Parkcare Homes (No.2) Limited

Middlegate Lodge

Inspection report

Middlegate Lodge
Horncastle Road, Caistor
Market Rasen
Lincolnshire
LN7 6JG

Tel: 01472852282

Date of inspection visit:
08 March 2016

Date of publication:
20 May 2016

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

The inspection took place on 8 March 2016 and was unannounced.

Middlegate Lodge is registered to provide accommodation for personal care for up to six people living with mental health problems, a learning disability or have misused drugs and alcohol. There were six people living at the service on the day of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is to protect them. The management and staff understood their responsibility and made appropriate referrals for assessment. No one at the time of our inspection had their freedom restricted under a DoLS authorisation.

People were safe because staff undertook appropriate risk assessments for all aspects of their care and care plans were developed to support people's individual needs. The registered manager ensured that there were sufficient numbers of staff to support people safely and this varied depending on the activities and events that people were involved in.

People were cared for by staff that were supported to undertake training to improve their knowledge and skills to perform their roles and responsibilities and meet the unique needs of the people in their care.

People had their healthcare needs identified and were able to access healthcare professionals such as their GP, dentist and drug and alcohol rehabilitation team. People were supported by staff to plan, shop and cook healthy and nutritious meals.

The service had a homely family atmosphere and people were at the centre of all decision making about the smooth running of the service. Staff enabled people to be independent and achieve their personal goals for independent living.

People lived busy and active lives and were encouraged to take part in hobbies and interests of their choice. Some people were supported in education, others in work placements, sporting activities and all enjoyed being part of a strong social network.

People had a say in most aspects of the running of the service, including staff recruitment. People and staff

attended regular meetings about the continued development of the service.

The registered provider had robust systems in place to monitor the quality of the service, including regular audits and feedback from people. Staff received feedback on their performance through supervision and appraisal.

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.

People had their risk of harm assessed for activities inside and outside the service.

People were supported to take their medicines safely in preparation for moving into the community.

There were always enough staff on duty to keep people safe and protect them form harm.

Is the service effective?

Good

The service was effective.

People were looked after by skilled and knowledgeable staff.

People were involved in the staff recruitment process.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were enabled to plan, shop and cook a balanced and nutritious diet.

People had their healthcare needs met by appropriate healthcare professionals.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff in a homely environment.

People were supported by staff to believe in their own self-worth and feel that they mattered.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were supported to develop their skills to lead an independent life in the community.

People were enabled to attend activities in the community that would improve their self-esteem.

A complaints policy and procedure was in place in an easy to read and pictorial format that was accessible to people.

Is the service well-led?

Good

The service was well-led.

The provider had completed regular quality checks to help ensure that people received safe and appropriate care.

The service had a positive culture that was person-centred and empowering and people were enabled to be involved in developing the service.

People were cared for by staff who were supported to drive forward improvements.

Middlegate Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 8 March 2016 and was unannounced. The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at information we held about the provider. This included notifications which are events which happened in the service that the registered provider is required to tell us about.

During our inspection we spoke with the registered manager, deputy manager, two team leaders and six people who lived at the service and one relative. We also observed staff interacting with people in communal areas, providing care and support.

We looked at a range of records related to the running and quality of the service. These included two staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager and the provider completed. We also looked at care plans for six people and medicine administration records for five people.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "I feel very safe and I have a key to my room." The registered manager kept a record of all accidents and incidents that occurred in the service and told us that they looked for evidence of bullying or traits in people's behaviours that would suggest this, so as preventative action could be taken.

Staff were aware of safeguarding issues, knew how to share their concerns and had access to the contact details for the local safeguarding authority. Furthermore staff were aware of the signs of abuse and how to approach people if they were at risk of harm or neglect. One staff member said, "We watched a film about abuse people received in another care environment. We know the signs to look for, changes to their character, mannerisms or patterns of behaviour. We are a small unit. We can identify together what is wrong. We have the opportunity to chat to them [people]."

People had their risk of harm assessed. We found that a range of risk assessments had been completed for each person for different aspects of their care such as using the kitchen. Care plans were in place which enabled staff to reduce the risk and maintain a person's safety, such as ensuring that sharp food preparation knives were locked away when not in use. In addition, to support their freedom, risk assessments had been undertaken for non-care and external events, such as independent travel by bus and having a front door key. Also, lessons were learnt from incidents. Following an accident when people were enjoying a barbecue, the manager sought advice from their health and safety inspector which would enable them to continue this activity but reduce the risk of another accident.

There was a robust recruitment processes in place that identified all the necessary safety checks to be completed to ensure that a prospective staff member was suitable before they were appointed to post.

People told us that there was always enough staff on duty to keep them safe and one person said, "There are always plenty of staff." We saw that the registered manager evaluated staffing levels and skill mix to reflect the care and support needs for people in relation to activities in and out of the service. For example, when a member of staff was accompanying a person on a GP visit or into the local town. Furthermore, a senior member of care staff was on a sleep-in duty overnight and if a person needed assistance the staff member was easily accessible. A team leader who undertook these duties told us that they were seldom called on at night to assist people.

There were systems in place to support staff when the registered manager or their deputy was not on duty, such as access to on-call senior staff out of hours for support and guidance. Staff also had access to a business continuity plan to support them in an emergency situation such as a power failure. If the service needed to be evacuated in an emergency, procedures were in place to relocate people to neighbouring services. Staff told us that they understood their responsibility to protect people and keep them safe.

We looked at the medicine administration records (MAR) charts for five people and saw that each had a photograph from identification purposes and any known allergies were documented. One person was not

prescribed medicines and four people were self-administering (SAM) their medicines in preparation for when they returned to the community. A member of staff checked individual stock levels once a day to ensure the person had taken their medicine as prescribed.
Risk assessments were undertaken when a person was receiving a strong painkiller to ensure that the medicine was not abused. Where a person did not receive their medicine a standard code was used to identify the reason, such as when a person was not in the service. In addition, there were protocols for administering as required medicines.

All medicines were stored in accordance with legal requirements, such as locked cupboards. There were processes in place for the ordering and supply of people's medicines to ensure that they were received in a timely manner and out of date and unwanted medicines were returned promptly. Staff had access to guidance on the standards for the safe use of medicines and the medicines policy. In addition, some people were enabled to visit their GP without support from care staff if they wished. To ensure that medicines were managed safely their GP notified the service when they had been prescribed medicine.

Care staff had access to a medicine communication book. This was used to share information when a person was prescribed a new medicine so as staff could help the person understand what their medicine was for and support them to take their medicine at the right time. In addition staff shared when there were changes to a person's ability to self-administer their medicines.

Good

Is the service effective?

Our findings

People were cared for by staff that had the knowledge and skills to look after them. This was because all care staff undertook mandatory training in key areas such as safeguarding, deprivation of liberty safeguards and dignity. In addition, staff were provided with training in areas specific to the care needs of individual people, such the care of a person at risk of harming themselves. Furthermore, some staff had designated lead roles in key topics such as medicines, mental capacity and infection control and acted as a helpful resource to their colleagues.

We found that to ensure that staff maintained their knowledge and skills their training needs for 2016 had been identified and staff were working through an assessed programme of study where they received a competency certificate on completion. Furthermore, staff received a regular supervision session with a senior member of staff or the registered manager and also had an appraisal twice a year. Staff told us that the sessions were very good. We looked at supervision records for two members of staff and saw that their feedback was positive and their professional development needs had been identified.

Staff at all levels were supported to develop their careers. For example, recently appointed staff had undertaken the Care Certificate. This is a new training scheme supported by the government to give care staff the skills needed to care for people. In addition, the registered manager and the deputy manager had achieved nationally recognised qualifications in leadership and management.

People were involved in the recruitment process for the selection of new care staff. People showed prospective candidates round the service and asked them questions about topics that they felt were important and gave their feedback to the registered manager and their deputy. For example, we found that one person asked candidates about their hobbies and interests. They told us that there was no point in staff being recruited that did not have interests in common with the people who lived there; after all it was their home.

We observed that people's consent to care and treatment was sought by staff. For example, we saw that people had given their signed consent to have their photograph taken for identification purposes. Where a person lacked capacity to give their consent staff followed the principles of the Mental Capacity Act 2005 (MCA).
The 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. The application procedures for this in care homes and hospitals are 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 were being met. The provider had properly trained and prepared their staff in understanding the requirements of

the MCA and DoLS.

People and staff met together on a Sunday evening and discussed the following week's menus. They looked through cookery books and staff encouraged people to consider healthy options. People created their shopping list and once or twice a week they went with members of staff to the supermarket to buy their food shopping. They told us that they had themed evenings and made their own food, for example they had an American evening and made their own burgers and pizza. One person spoke on behalf of others and said, "The food is good and we enjoy cooking."

Where a person was on a special diet for health reasons they were given a budget and through their own choice they bought their food and stored it in their bedroom. Care staff and other people respected their personal choice to prepare and cook their own meals and eat on their own.

People were aware of the risks of an unhealthy diet and how it could affect their body and had their weight monitored. One person had made the decision to attend a local slimming group since they moved in to the service and shared with us their success. People received guidance on the benefits of an active lifestyle and exercise. In addition, where able, people were encouraged to walk into the local town rather than be dependent on staff taking them by car. Staff told us this was to prepare people for living in the community, as they would have to walk or use public transport. Some people took part in health walks to help their overall fitness and wellbeing.

People told us that they received good support from health professionals. One person said, "I have good support to access my psychiatrist and GP. Staff will take me by car as it is not practical for me to walk long distances into town." People were supported to maintain good health and had a health support plan in their care file. We saw that people had access to healthcare services such as their GP, dentist and the drug and alcohol rehabilitation team. We saw that progress with their health support plan was recorded and some people made significant improvements and no longer required intense support from other professionals. We saw that a mental health professional had recorded on a person's progress and wrote, "That the care provided had kept the person out of a secure hospital."

Where a person was at risk of becoming agitated or anxious during a professional visit such as a dental appointment, their key worker accompanied them to provide reassurance and support and be a familiar face. People had an emergency 'grab sheet' that went with them if they needed urgent medical care with information about their health, medicines and family contacts.

Good

Is the service caring?

Our findings

People told us that staff were kind to them and that they were well cared for. For example one person said, "Staff are fantastic. They really care. It's so different here. Staff have helped me grow, improve and develop." Another person said, "I've got a good rapport with staff. I can always go to them for a chat." We saw that there was a good rapport between people and care staff. The deputy manager told us that people get to know staff well and added, "We are very much a family situation. It's a close knit place." A member of care staff also said, "We are a massive family." We found that some people were at risk of becoming upset or anxious by the inspection team's presence as we were unfamiliar to them. We observed the deputy manager take time with one person to reassure them and explain the reason for our inspection.
People told us that they were actively involved in making decisions about all aspects of their care and environment. One person said, "I am totally involved in my care and I fully understand what is going on where that is concerned." We looked at the care files for five people and saw that people had set an overall goal and their care plans all focussed on different aspects of their life to achieve this. For example one person had recorded, "Aim to live independently and save money for a place of my own." Their care plans then included processes to support them to develop the skills and coping mechanisms to live an independent life in the community and actions to take when obstacles to achieving this got in the way.

We found evidence in care plans that people were encouraged and motivated to believe in their own self-worth and build their self-esteem. One person had a "star plan" and each point of the star was a different challenge. They plotted where they saw themselves on the star, with the greatest progress being at the end of each point. For example, one challenge was to be taken seriously by others that they would be able to manage their responsibilities on their own.

We observed how staff enabled people to develop and maintain the skills to live an independent life. The service did not employ ancillary staff such as a cook or housekeeper. People were supported to undertake a range of general housekeeping duties, such as shopping, cooking and cleaning. We observed people and staff working together in the kitchen, preparing lunch and washing up. People told us that they enjoyed being involved.

We found that some people had lost contact with their family. However, we noted that one person who had no near family was supported by two members of care staff to travel to visit their relative in another part of the country. Their relative told us, "Every couple of months staff bring [name of person] to stay with me. I live a long way from the home and I can't drive. The staff are fantastic." The person told us that their time together brought them a lot of pleasure. Another person maintained contact with their family through phone calls and care staff supported them to send greetings cards on special occasions. Some people had their own mobile phone and other people were supported to access the computer if they wished to maintain contact with family and friends through social media.

To enable people with poor literacy skills to better understand the written information given to them important documents were in an easy read pictorial format; such as information on alcohol and drug abuse rehabilitation.

People were provided with information in the "service user's guide" on how to access an advocate to support them through complex decision making, such as moving into supported living in the community. People were also kept up to date about advocacy issues through the provider's newsletter called "your voice". Staff understood when a person required input from an advocate. For example, we read in one person's care plan that when they had to make a significant life changing decision and their judgement may be impaired by alcohol or drugs that an advocate was to be involved.

People told us that they were treated with dignity and respect by staff and made to feel like they mattered. For example, one person said, "We are treated like family. The staff definitely care about me." Staff told us that this was people's own home and they respected their personal space. One staff member said, "We work in their home." Some people invited us to look at their bedroom. We saw that people had personalised their bedrooms with keepsakes and pictures.

People's needs to have their privacy respected were supported by staff. We saw that people had the key to their bedroom door. This provided a sense of security and ensured that other people could not enter a person's bedroom without their permission. One member of staff told us that people did not go into each other's bedroom and respected each other's personal space. Another staff member told us how they respected person's privacy and said, "We knock and call out, we never just walk in. It's a two way thing. They always knock the office door before entering."

In addition we saw that staff respected and praised people for their achievements. For example, in the kitchen photographs were on show of different meals people had made that they were proud of; including one person's step by step guide to making banofee pie. This person told us, "Since starting here I have learnt how to cook and I cook whenever I can. Last week I made a banofee cheesecake. It was lovely." One staff member summed up what it was like to work there and said, "The people who live and work here make it a good home. We are like family."

Good

Is the service responsive?

Our findings

We looked at care plans for four people and saw that they were tailored in response to their individual needs and they were actively involved in writing and reviewing their care plans. We noted that one person did not sign their agreement at a care plan review and told staff,"I can't sign them as you are not selling me at my best." The person's care plans were rewritten as the person thought best reflected their needs.

Designated key workers worked in partnership with people and were responsible for all risk assessments, care plans, reviews and arranged all healthcare appointments. People and their key worker met once a month to review their care and progress and a flexible approach was taken. For example, people chose a time that suited them. The deputy manager told us, "We are not rigid about it as sometimes the person does not want to sit and talk and other people might ask to meet once a week."

We saw that before a person moved into the service that they were supported by care staff through the transition period. Most people came for a day visit and some stayed overnight before they decided if they wanted to move in. They then had a settling in period to build relationships and get to know staff before a key worker was allocated to them. Any adaptations to their bedroom were made before the person moved in and they could have their choice of decoration and have their own furniture if they wished.

We found that people were supported to develop their independent living skills and their overall goal was to live independently or in a supported living scheme in the community. On the day of our inspection one person was supported by a member of care staff to travel by bus to a nearby town to look at housing with the view to "step down" from the service into supported living.

We found that one person was enabled to attend a charitable foundation that supported disadvantaged young people to learn independent skills and build their confidence. We saw that the person had developed skills in woodwork and cookery and made items to sell and for personal use such as a spice rack and bird table. This enhanced the person's sense of achievement. Some people were active in their local community and attended the local heritage centre for art and craft classes on a Friday or the gardening club on a Monday.

We saw that in addition to housekeeping and structured events people spent their time with a variety of hobbies and pastimes and developing their talents. For example, on person painted, two people tended the back garden and another made match stick models. Furthermore, people told us that they often spent time together in the evening; watching their favourite television programmes or playing games. We saw that people and staff were involved in an ongoing scrabble game that they played when they had free time. Overall we found that people were enabled to choose and follow their own pathway to achieve their goal of independence.

People had access to information on how to make a complaint, and told us that they had no reason to complain and could talk with staff at any time. Staff told us that if a person complained to them they would escalate the concern to the register manager or the deputy manager. The registered manager had not

received any formal written complaints since the service opened in 2014.

Good

Is the service well-led?

Our findings

We found that the registered manager and the provider empowered people to feel that they are involved in making a positive difference to the service. "Your voice" was the title of all methods of communication within the provider organisation where people were enabled to have a say in the running of their service. People held their "your voice" meeting every weekend and had nominated a staff member to act as the staff representative. They had an agenda and minutes of their discussion were recorded. To ensure that people's feedback on the service they received reached the provider, one person had been elected as the regional representative for "your voice" for the provider organisation. They attended meetings with the regional manager, operations director and the chief executive. The person was responsible for sharing people's thoughts on the organisation. After the meetings they shared the minutes with others services in the region. This role had a positive impact on the person; they were proud of their achievement and had a sense of self-worth because their role was important. Finally, people had recently been invited to attend the service health and safety meetings and were also in the process of nominating a health and safety staff representative to attend future "your voice" meetings.

People were regularly asked for feedback on the service they received and we saw the results of a survey they had responded to in 2015. We found that people had responded positively to their experience in the service and when asked what was important to them they made comments such as, "The way staff listen to me," and "Staff keep me safe."

Staff exchanged information about people's progress and care needs through verbal shift handovers and also recorded information to be shared in a communication book. We saw that entries covered many aspects of life in the service, such as when a person had baked a cake or when another person required a blood test.
Staff spoke positively about the team meetings they had with the registered manager. One staff members said, "We have a voice and others listen. We share any concerns and talk about what we can improve on and we keep minutes."

Staff had access to information on whistle-blowing and knew how to raise concerns. Furthermore, staff told us that they received support from the provider. One staff member said, "There is always someone to talk to. We can email them at any time." They then provided us with an example where a positive outcome had been achieved. They said, "Someone wanted to go ice skating. We were unsure about the risks. Head office helped us with the risk assessments and the person went ice skating."

Staff told us that the registered manager was approachable and supported them. One staff member said, "[registered manager's name] is brilliant, always at the end of the phone. When the deputy manager was off work, we took on more responsibility, we learn quickly, but [registered manager's name] was always there for us. Very, very approachable."

There was a programme of regular audits that covered key areas such as health and safety, medicines and infection control. All care staff were involved in the audit process. For example, one staff member told us

that they were involved in monthly care plan audits, and another staff member told us that they were the housekeeping lead and monitored the cleaning rotas. We saw that areas for improvement were identified and actions set with realistic timescales. For example, following the last internal medicine audit in February 2016, the action was for staff to purchase the March 2016 edition of a national medicine information book to ensure staff had up to date information. In addition, an annual health and safety inspection was undertaken on behalf of the provider, the registered manager received a report and any areas for improvement were identified and actions completed. All the staff we spoke with said that they were proud of their role and wanted to do their best for the people who lived in the service.

Staff had access to policies and procedures on a range of topics relevant to the safety and care needs of the people who lived at the service. For example, we saw policies on safeguarding, medicines and privacy and dignity.

The provider had a system were the registered manager reported all incidents and accidents to them directly. For example, if a person brought alcohol into the service or if the police had been involved in an incident. The registered manager told us that they were well supported by the regional manager and operations director. The provider recognised that the registered manager led a team of care staff to deliver high quality care and had nominated them for a national award for registered managers where they were shortlisted to the final four contenders.

Following a national enquiry into poor standards of care in a service for people living with a learning disability the government introduced a "driving up quality code." The provider had signed up to this as they believe that the code was in line with their commitment to personalisation, person-centred care and quality support for people. This has led to improvements for people such as the introduction of a new easy read complaints procedure for people to access.