

Parkcare Homes (No.2) Limited

Mar Lodge

Inspection report

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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

About the service

Mar Lodge provides accommodation, care and support for up to 7 people with learning disabilities or autistic spectrum disorder. At this inspection they were providing care for 7 people.

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.

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

Right Support: The building and environment were residential and 'homely'. The home was designed to enable people to socialise in communal spaces, but also have time alone, or see visitors in private. The kitchen was accessible to all people living at the home. People had been supported to personalise their own rooms. There were a number of steps within the building which may present a trip or fall hazard, however, the provider had taken action to reduce risks with adaptations such as brighter lighting and working with individuals to manage the risks while maintaining their independence.

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.

Right Care : People received a structured lifestyle based on their choice and preferences. Staff were appropriately skilled and competent to meet people's needs and keep them safe. Staff knew and understood people's communication needs, and this supported positive respectful relationships and interactions. People's independence and abilities were promoted. People lived active lives and were supported to maintain relationships with friends and family.

Right Culture: People's wishes and needs were at the centre of everything. The provider, registered manager and staff were highly motivated to achieve good outcomes for people and were caring and compassionate. Systems and processes for monitoring and improving quality and safety were effective. The culture and values were based on people's views and priorities and were shared by people, staff and managers.

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 12 December 2018).

Recommendations

We recommended the provider take action to improve temperature control in the conservatory so people can access this living space as required at all times of the year.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained as 'good' based on the findings of this inspection.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Mar 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.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Mar Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mar Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 staff members including the registered manager, senior support workers and 2 operations managers. We briefly spoke with and observed staff interactions with all the people who lived at the service and spoke with two people's relatives. We reviewed a range of records. This included 2 people's care records and 7 medicines administration records. A variety of records relating to the management of the service, were reviewed. We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection.

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 requires improvement . At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed at the service and when people went out into the local town.
- Staff understood where people required support to reduce the risk of avoidable harm. Safety action plans supported people to remain safe while upholding their rights and freedom.
- The provider had carried out improvements to the environment since our last inspection. Grab rails were added to support people accessing the shower. The kitchen and laundry had been re furnished and reconfigured to improve safety for people.

Consent to care and treatment always sought in line with legislation 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because systems and processes were in place and staff understood and followed them.
- People were asked during weekly meetings ('our voice meetings') and at key worker meetings if they felt safe or had any worries. Staff knew people well and explained how changes of behaviour and mood may indicate something was wrong. They knew how to report abuse and felt confident the correct action would be taken to protect people.
- Protecting people from abuse was a high priority at the service. Information about what to do and who to contact in the event of suspected abuse was displayed.
- Staff knew what may trigger an unsafe situation and how to de-escalate any conflict. Relatives we spoke

felt confident their family members were safe at Mar Lodge.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staffing numbers were calculated using people's dependency needs and funded hours for activities and support.
- Additional staff were deployed to support people attending any appointments they had.
- Staff were recruited in a safe way. Many staff had worked at the service for a number of years. This supported consistency for people who were supported by staff who knew them well and had developed positive relationships.

Using medicines safely

- People's medicines were managed in a safe way. Staff had training and had their competency assessed.
- Medicines were stored correctly and securely. Records were accurate and up to date.
- People's medicines were reviewed to ensure they remained effective and that people were not 'over medicated'.

Preventing and controlling infection

- People were protected from the risk of infection, staff had training and followed best practice guidance.
- The service was visibly clean and fresh throughout. Staff followed cleaning schedules and used personal protective equipment appropriately.
- The local authority infection control team had recently visited and scored the service highly for infection control practices.
- Staff knew what to do in the event of an infection 'outbreak' and this included seeking advice from specialist external teams.

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Visiting in care homes

There were no visiting restrictions at the service. Relative's we spoke with said they were made to feel welcome.

Learning lessons when things go wrong

- Changes were made following accidents and incidents to reduce further risk, for example, a medicine audit identified an inaccuracy so processes for counting medicine stocks were improved.
- Staff reviewed and made changes to people's care and support plans following an incident when a person became distressed.
- Managers attended meetings with managers from the provider's other services so information could be shared and used to improve and reduce risk across all services.

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 good. 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

- The service was person centred. The registered manager and staff were motivated and shared the same values to achieve good outcomes for people. They knew people well and understood their needs. People were able to follow their goals and aspirations and led busy lives doing things they enjoyed.
- People were supported to be as independent as possible and to maintain positive relationships with the people they cared about.
- People and relatives spoke very highly about the service. People felt relaxed and comfortable in the service and with staff. A relative said about the service, "My [family member] loves it". Another relative said, "its [family member's] home, they wouldn't want to be anywhere else."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes to monitor and improve quality and safety were effective. Audits and checks were carried out by the registered manager and operational manager and this information was used to improve services.
- There was a clear organisational structure. Staff understood their responsibilities and who to report to or to consult for support.
- The registered manager was accessible open and transparent. Staff felt supported, they told us the manager was approachable and would listen to them.
- Staff meetings took place to communicate changes and to get staff feedback. Staff had supervision sessions so any concerns or training and development needs could be discussed and planned for.

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

- People were actively involved in developing the service. There were a range of mechanisms to engage with people and seek their views and feedback. These included people being involved in developing their own support plans and setting goals and aspirations, key worker meetings and monthly 'our voice' meetings. A representative from the service also attended regional 'our voice meetings'. Changes were made in response to what people said, for example, changes to the menu and where to go for trips out.
- Information was shared in accessible formats such as easy read meeting minutes. Staff had training about equality and diversity and knew how to meet people's individual needs.

- Staff were also involved and engaged in developing the service. Staff engagement surveys took place and changes were made in response to what staff said. Staff awards were given to encourage, celebrate and reward good practice.

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

- The provider, registered manager and staff were open and honest when things went wrong. They understood their responsibilities and acted on the duty of candour when required to.

Continuous learning and improving care

- The provider was committed to continuous learning and improvement. Since our last inspection improvements had been made to the environment, in particular the laundry, kitchen and shower.
- Further plans were in place to improve the garden area. Checks had identified work was required to improve fire doors and this was carried out.
- A vehicle had been purchased so people had access and did not have to rely on taxis.
- We recommended the provider take action to improve temperature control in the conservatory so people can access this living space as required at all times of the year.

Working in partnership with others

- The provider worked with other professionals to ensure people received joined up care. This included health care professionals, local authority commissioners, safeguarding teams and infection prevention teams.
- Staff consulted with physiotherapists and occupational therapists to reduce falls and improve people's mobility. We saw examples of how working in partnership with others enabled a person to maintain their independence.