

Caretech Community Services (No.2) Limited

May Lodge

Inspection report

Barrow Hill
Sellindge
Ashford
Kent
TN25 6JG

Tel: 01303813926

Date of inspection visit:
11 May 2023

Date of publication:
30 May 2023

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

May Lodge is a residential care home providing regulated activities of accommodation and personal care for up to 6 people. The service provides support to people who have a learning disability and/or autistic people. At the time of our inspection there were 6 people using the service.

May Lodge supports 1 person in their own self-contained flat attached to the main bungalow. The other 5 people have their own bedrooms with their own bathrooms. May Lodge is situated on the same grounds as another care home May Morning, which is under a separate registration.

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

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.

Right Support

People were supported by staff to pursue their interests and staff supported people to achieve their aspirations and goals. 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. The service gave people care and support in a safe, clean, well equipped, well-furnished, and well-maintained environment that met their sensory and physical needs.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People's relatives told us that the staff were very knowledgeable and caring. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Relatives told us they felt their loved one was safe at the service.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. People and those important to them, including advocates, were involved in planning their care.

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 05 September 2017).

Why we inspected

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

The inspection was prompted in part due to concerns received about safeguarding. A decision was made for us to inspect and examine those risks. 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.

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.

May 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 2 inspectors.

Service and service type

May 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. May 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

This inspection was unannounced.

What we did before the inspection

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.

During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with five members of staff including support workers, deputy manager and registered manager. We reviewed a range of records, including three people's care and support plans, multiple medicine records and records relating to the management of the service.

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- In response to recent safeguarding concerns that had been resolved, the registered manager had organised additional in-depth safeguarding training session for all staff to ensure they were competent and had a good level of understanding.
- People's relatives told us they felt their loved ones were safe. One relative told us, "They go above and beyond to make [relative] safe."

Assessing risk, safety monitoring and management

- People's individual health risks had been assessed, monitored and managed. For example, people who had epilepsy had guidance in place for staff to follow. People who were prone to constipation had their bowel movements monitored to ensure appropriate medicines could be offered or administered in line with prescriber guidelines.
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff managed the safety of the living environment and equipment well through checks and action to minimise risk. Regular checks were carried out for water temperatures, hoists and slings and fire evacuation procedures.

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 registered manager ensured they had enough staff on each shift to meet people's care and support

needs. When there were gaps in the rota due to sickness or leave, these gaps were filled with agency staff who regularly worked at the service. This helped to ensure people saw familiar faces.

- We observed there to be enough staff during the inspection for people to be supported in line with their care and support plans and with 1-1 activities.
- Relatives gave positive feedback regarding staff. One relative told us, "Staff are knowledgeable and get on well with [relative]", another relative told us "Staff are very caring."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. Staff had checks including a 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.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff were able to tell us how they would administer emergency medicines such as epilepsy rescue medicines and follow the detailed guidance that was in place.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autistic people or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. For example, the service was working with other health professionals to reduce one person's epilepsy medicine as they were on a very high dose.
- People's medicines were being stored safely. Medicines were stored in locked cupboards in line with NICE guidelines (National institute for health and care excellence).
- People's medication administration records were up to date and medicine counts were accurate with medicine audits.

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.

The service assured themselves, as far as possible, that's visitors were COVID-19 free.

Learning lessons when things go wrong

- People received safe care because staff learned from incidents. For example, an incident occurred where one person would express themselves in a way that could harm them. The staff worked out it was near lunch time and they were expressing themselves this was because they were hungry. The learning shared with staff was that healthy snacks should be offered and encouraged at numerous times throughout the morning, even if the person refuses the first time.
- The registered manager ensured accident and incidents were reported and actions taken to mitigate any risks to people. For example, one person had fallen when they didn't see a wet floor sign. The registered manager ensured that the dining room doors were closed once they had been mopped to slow people down who maybe walking through quickly. This helped prevent people walking quickly on the wet floor.

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. 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.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop.
- The management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. One relative told us, "[Registered manager] is easy to get hold of and easy to talk to, [registered manager] gets things sorted out."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement driven culture. One staff member told us, "We feel very supported, we have supervisions to see how we are doing and we can bring up any concerns."

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

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and oversight of the service they managed.
- The registered manager had robust and effective governance systems in place. This included regular auditing in areas such as care plans, training, and medicines.
- The registered manager ensured there was effective oversight of incidents and accidents. This enabled any trends to be picked up and actioned. For example, if a medicine error was highlighted, it enabled the registered manager to ensure extra learning took place for staff to address and any errors and ensure there competence.
- The registered manager understood and demonstrated their compliance with regulatory and legislative requirements. The registered manager informed the Care Quality Commission and the local authority as and when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager sought feedback from people and those important to them to help to develop the service.
- The registered manager kept relatives up to date and surveys were sent to relatives by the provider. Relatives told us they were sent feedback forms which they could complete with their feedback.
- Staff told us they had supervisions with the registered manager who was supportive with their role. The registered manager also held team meetings where staff were expected to attend. This allowed staff to raise

concerns and talk and share learning.

- The registered manager was involved in local forums and groups with other organisations to improve care and support for people. This included groups with other registered managers to share ideas and learning.
- The registered manager told us they had positive working relationships with the local authority and other health professionals such as the SALT (speech and language therapy team).

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 registered manager understood their responsibility around duty of candour. The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Relatives told us they were informed about incidents and accidents. One relative told us, 'I am always updated if there are any incidents.'