

Marran Ltd

Hinton Lodge

Inspection report

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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

This inspection took place on 9 May 2017 followed up by phone calls to relatives on the 12 May 2017. The service was last inspected on 26 March 2015 and the service was rated Good overall with requires improvement in Safe. This was due to risk assessments not being in place.

Hinton Lodge provides support for up to four people who have mental health needs or learning disabilities. At the time of our inspection one person was in hospital and three people were using the service.

At this inspection we found risks to people arising from their health and support needs as well as the premises were now assessed, and plans were in place to minimise them.

There were systems in place to ensure that people received their medicines as prescribed.

There was enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff received effective supervision and a yearly appraisal.

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.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS).

People were cared for by staff that were trained in recognising and understanding how to report potential abuse. Staff felt confident to raise any concerns they had in order to keep people safe.

People enjoyed a good choice of meals and were supported to maintain a healthy diet.

The service worked with external professionals to support and maintain people's health.

The interactions between people and staff showed that staff knew the people well.

Care was planned and delivered in way that responded to people's assessed needs. Care plans contained detailed information about people's personal preferences and wishes

Staff showed us that they knew the interests, likes and dislikes of people and people were supported to

enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.

Relatives said they were not involved in reviews of people's care but said staff listened to them. Relatives and staff felt confident they could raise any issues should the need arise and that action would be taken as a result. The service had a clear complaints policy that was applied when issues arose.

The registered manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice. The service had quality assurance systems in place which were used to drive continuous improvements.

Further information is in the detailed findings below.

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 good

People received their medicines as prescribed.

Risks to people were in place and reflected current needs.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

There was enough staff on duty and the registered provider carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

Is the service effective?

Good ●

The service remained effective

Is the service caring?

Good ●

The service remained caring

Is the service responsive?

Good ●

The service remained responsive

Is the service well-led?

Good ●

The service remained well led.

Hinton 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.

This inspection took place on 9 May 2017 and was announced. We announced the inspection the day before due to it being small and we wanted to make sure people would be in.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

The registered provider was asked to complete a provider information return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR in a timely manner.

During the inspection we spoke with two people who lived at the service and two relatives via the telephone after the inspection. We looked at four care plans and three staff files. We looked at how they managed medicines. We spoke with the registered manager, two members of staff and the administrator.

Is the service safe?

Our findings

At our last inspection in March 2015 we found risk assessments needed further detail and reviews were not up to date.

During this inspection we found an improvement in risk assessments. For example one person had a choking risk assessment due to eating too fast. Another person had a positive risk assessment. This person visited their sister home and staff would observe them until they got to the corner and staff from the sister home would take over observations. This allowed the person to have some independence and walk alone. This meant that risks were now assessed and plans put in place to minimise them.

People were relaxed and were happy to sit with staff and talk, which indicated they felt comfortable with staff. One person was experiencing a difficult time and remained in their room with one to one care. Another person was at a day centre and returned at 3.30pm and another was in and out during the day as they wished. The two people we were able to speak with said they were very happy and felt safe at the home. Comments included, "I feel safe in every way and it is quiet at night." And "I feel safe within the surroundings around me."

Relatives we spoke with said, "[Relatives name] is safe, staff are there all the time and I trust the staff." Another relative said, "Oh yes they are safe."

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety and electrical testing were in place. Records confirmed that monthly checks were carried out of emergency lighting, fire doors and water temperatures. A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who required support to leave the premises in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were monitored monthly for trends or patterns. However there had only been four small accidents in the last two years.

The registered provider had systems and processes in place for the safe management of medicines. People were supported to access their medicines when they needed them. Medicines were stored securely and safely. The temperature of the room the medicines were stored in was taken daily and remained in safe limits. Staff were trained to administer medicines and had their competency checked with an observed practice annually. The registered provider was in the process of updating the competency check to accommodate the new electronic medication administration recording system the service was now using.

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff we spoke with said they would not hesitate and would feel comfortable raising a concern.

Staff we spoke with said, "Safeguarding is keeping people safe from harm and abuse and we have a responsibility to report any concerns." Another staff member said, "I would report any concerns to the manager and the directors and externally if needed."

We saw there was enough staff on duty to support people throughout the day and night. There were three staff on in the morning and two in the afternoon. There was one 'sleep in' member of staff at night who would wake up if assistance was required. Two people living at the home were independent and needed very little support with personal care. The person who needed the most support had 70 hours a week one to one care.

Staff we spoke with said, "Yes there are always enough staff," another staff member said, "Yes there are enough staff, we are never short."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

Is the service effective?

Our findings

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. One staff member said, "We do a lot of training, some of it is online, some of it is face to face, I prefer online. I am about to start diabetes and learning disability training." Another staff member said, "The training is really good, we are always on the ball and I enjoyed all of them. I am looking forward to doing diabetes and learning disability training." Whilst staff were waiting for the certificated diabetes training to start the registered manager was planning on holding a group training session at the end of May 2017.

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. The induction lasted for six weeks and incorporated three shadow shifts, which would be increased if the staff member needed more confidence.

Relatives we spoke with said staff have enough training to do their job.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member said, "I find the supervisions are good and supportive, we discuss what we have learnt and what training is needed. We also get feedback so see how they [management] see you, what they expect of you and how we see them. I received more hours following supervision."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Staff had a good knowledge of DoLS. One staff member said, "DoLS is about restrictions depending on their capacity. If a person lacks capacity a decision can be made in their best interests."

Staff explained how they always gained consent before providing care for people. One staff member said, "I always ask people first and they also sign for consent in their care plans." We saw evidence of signed consent in people's care plans.

People were supported and encouraged to maintain a healthy diet. People chose what they wanted to eat for lunch and when they wanted to have lunch. One person was at a day centre and another person decided on tomato soup. This person said, "I love soup, especially Heinz tomato soup, I would eat that all the time." The evening meal was mince and dumplings. This had been chosen by the people who used the service that morning. The person on one to one care ate their meals in their room. The other two people enjoyed their evening meal together. One person said, "I don't really like potato but I am going to try some, I love the dumplings."

Staff we spoke with said, "We sometimes go out for tea for pub meals, it all depends on what they (people) want, now the weather is nicer I am sure we will be going out a lot more." And "We also get takeaways if they want them, usually pizza."

People were very complimentary about the food. One person said, "The food is lovely. Sunday dinners are my favourite we have roast beef, Yorkshire puddings and turnip it is beautiful." Another person said, "The food is nice, but I love soup oh and spam fritters."

Staff monitored people's weight for losses or increases. Staff also completed a Malnutrition Universal Screening tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. At the time of inspection there was nobody at risk.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, social worker, psychiatrist and dentist.

We found the premises were well kept and well decorated. One person said, "I have got a new duvet cover it is peach with purple flowers on, do you want to see it?" We went to this person's room and they had a lovely room with a separate seating area and en suite shower. The room had all the person's personal items and they were very proud of their music centre.

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were really good. Comments included, "It is lovely living here, the staff are lovely and kind and understand me", "It is smashing here the best one [home] there is." One person said, "I just like living here, I came for a week to see what it's like and I loved it and never left. It's the beauty and peace and quiet I love."

Relatives we spoke with said, "The staff are lovely and include my relative." And "Staff are caring and supportive." Another relative said, "The staff are really friendly." And "We are really happy I want them to stay there forever, they are happy, its lovely."

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service. One staff member said, "We treat everyone equally no matter of race, religion and disability. We also help support residents to understand each other's equality and diversity."

Staff we spoke with all enjoyed working at the service. One staff member said, "I love working here, I get on with everyone, residents and staff. It has a homely family sort of feel." Another staff member said, "I enjoy everything about working here, it is small and friendly and I get good support from other staff and management."

Staff promoted people's privacy and dignity. Staff we spoke with said, "I always shut doors and close curtains." And "We give them personal space and when we provide support such with bathing we keep it private with doors closed." A person who used the service agreed that staff maintain their privacy and dignity, adding, "Staff help me wash my hair and dry it."

Staff encouraged and promoted people's independence. We saw staff encouraging people to do things themselves such as clear away their own plates. Staff we spoke with said, "We support them [people] to do as much as they can and encourage them. For example one person could not make their bed, at first they would not attempt it and then through gradual encouragement and support this person is now able to do the full change. They are so proud of themselves."

One person who used the service said, "I can do everything really but need help off staff."

Throughout the inspection we observed staff interacting with people and showing they knew each person well. For example, one staff member discussed a family member with one person and another staff member sat and chatted with a person who had returned from day service and discussed the items they had bought on their way home.

No one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. There was information available for people if they wished to use an advocate

Is the service responsive?

Our findings

Staff understood how to deliver person centred care. Person centred care is care that is centred on the person's own needs, preferences and wishes.

We looked at all four care plans and assessments in detail and saw these were comprehensive and included people's likes, dislikes and preferences. The care plan included information on people's history up to moving into Hinton Lodge. The care plans detailed information on how a person wished to be cared for. For example, one person disliked mornings and the care plan stated that when waking this person up, give them time, don't speak to them and don't say 'good morning' as this could upset them for the whole day. The care plans also contained detailed information about a person's routines, rituals and why they did certain things. This meant staff were aware of certain behaviours and understood the reasons behind them.

Care plans detailed what the person liked doing now. For example, where they liked visiting, what was important to them and who was important to them. Staff were provided with clear guidance on how to support people as they wished. There was clear evidence of personal preferences in the care records.

One person had recently moved from a sister home to Hinton Lodge. We were told the transition had gone smoothly. They visited a few times beforehand with staff and with relatives until moving in permanently. A relative we spoke with said, "We went and had a look around and as soon as we walked in we found the atmosphere to be peaceful and quiet. Staff showed us around and [relative's name's] face lit up and they said, 'it's lovely.' They fell in love with the place and we were over the moon." The manager explained how they were following the care plan from their previous placement but updating it with new information on a daily basis. Each day would be planned on that day, as it depended on how they were when they woke up, therefore staff were flexible and the day was centred on them.

Each plan contained guidance for staff to ensure people received the support they required consistently. They covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, medicines and personal safety and risk. The care plans also contained actions for staff to follow if a person became anxious along with the signs of anxiety.

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe the care they provided for each person. It was clear they knew people and their needs well.

People carried out activities of their choice. One person went to a day centre and also had a volunteering job at the church. Another person liked to walk to the shops. One person said, "I am going to Flamingo Land[theme park] and then to see the Beach Boys at Scarborough." Another person said, "I like music and watching Emmerdale and Coronation Street, sometimes I watch the news at six but just a little bit."

Depending on how people felt they joined in a hobby group at the sister home. People from all four homes met up and did different things each week, such as making things. There was also a walking group on a Friday that people could join in where they walked around Guisborough and surrounding areas. People had

choice of what they wanted to do and when and people were happy with what was on offer.

Relatives we spoke with said, "[Relatives name] gets out all the time, is much more lively and gets more exercise." And "[Relatives name] goes to the choir and to church; staff are very flexible to meet [relatives] needs."

One staff member said, "We encourage them [people who used the service] to go out every day, we have a group car which we can use and often go to Redcar for ice cream or something." Another staff member said, "We all go to church on a Saturday morning, all staff and residents together, the manager joins us there even though they are not working that day."

There was a clear policy in place for managing complaints. The service had not received any complaints. Relatives we spoke with knew how to complain if need be.

Is the service well-led?

Our findings

The registered provider was Miltoun House Group, which became a limited company and re-registered as Marran Ltd on 31 December 2014. The service has a registered manager, who has been registered with us in respect of the registered provider's new registration since 8 January 2015. Before this they were registered as manager for the service's previous registration. The registered manager of Hinton Lodge was also the registered manager of three other services in the local area and spent their time between these services. All services were within walking distance. The registered manager was advertising for a home manager for Hinton Lodge.

Staff we spoke with were complimentary about the leadership and management of the service. Comments included, "The manager is very supportive, easy to talk to and if there is a problem they are there," and "[Managers name] is lovely, approachable and any concerns they would deal with it." One person who used the service said, "[Manager's name] is good."

Relatives we spoke with said, "The manager is fine, although not seen them much." And "The manager has supported my relative and is really nice to my relative."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The latest checks that had been carried out showed how issues were identified and then actions identified to make improvements. Audits we looked at reviewed areas such as health and safety, finances, training, incidents and medicines.

Feedback was sought from people who used the service and this was all positive. The registered manager also checked people were happy during meetings. One relative said, "It is the best thing that could have happened them living there; it has made a huge difference to their life."

We asked staff about the culture of the service. One staff member said, "The culture here is to provide a homely, friendly environment. For staff and residents to be happy and it's a nice place to live." The staff member went on to say, "The company values are that residents are to be happy and cared for."

Staff meetings took place every three months. The registered manager said, "I have a meeting with the owners, then that same week we have a managers meeting so I can cascade to them what was said then a staff meeting is arranged. This makes sure everyone hears the same information quickly and at the same time." Topics discussed at the March 2017 meeting were the new medication system, new staff roles, recent CQC visit at their sister home and learning points from this and each person who used the service. There was also the opportunity for staff to have their say. One staff member said, "We have a voice at the meetings even if it is just to say a light is not working."

People who used the service had their own meeting every three months. During these meetings they were

asked how they were, if they required anything and what they would do in the event of a fire. They also discussed other safety topics such as answering the door.

We asked the registered manager what their biggest achievement was, they said, "My biggest achievement is watching the people who live here being happy and living as independent and fulfilled life as possible."

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Throughout our inspection we found staff to be open and cooperative. The registered manager was keen to learn from any of our findings and receptive to feedback. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.