

# Shaw Healthcare (Ledbury) Limited

## Market Lodge

### Inspection report

Ledbury Community Health & Care Centre  
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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

Market Lodge is a residential rehabilitation and nursing home. It is registered to provide care and accommodation for up to 10 younger adults who live with physical disabilities and sensory impairments. There were 10 people living at the home at the time of our inspection.

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

#### Right Support

People's experience of using the service was positive, they told us they felt safe and cared for by staff who were trained to meet their needs. Staff received training in safe medicines practices. Staff had been trained in safeguarding and abuse and were aware of how to report concerns. Risks to people were assessed and there were plans in place to mitigate risks. The provider had systems and processes to recruit staff in a safe way and there were enough staff to meet people's needs.

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 were supported by staff who were caring and compassionate, promoted independence and worked in partnership with outside agencies to ensure the best outcomes for people. They were treated with dignity and respect and received a service that could be flexible to meet their changing needs.

#### Right Culture

The majority of relatives said they were involved in people's care. People were supported by a staff team they knew well. Staff spoke positively about management support and their roles and were motivated to ensure the best outcomes for people they cared for. The provider had quality systems and monitoring in place to oversee service delivery. The provider understood their legal responsibilities and when to be open and honest when things go wrong and worked in partnership with other professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 20 February 2019).

#### Why we inspected

We received concerns in relation to safety of people and management of the home. As a result, 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 the same based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Market Lodge on our website at [www.cqc.org.uk](http://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.

# Market 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 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 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Market 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. Market Lodge is a care home with 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 not a registered manager in post, however the provider had recently appointed to the registered manager position.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 spent time with people in the communal areas of the home and saw how staff supported people they cared for. We spoke with 3 people who lived at the home and 6 people's relatives. We also spoke with the chief executive officer, regional operations director, operations manager, project manager, health and safety manager, manager, deputy manager, 4 carers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 professional who was visiting the home. We looked at the care records for 3 people and multiple medicines records for people living in the home. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits and recruitment checks.

# 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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were stored and managed safely. When there were gaps in medicine storage temperature records, the manager's medicine audit systems identified this timely. The manager took action to ensure medicine storage temperatures were recorded daily.
- Staff had been trained to administer medicines. Staff competency checks were carried out in line with National Institute for Health and Care Excellence [NICE] guidance.
- The provider used an electronic medicine monitoring system which allowed staff and managers to view medicines records at all times. This enabled them to make prompt changes which could be shared with the team effectively.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse by staff trained to recognise the signs of abuse. People and their relatives confirmed they felt safe being supported by staff. One relative said, "[Person's name] is very safe and well looked after, staff just know [person] well and meet [person's] needs well." One person said, "I love it here and it is very good and the staff are very good, I feel safe."
- The provider had clear safeguarding and whistleblowing systems which the staff knew how to use effectively.
- The manager understood their responsibilities to keep people safe and knew to notify the relevant authorities if any safeguarding issues arose.

### Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and plans were in place to mitigate the risk. This meant people lived safely and free from unwarranted restrictions.
- People had personal emergency evacuation plans which meant staff and emergency services knew what support people needed in the event of an emergency.
- People's environment was kept safe; health and safety checks were regularly completed.

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.

#### Staffing and recruitment

- The manager used a dependency tool to identify the homes staffing requirement. We found there were sufficient staff on duty to meet people's individual needs.
- People and their relatives told us there were enough staff to meet their needs and keep them safe. One relative told us, "Always plenty of staff. I visit randomly too. [Person's name] knows the staff really well."
- The provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). 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.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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 policy was up to date.

#### Visiting in care homes

- In line with current government guidance there were no restrictions placed on visiting and visitors could access the home freely.

#### Learning lessons when things go wrong

- The provider had a clear and robust procedure to analyse and review accident and incident records for reportable incidents as well as identify any trends so action could be taken to reduce the risk of avoidable harm.
- Learning opportunities were shared with staff. Staff told us any implemented actions following incident and accident analysis were communicated to them through handover, team meetings and updates to risk assessment.



# 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 for this key question 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.

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

- Four of the 5 relatives we spoke with told us they were consulted about issues relating to people's care. One relative said, "I have my say in care assessments and planning. Care is second to none. My [person] loves it there." Another relative said, "The home lets me know about assessments. I can be there if I want, I've been involved in various assessments. The home keeps in touch with me and keeps me informed, they're well organised." However, one relative said, "I should have been involved, I was not involved. I feel personally let down by regional managers."
- People and their relatives had opportunities to provide feedback through surveys. The feedback we reviewed was positive and demonstrated the continued improvements at the service.
- Regular meetings and supervisions with staff were held where they were updated on developments and received feedback. Staff were encouraged to be involved in the development of service delivery.
- Community involvement and integration was promoted by the provider. A 10 year celebration of the building being opened was held on the day of inspection. People, their relatives and staff were invited to join the celebrations, along with other leading community members such as the local mayor.

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

- People and most relatives spoke positively about the service and the care people received, though not all relatives felt the same. A relative told us, "They (manager) run the service really well. They treat people, and their families with respect. They do their job well." One relative said, "The home has lost a lovely warm atmosphere."
- There had been changes to the leadership at the home since our last inspection. A new manager had been appointed and was due to take up the manager's position with a view to registering with CQC. In the interim the provider's project manager was carrying out the managerial role in the home.
- The manager promoted a positive culture where they supported and empowered the staff team. A staff member told us, "I am well supported, we have an excellent team and some regular agency staff. We are all here for each other and it is a pleasure to come to work. I call this my second family."
- Staff felt able to raise concerns with the manager without fear of what might happen as a result. One staff member said, "I think the people are really safe and they have lots of activities. We have good staff levels and are constantly monitoring to ensure people remain safe and their needs are met. If I had any concerns, I could raise them to my manager and speak out. I could speak to any of the senior management and would be supported."

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 manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The manager was working in accordance with this regulation within their practice.

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

- The management team completed comprehensive audits which identified where improvements were required and ensured timely action was taken to make identified improvements.
- Audits were completed on people's care and medicine records to ensure they remained up to date and accurate.
- The provider was invested in continuous learning and improving care. They had clear detailed action plans they were working towards.
- The provider had informed us about significant events which occurred at the home within required timescales as they are legally required to do so.

Working in partnership with others

- Staff worked closely with external health and social care professionals to ensure people received the support they required, and the home continued to improve. Feedback from professionals was positive. One professional told us, "I have been visiting the home for a weekly round for 6 months. The staff and management are very supportive and responsive to working with me. The residents are often in the community and are known by the community. It's a fabulous service, I really love it here."