [people] are amazing, I know how to give good care and I am confident we give that to them."
- People were able to personalise their own rooms with items they preferred. One person liked to draw and write things down so staff had purchased drawing boards for the person which were put up on their walls in their room. This enabled the person to write and draw in the privacy of their own room.
- Staff and management had recognised when people's needs were changing. Changes to the location and people's bedrooms had been made to prevent isolation from other people living in the service and staff. For example, where a person's mobility had deteriorated.
- Relatives told us their loved ones received good care. One relative told us, "The staff are very nice, friendly and accommodating. I think the care is pretty good."

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; Working in partnership with others

- The provider understood their responsibilities in line with the duty of candour and had a policy in place to assist managers in dealing with incidents which may meet the criteria for this. This included acting in an open and honest way.

- Statutory notifications of events were made to the commission where the provider had a legal right to do so.
- The service works in partnership with a range of other agencies. This includes; doctors, nurses, mental health services and dieticians.

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

- Staff told us they were supported in their roles. Staff received regular supervision and team meetings were held to aid communication.
- People regularly were asked for their feedback on the service and their care. This information was used to create a 'you said, we did' action plan, where measures were implemented to address any improvements required.
- Staff met people's individualised needs and worked with families to plan care considering people's equality characteristics. For example, one person had a care plan in place for when they reach the end of their life. Staff had obtained information about their culture to ensure the person was cared for and treated in the most appropriate way. This included involvement of others; such as relatives.
- People had access to information and had consultation around elements of their care through easy read and pictorial layouts. For example, a health action plan. This meant people had access to information to support them to make an informed choice around specific decisions.