Mere Lodge Healthcare Limited

Mere 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 visit took place on 15 September 2016 and was announced. We gave the provider 48 hours' notice of our visit so people and staff would be available to speak with us.

Mere Lodge is a small registered care home for up to four adults who live with a learning disability. The service is located close to the centre of Leicester. At the time of our inspection visit, there were four people using the service.

We last inspected the service in August 2013 and found the service to be compliant with all our regulations.

The service has a registered manager. 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.

There were good systems in place to keep people safe. Staff felt confident to report any allegation or suspicion of poor practice and were aware of the possible signs and symptoms of abuse. There were enough staff on duty in the service to meet people's needs. Staff had the time to provide both one-to-one and group support for people.

People had detailed assessments which identified actions staff needed to take to protect people from risks associated with their specific needs. People were supported to take their medicines as prescribed.

Staff had the skills and knowledge to ensure people were supported in line with their care needs. Staff received a thorough induction when they started work at the service and demonstrated that they fully understood their roles and responsibilities, as well as the values of the service. Staff had also completed specific training to make sure that the care provided to people was safe and effective to meet their needs. Staff valued the support of managers in enabling them to develop within their role.

The registered manager and staff we spoke with were knowledgeable of and acted in line with the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing care and support.

People were supported to have their mental and physical healthcare needs met and encouraged to maintain a healthy lifestyle. Staff made appropriate use of a range of health professionals and followed their advice to ensure people's physical and emotional well-being was maintained.

People had positive relationships with the staff that supported them and spoke positively about their care and support. The registered manager sought out and respected people's views about the care they received. Staff promoted and upheld people's privacy and dignity.

People were supported to attend social and educational activities of their choice. People had access to a range of social events in the service and in the local community and were supported to build good links with local places of worship. People were supported to visit their relatives or relatives could visit their family members in the service at any time.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. Care records were regularly reviewed and updated to ensure they reflected people's current needs. Staff demonstrated that they understood the needs of people. Staff were able to communicate well and enable people to make choices about how they lived their lives and how they preferred their care to be provided. People were encouraged and support to express any concerns or complaints they may have about the service.

The registered manager assessed and monitored the quality of care. In addition to regular audits and checks, the registered manager consulted people and their relatives and staff to find out their views on the care provided. They used this feedback to make improvements to the service. The registered manager kept up to date with changes in legislation and best practice and demonstrated that they understood their legal responsibilities within their role.

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.

Staff knew how to protect people from the risk of harm and abuse. People's risk of harm was assessed and reviewed regularly. There were enough staff to meet people's needs in a timely manner. There were processes in place to ensure people's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the skills and knowledge to meet their needs. Staff understood the principles of the Mental Capacity Act 2005 and their role in supporting people to make decisions. People were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and had formed positive relationships with people. People were listened to and supported to make decisions about their care and support. Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. People's care plans were regularly reviewed and amended to reflect people's changing needs. People were supported to take part in hobbies and interests that interested them. There was a clear complaint's procedure if people needed to use it.

Is the service well-led?

Good

The service was well-led.

People, families and staff were supported to share their views

and be involved in making improvements within the service. Staff received guidance and support from the managers in the service. There was an effective quality assurance audit process in place to measure the quality of the service.

Mere 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 visit took place on 15 September 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

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 the information we held about the service.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people receiving care. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with two people who used the service, two members of the staff team and the registered manager. Some of the people using the service were unable to share their views verbally with us, so we spent time with them and observed staff supporting people in communal areas. We also spoke with commissioners who were responsible for funding some of the people who used the service to gain their views about the service.

We looked in detail at the care records for two people, including care plans and medicine records. We also looked at records relating to the management of the service including recruitment files for three members of staff, training records, complaints and incidents and records to monitor the quality of the service.

Good

Is the service safe?

Our findings

The registered manager told us people using the service were safe because they were supported by staff who knew their needs well and were able to identify and respond to any potential areas of harm to people. One person told us, "I feel safe because I get cared for by staff who know me." Staff who we spoke with demonstrated that they knew the people using the service well and could spot changes in behaviour that might indicate potential or actual harm to the person. One staff member told us, "If I had concerns about people I would discuss them with the registered manager straight away. If I suspected someone was being abused, I know I can contact a range of people including the registered manager, the police, the person's social worker or the Care Quality Commission (CQC) to make sure the person is kept safe."

Staff who we spoke with told us they had undertaken training in safeguarding (protecting people from abuse) and this gave them the knowledge they needed to keep people safe. We looked at staff training records which showed all staff had recently undertaken safeguarding training and this was kept under review to ensure training was refreshed in a timely manner. The provider's policy on safeguarding was clear and told staff who to contact if they had concerns about the welfare of any of the people using the service. We saw there was information about how to report suspected abuse in the service and this was accessible to people who lived and worked in the service as well as to visitors. This meant staff had the information they needed to protect people from the risk of abuse.

We looked at the ways in which staff minimised the risks to people on a daily basis. Areas where people using the service might be at risk were identified in care records. We saw there were clear guidelines for staff about the possible risks to each person in a variety of situations such as using transport, bathing and going out, and the actions required to minimise risk. For example, care records identified that one person was at risk of causing harm to themselves or to others through behaviour that may challenge. Guidance in the risk assessment required the person to have one-to-one staff support and supervision to reduce the risk of the person becoming agitated. We observed staff following the guidelines throughout our inspection and saw that staff intervened to support the person in a timely way.

Staff we spoke with told us they followed guidance in people's risk assessments. They were able to tell us which people using the service were at risk and what from. For example, one person needed the support of two staff when they went out. Staff understood why this was and were able to explain the reason to us. Care records showed that risk assessments were updated regularly and when changes occurred. This meant staff had the information they needed to keep people safe.

The registered manager maintained records of accidents and incidents which occurred in the service. We saw whenever a trend in the reporting of accidents or incidents was identified. for example an increase in falls or incidents of behaviours that challenge, information was added to a tracker system. The tracker systems meant the registered manager could capture details of incidents and accidents to see if there were any patterns emerging. They in turn discussed these with the provider to assist them to prevent future harm. For instance, we saw that the one person had experienced an increase in incidents where they behaviour challenged others. Records showed that the registered manager had responded by reviewing the person's

behaviour management plan and referring for external support to keep the person safe.

We saw the provider had systems to make sure that there were sufficient numbers of staff to provide people with the support they needed and to keep them safe. The registered manager told us that staffing numbers were determined by the needs and dependency levels of the people using the service. They told us that staffing had recently been increased through the addition of an activity co-ordinator. Staff we spoke with confirmed there were enough staff to meet people's current needs as staffing vacancies had been filled and the activity co-ordinator ensured people were engaged and stimulated throughout the day. We saw that staff had time to provide both one-to-one and group time with people throughout the day.

Recruitment records we looked at demonstrated there were safe recruitment processes in place. We viewed recruitment files for three members of staff and saw checks had been undertaken before staff were considered suitable to work at the service. Checks included evidence of previous employment, proof of identity and a check with the disclosure and barring service (DBS). The DBS provides information for employers about criminal convictions to support them to make safe recruitment decisions.

The environment contributed to people's safety. The interior of the service was spacious and uncluttered providing a choice of two communal areas for people using the service. We found that although the service was kept clean, the flooring in the laundry room had been removed and had not been replaced in a timely manner. This meant staff could not effectively clean the area which presented a potential risk of cross infection. We discussed this with the registered manager who took immediate action and arranged for new floor coverings and re-decoration of the area shortly after our inspection.

People were protected against the risks associated with medicines because the provider had good arrangements in place to manage medicines. We saw that medicines were stored in a suitable secure location and regular temperature checks were undertaken to ensure the condition of medicines was maintained. Each person had a medicine plan explaining how they preferred their medicines to be given to them, if they were able to self-administer medicines and action which staff needed to take should a person decline to take their medicine. Medicine plans included protocols for medicines that were prescribed as and when required and body maps to guide staff on the correct application of topical medicines such as creams and ointments. Staff completed Medicine Administration Records (MARs) when they supported people to take their medicines and we saw these had been completed correctly.

The registered manager told us that all staff who administered medicines had been trained to do so and they undertook regular checks on their competence. This was confirmed by staff who we spoke with and records we saw. This meant there were good systems to ensure people received their medicines safely.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff. They told us about the support staff provided to them on a day-to-day basis, for example when they became anxious or if they were going out for appointments or on activities.

Staff who we spoke with were able to demonstrate how they delivered effective care to people with differing needs. They showed that they knew each person's needs and preferences well and had the necessary skills to support people effectively.

Staff we spoke with told us they were well supported and received regular access to training which reflected the needs of people using the service and was relevant to their role. The training records we looked at showed staff had undertaken regular training using a variety of methods including face-to-face and e-learning. Training records showed that staff were provided with opportunities to refresh their knowledge in key areas such as mental capacity, safeguarding and managing behaviours that challenge. Staff told us the registered manager encouraged them to train and to develop new skills. One staff member told us, "The [registered] manager supports us to undertake further training to develop ourselves, not just as staff members but for our overall career development." Another staff member said, "We are supported to attend refresher training. This is important to give us new ideas about how we can best support people."

The registered manager had recently introduced the Care Certificate for all new staff. This is a national qualification for people who work in care. It covers both general and specific areas of care and support including working with people with learning disabilities and mental health. Records showed that new staff followed an induction programme which included orientation of the service and completion of essential training. Staff who were new to the service were able to work alongside experienced staff to be introduced to people before they started to support them. This showed staff were provided with the training and knowledge to enable them to provide effective care and support to meet people's needs.

There were arrangements in place for staff to receive regular supervision and support. Staff told us the supervision gave them an opportunity to discuss their own personal development and raise any aspects of their work which concerned them. One staff member told us, "Supervision tells me where I am doing well and where I need to develop. If I am unhappy I discuss it with [name] and they ask me what I want to do to sort it out. We discuss it and find a solution together which I really appreciate."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the

Deprivation of Liberty Safeguards (DoLS), Some people using the service had their freedom restricted in a way that was necessary to keep them safe. For example, when people were not able to independently choose whether or not to live at the service or could not leave the home without support. We found the provider had followed the law by submitting applications to the local DoLS team for assessment. Formal authorisations had been issued for four people and all relevant documentation was in place. We saw the conditions of the authorisation were met.

The provider had a system in place for recording and monitoring DoLS referrals and outcomes. This included the date authorisations were received and the date that staff needed to review authorisations. This meant that people were protected to ensure that any restrictions on their liberty were being lawfully applied.

Staff who we spoke with told us that most of the people who used the service were able to make decisions about their care, support and safety but recognised that some people could need support to make decision specific choices or complex decisions. One staff member told us, "We are really good at respecting people's choices here. People are able to decide what and when they want to do with our support." People's care plans included guidance for staff to follow in the event that a person declined any aspect of their care. People's mental capacity was reviewed so that staff could monitor people's choice making abilities. Mental capacity assessments included guidance as to when the person was most receptive to information and preferred time of day to make key decisions. This showed staff understood people's right to consent to their care, including their right to decline.

People told us that they enjoyed their meals. Meals were served at different times to accommodate people's activities, waking times and preferences. We observed that people were supported to have sufficient to eat and drink. Staff demonstrated that they knew each person's needs and preferences in terms of meals. This included ensuring people had access to the right food and drink in line with their cultural preferences. Care records showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. This demonstrated staff had information on how to meet people's nutritional needs.

People were supported to have their mental and physical healthcare needs met by external health professionals. Staff supported people to attend healthcare appointments, including routine checks such as dentist and opticians and health screening. Each person had a plan to show how their health needs were being met. Staff provided examples of when they had observed changes in people's behaviour which had indicated a change in their needs. Records showed that staff effectively monitored and responded to changes in people's healthcare needs, for example through referrals to specialist consultants. This showed people were supported to stay as well as possible.

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring and supported them well. One person told us, "The staff are friendly and nice. They help me when I need it." Another person was able to tell us who their favourite staff members were and that staff knew what things were important to the person.

We saw staff were kind and compassionate to people. People looked relaxed and at ease in the presence of staff and we heard laughing and banter between them. A member of staff told us they were pleased they had time to spend with people escorting them out or spending one-to-one time with them.

We saw good communication between people and staff throughout our inspection. Staff took time to listen to people and when they received repetitive requests they responded with patience and interest. Staff constantly checked that people were okay and we heard supportive comments such as, "Do you need help with anything?" In addition, staff engaged with people to discuss things that they knew were important to them, such as hobbies and interests and forthcoming events. We observed staff explaining what they were going to do and ensuring people were happy with the support provided. For example, we heard a member of staff explaining to a person that other people were going on a picnic that day. The staff member checked that the person was happy to go along and what they wanted to take with them.

Staff demonstrated that they respected people's right to privacy and dignity. For example, we saw a staff member discretely leading a person to their room to provide them with personal support. Staff respected people's choice to spend time in their bedrooms by knocking on the door and requesting permission before entering the room.

Staff had a good understanding of how people preferred their care to be provided and people's individual likes and dislikes. We saw people's care plans were written in a way that reflected their diverse needs and interests. People's bedrooms were personalised and the décor and furnishings reflected their individual tastes and interests. For instance, one person had an interest in art and crafts. They told us staff had supported them to display their art work in their bedroom, including certificates of achievement and posters of television dramas. This was important to the person as it made them feel happy in their room and proud of their work.

People were encouraged to share their views and make decisions about all aspects of their lives, both individually and as a group. One person was able to tell us that it was important for them to maintain close relations with their family. They told us staff helped them to visit their family on regular basis. Staff were able to describe how they had developed positive relationships with people and their relatives to ensure they were involved in developing their care. Care records included detailed information about people and things that were important to the person and what support they needed to achieve their wishes and aspirations. This helped to ensure staff involved people in making choices on a day-to-day basis.

Good

Is the service responsive?

Our findings

People told us staff were available to help them to do the things they liked doing. There was a member of staff employed to support people with their hobbies and interests. We saw the staff member meeting with people to discuss what activities and outings they would like her to arrange. People freely contributed their own ideas and suggestions which included day trips and the development of in-house activities using resources such as an I-Pad. Staff had developed weekly activity plans for people. This enabled staff to record what activities each person had undertaken each day and record their response to assess if they liked the activity or if any changes needed to be made. We looked at activity records and saw that people were provided with a range of activities including education sessions at community centre, day trips, one-to-one shopping and meals out and visits to family and friends. This showed people were supported to maintain hobbies, interests and relationships that were important to them.

Staff were knowledgeable about people's needs and were kept informed of changes to care plans by the deputy manager and registered manager. We saw that care plans included a summary of the person's life history and experiences, who and what was important to the person and a description of what good support looked like for them including their preferences and choices. This helped to develop a plan of care which detailed the support people required in order to meet their individual needs in the way they preferred.

Staff were able to describe how they responded to changes in people's needs or wishes. For example, one care plan described how a person needed staff support to pursue their religious beliefs through verbal prompting and the provision of items associated with their religion. Staff were able to describe how they had adapted the support they provided as they noticed that the person was consistently anxious in following traditional means of worship for their culture. They told us they placed items in a different position which the person felt more comfortable with. This enabled the person to observe their religious practices in their own way and to reduce the potential for them to become anxious. We saw this was reflected in the person's care records. Another person was keen to visit further education and we observed they repeated this request at regular intervals. Staff response was to acknowledge the person's request but to use distraction techniques to move the person's focus away from the topic. Staff told us they planned to support the person to undertake the visit but they were unable give the person a date or time as they would become too anxious and distressed prior to the visit. This guidance was reflected in the person's care plan. This showed staff were responsive to people's individual needs.

Staff told us they recorded how people were and how they had spent their day in their care records. This included any observations regarding the person's communication, interaction with others and behaviour. We saw that managers reviewed information regularly to monitor any changes which had taken place. Staff provided examples of when people's behaviour had changed and the action which they had taken. This ranged from increasing support and activities to changing routines. Staff involved people, their families and health and social care professionals to review people's care to ensure people received care that reflected their current needs.

We looked at complaints received by the service. We saw that the registered manager had responded to

complaints in accordance with the provider's complaints policy, This included details of the investigation and action taken to resolve a complaint. We saw evidence that complaints had been resolved to people's satisfaction. The registered manager maintained records for formal and informal complaints to identify any adverse trends and the actions required to reduce the risk of further complaints. People were supported to understand how to make a complaint through the service user guide and staff guidance. We observed that people were reminded of their right to make a complaint and who they could go to during a resident meeting. This showed that people were supported to understand their right to make a complaint and who they could go to if they had any concerns.

Good

Is the service well-led?

Our findings

People and staff who we spoke with told us that the registered manager was approachable and available if they needed to speak with her. One person told us, "It is well run here, much better than where I was before." A staff member told us, "I can go to the [registered] manager at any time if I have any concerns. They are very supportive."

Staff received support to maintain a quality service. Staff told us they had opportunities to contribute to the running of the service through regular staff meetings and supervisions. One staff member told us, " I know we are doing things well here but the [registered] manager supports us to reflect on what we are doing and think, is this the right way or can we improve or do things in a different way?" Another staff member told us they found staff meetings useful to share views and ideas with managers and staff. We looked at minutes of recent staff meetings and saw that these were well attended. Items discussed included consultation about changes and opportunities for staff to reflect on best practice and identify how their own working practices could be improved to reflect this. For example, the registered manager had appointed a dedicated member of staff to support people with activities as a result of staff involvement and feedback. This showed staff were supported to share their views and be involved in decisions that affected the service.

People were encouraged to express their views about the service. We observed a resident meeting where people were supported by staff to get involved in discussions around ideas and suggestions to improve the service. For example, the purchase of an I-Pad was discussed and agreed and proposed changes to daily menus. We saw that people were encouraged to share their views and understand the decision-making process.

The registered manager had conducted a recent survey which involved sending out quality review questionnaires to people who used the service and/or their families. We looked at responses from people and their families which were received in June 2016 and saw comments were positive. The registered manager explained they looked at survey responses to identify any areas for improvement or if there were significant concerns from people and families. For example, one relative had concerns about their family member's routines and daily care. As a result of feedback, the registered manager had developed regular, effective communication with the relative to discuss their family member's care in a timely way and ensure the relative was involved in key decisions. They told us this had resulted in positive relationships between the relative and staff which had resulted in more responsive care for the person. This showed the registered manager took on board people's feedback to make improvements to the care people received.

The registered manager and deputy manager regular audited care records, including medicine records, within the service to make sure they were accurate and up to date. The registered manager also carried out regular self-audits which included areas such as the environment, health and safety, working practices and if care was provided within the values of the provider. Records showed that if any area of the service was in need of improvement the audit identified this and an action plan was produced. We saw that the registered manager had requested maintenance to upgrade the environment as a result of environmental audits. The registered manager told us that a regional manager visited the service to provide advice, up to date

guidance and support and to quality assure the service.

We contacted local authority commissioners who were responsible for funding the people who used the service. They told us they had no concerns about the service.

The registered manager had kept us informed of key events within the service and had submitted statutory notifications in accordance with our regulations. A statutory notification is information about important events which the provider is required to send us by law. The registered manager had also completed the Provider Information Return (PIR) which information about the service and the plans they had for improving the service in the future. We saw records action plans which showed that the information in the PIR was accurate. This demonstrated the registered manager was aware of their statutory responsibilities.