

Skitini Care Homes Limited

Melody Lodge

Inspection report

West Keal Hall
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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

Melody Lodge is a care home that provides accommodation and support for up to 11 people who live with a learning disability and/or autistic spectrum disorder. Seven people were living there at the time of our inspection.

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

People were supported to stay safe by staff who were trained to identify and report any issues of concern. Risks had been identified and actions taken to keep people safe whilst supporting their independence.

Staff had been recruited and introduced to the service in a safe way. There were enough staff to ensure people's needs and wishes were met in a timely way.

Medicines were managed safely and staff worked with health and social care professionals to help people maintain their health and well-being. The environment was clean and good infection control procedures were followed.

Staff received training and support to ensure people's care was focused on their individual needs and wishes. People were supported to enjoy the food and drinks they liked and staff encouraged them to maintain a well-balanced diet.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were involved in planning their own care so that the way they lived their life reflected their choices and wishes.

Staff were kind and caring towards people and upheld their privacy and dignity. People were respected as individuals and their views and opinions were valued. They were supported to engage in meaningful activities both in their home and within the local community, COVID-19 restrictions permitting.

There were systems in place to ensure good oversight of the quality of the services provided, and clear plans

were in place to address any shortfalls. The registered manager promoted an open and inclusive culture within Melody Lodge and worked in partnership with relatives and external professionals to achieve good outcomes for people.

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 requires improvement (published 15 October 2020).

At the last inspection the provider had positive and restrictive conditions applied to their registration. At this inspection we found they had sustained previous improvements and were meeting the conditions of their registration.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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.

Melody 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.

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 two inspectors.

Service and service type

Melody 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.

Melody Lodge 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

We gave Melody Lodge 24 hours' notice of the inspection. This was due to the COVID-19 pandemic to ensure we had enough information prior to inspection to promote safety.

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. 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.

During the inspection

We spoke with six people who lived at Melody Lodge about their experience of the care provided. We also observed the care and support people received. We spoke with two members of care staff, the registered manager and a company director.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we reviewed information including training data and quality assurance records.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Melody Lodge. One person said, "Oh yes, I'm safe, it's my home."
- Staff understood their responsibilities to raise any concerns for people's safety. They had received training about how to keep people safe from abuse.
- Information about keeping people safe was readily available around the home. The information was presented in various formats so that everyone could access it according to their needs.

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

- Risks to people's safety had been assessed and were regularly reviewed. Care plans provided guidance for staff about how to mitigate identified risks.
- Staff demonstrated their understanding of how to support people to take positive risks in a way that promoted their independence whilst maintaining their safety.
- People had personalised emergency evacuation plans (PEEP's) in place to minimise risks should they need to leave the building in an emergency. People told us they knew about their plan and how to leave the building safely in an emergency.
- The registered manager had used staff meetings to discuss any incidents or accidents so learning from events could take place.

Staffing and recruitment

- Systems were in place to ensure staff were recruited in a safe way and were suitable to work with people who lived at Melody Lodge. Checks such as references from previous employers and through the disclosure and barring service (DBS) were carried out. DBS checks are carried out to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.
- There were enough staff employed to meet people's needs. People and staff told us they felt there were enough staff on duty. We saw people's requests and need for support were met in a timely manner.

Using medicines safely

- Medicines were safely stored and managed. Staff had received training to administer medicines in line with best practice and national guidelines.
- Where people were prescribed medicines to be used only when they needed them (known as PRN), care records described how each person communicated their need for the medicine. This meant people received these medicines in a consistent manner.
- People told us they received their medicines in the ways they preferred. For example, one person said, "I like to get them in my hand and have a drink with them; that's how I get them."

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 admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people who lived at Melody Lodge and staff.
- 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.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People's needs, wishes and choices had been assessed and were regularly reviewed.
- People were involved in the assessment and review processes where they were able to be. Care records demonstrated this and people confirmed their involvement.
- Records showed that others who were important in people's lives, such as relatives or external support agencies had been consulted as part of the process.
- The outcomes of assessments had been used to develop person-centred care plans.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make informed choices and decisions had been assessed.
- Where there were concerns about a person's capacity to make certain choices or decisions, MCA procedures had been followed.
- Records showed when best interests decisions had been taken and who had been involved.
- DoLS procedures had been followed where, for example, people could not make an informed decision about where to live.
- Staff had received training about MCA and DoLS. The registered manager and staff demonstrated their understanding of the underpinning principles.

Staff support: induction, training, skills and experience

- New staff received induction training when they started work. This included time to get to know people and

understand their individual needs and preferences. In addition, new staff were enrolled on a nationally recognised induction training programme.

- There was a programme of on-going training in place for all staff. The programme included topics related to people's individual needs and access to nationally recognised qualifications in care.
- Staff received regular supervision with the registered manager. One member of staff said they found the sessions useful for their learning and development.

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

- People told us they had plenty to eat and drink. Stocks of food were plentiful and varied. Snacks and drinks were freely available when people wanted them.
- Staff demonstrated a clear understanding of people's dietary needs and preferences, which were reflected in their care plans. The registered manager and staff knew how to access specialist dietary support if people needed this.
- People told us staff talked to them about making healthy food choices and they had access to a variety of information about healthy eating.
- One person told us they wanted to lose weight and we saw how staff supported them with portion control during the lunchtime meal.

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

- People told us how the registered manager and staff worked with healthcare professionals to support their health and well-being. One person told us about their supported visits to the GP and dentist. Another person spoke to us about being supported to have vaccinations during the COVID-19 pandemic.
- Care plans included clear information about people's health needs and guidance for staff about how to provide personalised support.
- Records showed people had access to specialist healthcare services such as behavioural management teams, psychiatric services and epilepsy management teams when they needed them.
- People were supported to maintain good oral health. They had regular access to dentists and access to information about, for example, how to brush teeth effectively.

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

- Previous inspection reports showed external building work, in various stages, had been in progress since 2009. At this inspection we saw building work continued. However, substantial progress had been made and the registered manager had a clear action plan setting out their priorities and projected timescales for completion.
- Risks posed by external building work to people's safety and dignity had been assessed and mitigated.
- We were mindful of the impact the COVID-19 pandemic had upon the action plan as time scales for completion of some priorities could not be met. The registered manager had revised the action plan as a result of the delays.

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 requires improvement. At this inspection this key question has now improved to good. 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 living at Melody Lodge gave positive feedback about the attitude of staff and the way they were treated. One person said, "I have lived here a long time. It is like one big family. I did not have that where I was before. The staff are kind and help me to do things I cannot do on my own."
- Staff spoke to people in a kind and caring manner. We saw staff interacting meaningfully with people during activities that were tailored to the person's needs and wishes.
- People had been supported to develop an 'Autism Tree'. They had used jigsaw pieces to display statements showing people's individual strengths and differences. This allowed people at the home to celebrate their own diversity.

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

- People had individual meetings with their identified care workers to discuss their needs, wishes and aspirations. This ensured their care remained person centred.
- People had access to advocates who could support them to make decisions about their care and support and raise any issues if needed. Advocates are independent of the service. They support people to raise and communicate their wishes.
- People were invited to take part in regular household meetings where they could discuss their support and, for example, develop their own meal menus based on their choices. Staff used visual prompts, such as photographs and pictures to help people to make new and informed choices.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to develop their independence. Most people had access to their own rooms via a key card. One person told us this made them feel safe. We also saw staff encouraging people to take part in doing their own laundry and cooking meals to develop their skills.
- We saw several examples of staff helping people to adjust or change their clothing in private so as to maintain their dignity. We also saw staff spoke with people about personal issues in private areas.
- The provider's policies complied with data protection law. For example, people's personal information was kept secure in a locked office or on a password protected computer.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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.

- There were signs and information boards around the home which were clear and easy to read. This helped people to, for example, find their way around the building independently.
- Where people needed support with communication, staff used pictures and objects of reference to help their understanding. For example, we saw a person and a staff member deciding what they were going to bake. Staff showed the person the picture of what the food would look like. This helped the person to decide if they would enjoy the food.

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

- The service had used technology so that people could keep in contact with their family during the COVID-19 pandemic restrictions.
- The registered manager had looked into community projects for people to engage with. Minutes of household meetings showed that people had chosen to sign up to a local social initiative. This would include activities such as a litter pick and a beach clean when COVID-19 restrictions eased.
- During the COVID-19 pandemic the staff and people living at Melody Lodge had organised in-house activities. This was due to people not being able to attend their weekly social groups. These activities included BBQ's and movie nights.
- We saw that people had been supported to celebrate different festivals. For example, people were enthusiastic when showing us a notice board dedicated to crafts they had done for Easter.

Improving care quality in response to complaints or concerns

- A policy, with an easy read version, was in place for people and members of the public to follow should they have a complaint.
- People told us that the registered manager addressed any concerns when they were raised.
- Staff told us they were encouraged to raise any concerns with the registered manager. They also said the registered manager explained the actions they would take to address the concerns.

End of life care and support

- No-one was receiving end of life care at the time of the inspection. However, since the last inspection, end

of life care plans had been developed with people.

- People were sensitively encouraged to talk about their wishes for care at the end of their life. The registered manager described how one person supported their peers to talk more openly about their wishes.

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 now 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; Working in partnership with others

- The provider maintained an oversight of the service through regular audits and checks.
- Outcomes of audits were used to develop an action plan for the service. The plan was regularly reviewed and updated with clear timescales for completion of actions. Where timescales could not be met the action plan showed mitigating circumstances, such as restrictions arising from the COVID-19 pandemic.
- Staff told us they received the support they needed to understand their responsibilities and develop within their roles. For example, the registered manager spent time with people's identified care workers to guide and develop their practice.
- The provider had a whistleblowing policy in place. Staff were aware of the policy and how it supported them to raise issues or concerns if they needed to.
- The registered manager was aware of their responsibilities to inform us of significant events at the service as they are required by law to report to us.
- The registered manager worked collaboratively with external agencies, such as the local authority and the local GP practice. We also saw evidence of referrals being made to other agencies such as dietitians and epilepsy teams.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who lived at Melody Lodge and staff talked to us about 'a family atmosphere' within the home. Everyone we spoke with said they were able to express their opinions and felt listened to.
- Regular meetings were recorded which showed people were consulted about the day to day running of the home and their views were taken into consideration. Picture based communication was used to support people who could not easily express their views.
- One person told us how they were consulted about a new person staying at the home for a short time. They said, "I wasn't happy at the start but [the registered manager] helped me and I ended up really enjoying it."
- Regular satisfaction surveys were carried out to ensure everyone was able to contribute to the development of the service. Where relatives may not be able to complete surveys or visit the home, the registered manager had made arrangements to speak with them so their views could be taken into account.
- Arrangements were in place for people to maintain contact with relatives and friends in a safe way during the COVID-19 pandemic.

Continuous learning and improving care; 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 had systems in place to support continuous learning and development for the benefit of people who lived at Melody Lodge.
- Staff told us the registered manager kept them up to date with new initiatives and best practice guidance. They also said the registered manager supported them to apply the information to their practice in order to improve the service for people.
- The registered manager understood their responsibility to comply with the duty of candour. They spoke about being open and transparent with everyone involved in people's care so that they could learn lessons and continue to develop the service.