

Quality Care (Surrey) Limited

Marlin Lodge

Inspection report

31 Marlborough Road
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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 

Overall summary

We carried out an announced inspection on 30 July 2015.

The service provides care and support for up to 15 people who have a learning disability and may also have other health needs, including physical disabilities. At the time of the inspection, there were 15 people being supported by the service and the provider was carrying out extension work to add a further three bedrooms.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and the provider had effective systems in place to safeguard them.

There were risk assessments in place that gave guidance to the staff on how risks to people could be minimised.

People's medicines were managed safely and administered in a timely manner.

Summary of findings

The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had received regular supervision, support and effective training that enabled them to support people well. They were kind and caring towards people and created a friendly and inclusive environment.

People were supported to have sufficient food and drinks. They were also supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices.

People were supported to pursue their hobbies and interests, and were also encouraged to be involved in various local community activities. People were proud of performing with staff in their own pantomime productions as one 'Marlin Lodge family'.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people or their representatives, and acted on the comments received to improve the quality of the service.

The registered manager provided stable leadership and managerial oversight. They supported staff to provide person centred care that appropriately met people's individual needs. The provider's quality monitoring processes had been used effectively to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were effective systems in place to safeguard people.

People's medicines were administered safely.

There was enough skilled staff to support people.

Good



Is the service effective?

The service was effective.

Staff received effective training to develop and maintain the skills necessary to support people well.

Staff understood people's care needs and provided the support they needed.

People had enough and nutritious food and drink to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

Staff were kind, friendly and caring towards people they supported.

People were supported in a way that maintained and protected their privacy and dignity.

Information was available in a format that people could understand.

Good



Is the service responsive?

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people who used the service, their relatives and other representatives so that people's needs were appropriately met.

People had been particularly supported to live full and rewarding lives.

The provider had an effective complaints system.

Good



Is the service well-led?

The service was well-led.

The registered manager provided stable leadership and effective support to the staff.

People who used the service, their relatives and professionals involved in people's care were enabled to routinely share their experiences of the service and they mainly described the service as 'excellent'.

The provider's quality monitoring processes were used effectively to create an excellent service for people and to drive continuous improvements.

Good



Marlin 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 30 July 2015 and it was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We gave an hour's notice before we arrived at the home because we needed to be sure that they would be in.

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 improvements they plan to

make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with six people who used the service, the registered manager and three care staff.

We reviewed the care records and risk assessments for five people. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for two care staff, and training for all staff employed by the service. We saw a report of the most recent review by the local authority. We also reviewed information on how the quality of the service was monitored and managed.

Following the visit to the home, we spoke with the relatives of three people who used the service. We also received feedback from the commissioners of the service from the local authority and three other social care professionals who visited the home regularly to support some of the people who used the service.

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, “I feel safe here. One of the safest places I have been in.” Another person said, “I feel safe. I do health and safety, and I wear a yellow jacket.” We observed that the person wore their high visibility jacket throughout our time at the home. The manager explained that they represented other people who used the service at the service’s health and safety meetings. They also enjoyed doing some practical jobs around the home and had recently been painting the newly refurbished communal areas of the home. All the relatives we spoke with said that people were safe at the home because they were ‘well cared for’.

The provider had up to date safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Staff had been trained on how to safeguard people and they had good understanding of how to keep people safe. They told us of the procedures they would follow if they suspected that people were at risk of harm. They also said that they had never witnessed anything of concern within the home. One member of staff said, “People are safe here. Safety is a major priority for everyone. I would report any concerns to the manager or call the local authority safeguarding team if I thought someone was at risk.” There were easy read posters on display for people to read about keeping safe and speaking out about concerns. A poster titled, ‘Know Your Rights’ was also on display.

There was a CCTV system that monitored all communal areas and we saw evidence that people and staff had been involved in discussions about this before it was installed. The records showed that no one had objected to this. The manager told us that this only recorded images, but not sound and they felt that it was necessary as an additional safeguard for people, as their interactions with staff or each other could be monitored. The manager also told us that the data was only kept for 30 days. Only one of the six people we spoke with was concerned about what was being recorded. They said, “Cameras all around. Cameras can pick up noise. They can hear us speaking I think.” Our discussions with the manager indicated that the person was concerned because they had been known to speak inappropriately with others and they were worried that this could now be recorded. We saw evidence that it had been

explained to everyone that the system recorded images only. However, the provider will need to evidence that their decision to install CCTV was in line with the Care Quality Commission guidance and other relevant legislations.

There were personalised risk assessments for each person who used the service. Each assessment identified the risks people could be exposed to, the steps in place to minimise the risk and the actions staff needed to take should an incident occur. Other assessments included those for risks associated with people displaying behaviours that might challenge others, access to hot water or appliances while assisting with cooking in the kitchen, handling of money, and accessing the community. The risk assessments contained enough detail to enable staff to minimise the risks to people, whilst promoting their independence and choice. There was evidence that these were reviewed regularly or when people’s needs changed.

There were robust recruitment procedures in place. Relevant pre-employment checks had been completed so that only suitable staff had been appointed. The checks included reviewing the applicants’ employment history, obtaining references from previous employers and Disclosure and Barring Service (DBS) reports. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

There was enough, suitably trained and qualified staff to support people safely. The rota showed that there was always at least three care staff when most people were at home. The manager told us that they had already started advertising for new staff in preparation for when they would be able to use the three new additional bedrooms. One of the people who used the service was involved in interviewing prospective staff and they enjoyed this role.

A record was kept of all accidents and incidents and where required, people’s care plans and risk assessments had been updated following this. Very few incidents had occurred in the 12 months prior to the inspection because the provider had effective processes in place to keep people safe.

There were also processes in place to manage risks associated with the day to day operation of the service so that care was provided in safe premises. There was evidence of regular checks and testing of electrical appliances, people’s personal equipment, such as wheelchairs, and systems to prevent the risk of fire. Fire

Is the service safe?

drills were completed monthly and the manager told us that people were so used to these that they normally evacuated the building, without needing any prompting. People who used the service also completed basic health and safety training provided by the manager, as well as, a fire safety training course provided by the local fire and rescue service. They were proud of their achievements and we saw their certificates.

People's medicines were managed safely and administered by staff that had been trained to do so. The medicines administration records (MAR) had been completed correctly with no unexplained gaps. The medicines were

stored securely and in accordance with good practice guidance. There was a system in place to return unused medicines to the pharmacy for safe disposal. Audits of medicines and MAR were completed regularly as part of the provider's quality monitoring processes and any issues identified had been rectified promptly. An annual audit had also been completed in June 2015 by the pharmacist who supplied the medicines to the home and no issues had been identified. Of note, the manager had prepared information for staff about each person's medicines, explaining what it was for and the side effects to look out for. The staff found this information useful.

Is the service effective?

Our findings

People and their relatives told us that staff provided the care they required really well. One relative said, “It’s all good. We have been happy with how [relative] is supported so far.” Another relative said, “[Relative] is well looked after. We have absolutely nothing we are not happy about.” A member of staff said, “People get good care here. They are well looked after and generally happy.”

People were supported to give consent before any care or support was provided. Staff understood their roles and responsibilities in relation to ensuring that people consented to their care and support. The manager told us that they always reminded people of their rights to make choices and consent to their care. They gave us an example of when staff had accompanied a person to see a GP. When the GP did not ask for the person’s permission to check their blood pressure, they told the GP that they had to ask for permission first. This was a positive example of how staff had empowered people to be assertive. Staff told us that the majority of people were able to tell them how they wanted to be supported, apart from one person who used non-verbal communication methods. When asked how they communicated with this person, one member of staff said, “The person uses simple signs and gestures, and we’ve got to know what they mean.”

There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made to provide support in their best interest. These were done in conjunction with people’s relatives or other representatives such as social workers. For example, a number of people needed support to manage their money and they were only given the amounts they needed at the time. None of the people who used the service had authorisations under the Deprivation of Liberty Safeguards (DoLS) and the manager told us that they will apply for this when necessary.

The provider had a training programme that included an induction for all new staff and regular training for all staff. As well as the training that was compulsory, some of the staff had also completed additional training in a variety of areas including equality and diversity, challenging behaviour, epilepsy, and others. The manager monitored training so that staff updated their skills and knowledge in a timely manner. Staff said that the training they had

received was sufficient to enable them to support people well. One member of staff said, “We get training regularly and it keeps us updated. I learn new stuff each time I do it. Training is always applicable in how we support people.” Staff had also been able to gain nationally recognised qualifications in health and social care. For example, one of the staff we spoke with had completed a Level 2 National Vocational Qualification (NVQ) and was now working towards completing a higher level.

Staff told us that they supported each other really well, including through staff meetings where they could share learning with others. They also kept a communication record so that any new information about people’s care was available to everyone. There was evidence of regular supervision in the staff records and the manager aimed at having a monthly formal supervision with each member of staff. These meetings were used as an opportunity to evaluate the member of staff’s performance and to identify any areas in which they needed additional support. One member of staff said, “I get monthly supervision with the manager and this is always recorded. I always sign my report when I have read it.”

People told us that they enjoyed the food and were also involved in the planning of the menus. Monthly meetings were held to plan the menus, but people were able to choose alternative food on the day. As much as possible, some people also prepared and cooked food for everyone. One person said, “Food lovely, very nice food all the time. I am supposed to help cook on a Wednesday.” Another person said, “We have what is on the menu, it is written by the manager. I don’t like rice pudding because it is too fat for me, but I have it sometimes.” A number of people attended day centres regularly and we observed that on return to the home, they were supported to prepare their packed lunches for the following day. This was then kept in the fridge until the following morning. Records showed that where people were deemed to be at risk of not eating or drinking enough, staff monitored how much they ate and drank, and their weight was checked regularly to ensure that they maintained a healthy weight. For example, a dietitian had recommended a high calorie diet for a person who had lost weight following a hospital stay and this was starting to show positive results. The manager also showed us evidence that they had been able to help a person to lose weight, thus improving their mobility.

Is the service effective?

People were supported to access additional health and social care services, such as GPs, dentists, dieticians, opticians, and chiropodists so that they received the care necessary for them to maintain their wellbeing. Records indicated that the provider responded quickly to people's

changing needs and where necessary, they sought advice from other health and social care professionals. Where necessary, staff also supported people to attend appointments outside of the home.

Is the service caring?

Our findings

People told us that staff were 'nice and caring'. One person said, "Lovely place here and I have been here a long time." Another person said, "All staff are happy and they care for me properly." The relatives we spoke with also said that they found staff caring towards people who used the service.

We observed that staff were kind and caring towards people who used the service. There was a happy and friendly atmosphere within the home. Our observations were supported by a relative of one person who said, "I am very happy with the care and my [relative] seems happy too." One member of staff said, "It is great working here and it is very rewarding to know that I am going to make a difference to someone's life just by being caring." They also said that they always tried to create a nice family environment for people to enjoy, adding, "People are happy here." Another member of staff said, "People enjoy their home, we are all friends together." People's relatives and friends could visit whenever they wanted and they told us that they felt welcomed each time they visited. One person said, "My mum and sister come here."

We saw that people were treated with respect and they were actively involved in making decisions about how they wanted to be supported. People had been involved in choosing the colour scheme for the newly refurbished communal areas and their bedrooms had been furnished and decorated in the way they liked, to reflect their individual interests and taste. People's choices had been taken into account and respected by staff. For example, mood lighting had been installed in the lounge area of the larger part of the home at the request of people who used the service. One person told us that the different coloured lights created a relaxing environment for them. Everyone had a daily planner titled 'My plan for today' in a pictorial format to enable them to make choices and decisions about how they wanted to spend their day.

People were also supported to remain as independent as possible, with some being able to carry out personal care tasks with minimal support. A member of staff said, "We try to encourage people to be as independent as possible and do as much as they can for themselves." Also, staff supported people to develop their self-esteem by taking on some leadership roles. For example, there were residents, kitchen and garden representatives who had been voted into those roles by others. This gave them a sense of purpose and responsibility and one person told us how much they enjoyed their role. Also, the 'resident of the month' system ensured that each month, a person was nominated and recognised for doing something exceptional. The manager said that this encouraged people to go out of their way to be kind and helpful to others.

Staff supported people in a way that maintained their privacy and protected their dignity. A member of staff told us that they always closed the door when supporting people with their personal care and were discreet when asking people if they needed support while they were in the communal areas. Staff were also able to tell us how they maintained confidentiality by not discussing people's care outside of work or with agencies who were not directly involved in the person's care. We also saw that all confidential and personal information was held securely within the home.

Information was given to people in a format they could understand. Some of the documents given to people were in an easy read format, with short sentences and pictures to help people to better understand the information. Most of the people's relatives or social workers acted as their advocates to ensure that they received the care and support they needed. The manager told us that it was important for them to work closely with people's representatives so that people's views and choices would be clearly understood by staff and acted on. Information was also available about an independent advocacy service that people could access if required.

Is the service responsive?

Our findings

People had a wide range of support needs and these had been assessed, and appropriate care plans were in place so that they received the care and support they required. The care plans we looked at indicated that people's preferences, wishes and choices had been taken into account in the planning of their care. A relative of one person said, "[Relative] is well looked after and always goes to work looking clean." Together with people who used the service, their allocated keyworkers reviewed the care plans regularly or when people's needs changed. Staff told us that they were mainly a keyworker to two people and this had enabled them to develop strong working relationships with them. One member of staff said, "The person I am a keyworker to is unable to contribute to the care planning process and therefore I make sure that I focus on their needs more, including arranging shopping trips to purchase toiletries for them. The relatives we spoke with were happy with the level of information they received from the service, which kept them informed of any significant events or changes to people's care needs. One relative said, "Our contacts with the service have always been positive, we absolutely have nothing to worry about."

The professionals we spoke with said that the service had a person centred approach to care and achieved very good results. For example, one professional supported the manager's view that they had been able to consistently manage behaviours that may challenge others without giving people as required, mood stabilising medicines. The manager was really proud of this, as well as their success in helping people to lose weight, becoming more mobile and gaining increased confidence.

People were supported to pursue their hobbies and interests because there were planned activities to support people to positively occupy their time within the home, as well as in the community. A number of people regularly attended local day centres until late afternoon and positively, some of the recreational or training activities were held in the evenings within the home so that they did

not always miss out. This included the residents' meetings which were held monthly and were well attended. People were happy to tell us about their active lives, including enjoying some holidays abroad. One person said, "I did painting at work today, green trees." They also told us that they would be going on a boat trip with work soon and they were looking forward to this. Another person said that they liked going to a disco and they were looking forward to the Halloween party. They also said, "I like parties and barbecues outside, parents and staff come too."

Others shared with us their interests in watching the local football team, but the highlight for most people was their Christmas time pantomime performances. Two people talked at length about last year's show which was held at a local community centre and open to members of the public. They were proud that they had raised money for charitable causes too. They gave us a copy of the DVD titled 'Aladdin and friends, a pride production of Marlin Lodge' and we were impressed at how well staff and people worked together as one, 'Marlin Lodge family'. At the time of the inspection, we saw that discussions were already underway about what they would do this year. The garden was being renovated to provide a more suitable place for people to socialise in. At the request of some people, a swing was also being installed. People also enjoyed looking after the home's two rabbits and fish.

The provider had a complaints system in place and information was available to people in an easy read format so that knew what to do if they wished to raise a complaint or if they had concerns about any aspect of their care. When required, staff supported people to complete the complaints form. There had been four recorded complaints in the last 12 months prior to the inspection and these had been investigated in accordance with the provider's procedures. People and their relatives told us that they were happy with the service and had no reason to complain. One relative said, "I absolutely have nothing to complain about." We also saw various compliments from people's relatives and professionals.

Is the service well-led?

Our findings

There is a registered manager in post who was supported by a deputy manager and a senior care staff. Staff told us that the registered manager provided stable leadership, guidance and the support they needed to provide good care to people who used the service. She also regularly worked alongside them to support people with various aspects of their care. One member of staff said, “The manager is really supportive. I had not worked in a care setting before and I was supported really well.” We noted that the manager understood and met their legal obligations, including sending us information about important events that could have an effect on the quality of the care provided to people.

Staff told us that the manager promoted an ‘open culture’, where they, people or their relatives could speak to her at any time without a need to make an appointment. One member of staff said, “There is an open relationship within the team and staff are able to discuss any issues or concerns they might have with the manager. I would rate this service highly, but there are always areas for improvement.” They gave us adjusting to having more people in the home as one area they would need to get right. We also saw evidence of regular staff meetings, where a variety of relevant issues were discussed. A communication log also enabled the staff team to effectively share information about changes to people’s care needs. Another member of staff was also very complimentary about the service. They said, “This service is excellent. People get good care, are well looked after and generally happy. I am proud of what we do for people.” Their views about the quality of the service provided to people supported our own observations, the evidence we saw in records, and the views of some of the people, their relatives and professionals who worked closely with the service. Also, the local authority had rated the service as ‘excellent’ following a review in May 2015. They had achieved full scores for 11 of the 15 areas audited and these included how they managed people’s care and welfare, medicines, nutritional needs and the quality of the records.

There was evidence that the provider worked in partnership with people, their relatives and health and

social care professionals so that they had the necessary feedback to enable them to provide the care that people required. They conducted annual surveys and positive comments from the results of the survey completed in 2014 showed that people and their relatives were happy with the quality of the service provided and the attitude of the staff. We saw that a request by a person’s relative for an additional phone handset had been met. This had enabled them to easily speak with their relative who lived in the smaller part of the home. Also, quarterly quality monitoring meetings were held with people, their relatives and professionals and a variety of issues were discussed. The manager produced a monthly newsletter to showcase some of the activities, training and environmental developments that would have taken place that month. They also used this to highlight individual people’s achievements and to remind everyone of upcoming birthdays and events. This was a good way of showing how people who used the service and staff worked together to create a happy and inclusive environment.

The manager had regularly completed a number of quality audits and these included checking people’s care records, staff files, health and safety, medicines management processes, cleanliness and infection control measures. Where issues had been identified from these audits, the manager took prompt action to rectify these. Robust records were kept in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored. There was evidence of learning from incidents and that appropriate actions had been taken to reduce the risk of recurrence. Also, the provider’s effective processes ensured that very few incidents occurred. There was an on-going improvement plan that the manager developed and then discussed with the provider. The manager told us that they were happy that the provider was generally receptive to their plans for further improvements of the environment for people who used the service. Also, during the building works, the provider made funds available so that people were able to go out of the home during the noisiest parts of the day. The manager said that this had a positive effect on people’s wellbeing.