

Maven Healthcare (Leicester) Limited

Hunters Lodge

Inspection report

26 Berridges Lane
Husbands Bosworth
Lutterworth
Leicestershire
LE17 6LE

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16 August 2019

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Website: www.careww.co.uk/care-homes/hunters-lodge-care-home

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

About the service

Hunters Lodge is a residential care home and a supported living service. One person received personal care support in their own home, and 12 people received personal care in the care home, at the time of the inspection.

The care home was bigger than most domestic style properties. It was registered for the support of up to 17 people. Twelve people were using the care home service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

Hunters Lodge is also a domiciliary care agency which provides personal care to people in their own homes. They support adults who have learning disabilities. At the time of our inspection the service supported one person, in their own property, in a neighbouring village. Night time support was provided by sleep-in staff.

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

People told us they felt safe living in the care home. The arrangements in place ensured people were protected from the risk of abuse.

People lived in a property that was well maintained and regular health and safety checks ensured the care home environment was safe.

People were supported by enough care staff to meet their needs.

People received their prescribed medicines when they needed them, and the care staff had been appropriately trained to administer medication safely.

People lived in an environment that was clean and tidy. They were protected from the risk of infections spreading by the cleaning procedures the care home had in place.

People had appropriate care plans in place which guided staff on how they needed to be supported. People, and their relatives where appropriate, were involved in reviewing care plans to make sure they were accurate.

People were supported by care staff who had received appropriate training.

People liked the food, and the care staff helped people to eat and drink safely and maintain a balanced diet.

People were supported to attend local day centres and there was good communication between the care

home and day centre staff.

People had personalised their bedrooms and lived in a building which had been adapted to meet their needs.

People were enabled to access health care support when they needed to, and care staff had good links with health care professionals.

People's privacy and dignity were respected by the care staff, and people were supported to maintain and increase their independence.

People were supported by care staff who were kind to them.

People could choose to take part in house meetings and be involved in decisions about menus, activities and transport.

People were supported by care staff who were attentive to their changing needs. Care plans were updated when people's needs changed.

People's communication needs were understood by the care staff. Documents were written in accessible formats.

People were supported to maintain contact with their relatives if they wished to.

People took part in activities within the care home and in their local community. Care staff wanted to increase the range and frequency of activities for people.

People had access to an easy read complaints procedure and told us they would tell the care staff if they were unhappy about anything.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hunters Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The care home was inspected by one inspector.

Service and service type

Hunters Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service separately provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection visit on 15 August 2019 was unannounced. We returned, announced, on 16 August 2019 to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We reviewed information that we had received from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We observed care staff interactions with people. We spoke with five people about their experience of the care provided. We spoke with three members of staff, including the registered manager, team leader, and care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three care staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one health care professional who had regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to adequately protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse. The provider had acted to support a person to move into more suitable accommodation. That had been positive for the person, and the people who lived at the care home. People now felt safe, and a person told us, "I like living here, it's good."
- Care staff had received safeguarding training, were aware of the safeguarding procedure, and knew how to use it. There were safeguarding adults' policies in place, which care staff had access to.
- The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured that people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- Water temperatures were checked regularly. However, we found the temperature of two shower units could exceed safe levels. That meant there was the potential for people to be scalded. The registered manager told us they would immediately arrange for their maintenance person to adjust, or replace, the shower units to remove the potential for scalding.
- The provider had a fire risk assessment in place and effective systems to carry out regular fire safety checks.
- Care staff had received fire safety training and personal emergency evacuation plans were in place, so people could be supported to exit the care home in an emergency.
- People's individual risks had been assessed and reviewed regularly by the registered manager. Changes in people's risk assessments were discussed at staff handovers. This helped to ensure people were protected from avoidable risks.
- Routine health and safety checks had been carried out, which helped to ensure the care home environment was kept safe.

Staffing and recruitment

- There were enough staff available to support the care needs of the 12 people who lived at the care home,

and the person who lived in their own home.

- The provider had an effective recruitment policy and procedures in place. Staff pre-employment checks had been carried out, and the provider had recently revised their process to ensure that full employment history records were obtained for new care staff.
- When agency care staff were used the provider ensured appropriate pre-employment checks had been carried out by the agency. This helped to ensure care staff were safe to work with vulnerable people.

Using medicines safely

- Medicine management systems were safe. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Medication audits were in place and the registered manager told us they would be providing refresher training for care staff, on how to complete controlled drugs records, following a minor recording error.
- Care staff were trained in how to administer prescribed medications, when people required them, and their competence had been assessed by the registered manager before they were able to supply medicines to people.

Preventing and controlling infection

- People's rooms, bathrooms and communal areas were clean, which reduced the risk of infections spreading.
- Care staff had completed infection control training, which was needed so that care staff understood how to prevent and control the spread of infections.
- Personal Protective Equipment, such as disposable gloves and aprons, was readily available throughout the service and used by care staff. This protects people, and care staff, from acquiring infections.
- A cleaner followed a schedule of cleaning tasks and there was a record of when tasks were completed. This ensured the cleaning of the care home was consistently done.

Learning lessons when things go wrong

- The registered manager reviewed incidents, analysed trends, and acted when needed. This helped to keep people safe.
- Lessons were learnt from incidents. For example, on one occasion, a person's critical medical device had become detached from them. The registered manager reviewed the incident and implemented additional care staff guidance. Further, they ensured all care staff understood the guidance and arranged for it to form part of new care staff induction training. No similar incidents occurred since the registered manager implemented those improvements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had created care plans which were updated as people's needs changed. This meant the care plans guided care staff to effectively meet people's needs.
- A care worker told us, "The care plans are in the cupboard and we have easy access to them. We have a daily handover, so, if there are any changes, we get to know about them straight away." This meant care staff were provided with relevant information on how to effectively support people.
- The registered manager supported staff to provide person centred support and care in line with local and national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- New care staff completed induction training, which included working alongside experienced care staff. Care staff told us that they received the training needed to meet people's individual needs. We observed care staff using their skills to support people effectively and sensitively.
- The provider had a training plan to identify care staff training needs, and arrangements were in place to ensure care staff were kept up to date with essential training.
- Care staff told us that they have regular handover sessions, supervision meetings and an annual appraisal.
- Care staff followed guidance, provided by a health care professional, on positive behaviour support (PBS) strategies. PBS is a behaviour management system used to understand what causes a person to display concerning behaviours and how to support people to reduce their levels of anxiety and aggression.

Supporting people to eat and drink enough to maintain a balanced diet

- Care staff had a good knowledge of people's food preferences and the provider had appropriate systems in place to monitor people's diet and weight.
- People were supported to eat and drink safely and maintain a balanced diet. For example, where the need for support had been identified to prevent potential choking, care staff prepared food in the way advised by health care professionals.
- People were offered a variety of food and drink they enjoyed, and alternatives were readily available if people preferred something else. People were also occasionally supported to go out for meals in the local community. That increased the variety of food and drink options available to them.

Staff working with other agencies to provide consistent, effective, timely care

- Some people were supported to attend local day centres where they accessed a range of activities and spent time with their friends. We saw that good communication was in place between the care home and

the day centre, which ensured that people's complex support needs were consistently met.

Adapting service, design, decoration to meet people's needs

- The care home is an older building, but the decoration and other adaptations to the premises, met people's needs and promoted their independence.
- People had personalised their bedrooms. Bathrooms and toilets met the needs of the people living at the care home.
- People told us that they liked the enclosed courtyard. It was used as a place for people to be by themselves, and for people to sit outside and enjoy fresh air and sunshine.
- The care home had two lounges which meant people had a choice of where to go if they wanted to watch television or take part in activities.

Supporting people to live healthier lives, access healthcare services and support

- People's health action plans informed care staff about people's health care needs. This meant care staff had up to date information about how to support people.
- People were supported to improve their health. For example, a person's health had improved to the point where they no longer had the medical condition that they had when they moved into the care home. That was a significant positive outcome for that person.
- The service had links with GPs, district nurses, physiotherapists, speech and language therapists and occupational therapists. For example, a person had been supported to carry out physiotherapy exercises which had improved their arm mobility. This demonstrated that people were enabled to access specialist healthcare support when they needed it.
- The registered manager had received training from the district nurse team and was able to train care staff to maintain a person's airway using appropriate suction equipment. This meant care staff had easy access to advice and guidance when supporting a person with that aspect of their care.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In supported living settings, where people receive care and treatment in their own homes, an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met. We found they were.

- At our last inspection we rated the service as requiring improvement because restrictions were being placed on people due to the behaviours of one of the people using the service. At this inspection we found that improvements had been made. The provider had acted to support the person to move to more appropriate accommodation which had a positive impact on the person and the other people in the care home.

- Care staff received training, in relation to MCA and DoLs, and worked within the principles of MCA. Appropriate referrals to the local authority DoLs team had been made.
- People had given their consent to receive care from the provider and, where it had been assessed that an individual did not have the capacity to give consent, there had been an appropriate best interest process carried out.
- Accessible information was available at the care home about the role of advocates, and people had external advocate support when needed.
- People were supported to have choice and control over their lives. Staff told us they supported people by offering choices and obtaining consent. A person told us, "Yes - they ask me if I need any help and then they help me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection people's privacy, and ability to develop independence skills, had reduced due to the behaviours of one person who used the service. At this inspection we found improvements had been made. The provider had acted to support the person to move to more appropriate accommodation which had a positive impact on the person and the other people in the care home.
- People's independence was maintained. A care staff told us, "We encourage them to be independent and to do the things they can do, by themselves." This meant people were supported to be as independent as possible.
- People were treated with dignity. A care staff told us, "We encourage them to have good personal hygiene and to look nice. We make sure their clothes are clean and they choose what they want to wear." This meant people were supported to maintain their dignity.
- Care staff supported people respectfully. A health care professional told us, "Staff appeared to me to be caring and treated people with dignity and respect." This meant people were respected as individuals.

Ensuring people are well treated and supported; respecting equality and diversity

- Care staff were attentive to people's needs and supported people with kindness. A person said, "The staff are good to me here".
- Care staff supported people at meal times which were relaxed social occasions. People appeared to enjoy each other's company. This meant people developed friendships which were important to them.
- All care staff had received equality and diversity training. The provider's Equality and Diversity policy set out how the care home operated to support people, and staff, from diverse backgrounds.
- Peoples' disability support needs were met appropriately by the provider. The registered manager assessed people's equality and diversity support needs as part of the assessment carried out prior to people moving into the care home. This helped ensure a person's equality and diversity needs were considered when planning their support.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in deciding their own care plans and choosing what activities they wanted to do. Care staff supported people to have 'house meetings' to discuss the menu, plans for leisure activities and transport.
- Care staff supported people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to be involved in making decisions about their care.

- Care staff supported people, who wanted to carry on attending the day centre, to contact the local authority and request a continuing placement. This meant they could continue to spend time with friends they had known for years.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, people's individual needs were not always being met at the service, and this had not been adequately addressed by the provider. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received care and support which met their individual needs and preferences. For example, some people chose to attend the day centre and other's preferred to do activities at home. This meant people spent their time in ways they chose.
- People's care plans contained personalised information. Care plans were comprehensive and covered areas such as personal care, health action plans, nutritional needs and activities. This meant care staff knew how to meet people's support needs.
- Care workers were attentive to people's changing needs. A care staff told us, "We have regular handovers and meetings, so we know when people's needs have changed. It's also in their daily notes and care plans." This meant support continued to meet people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in care plans. We saw evidence that information needs were met for individuals. For example, easy read care plan documents and activity posters were present. This meant that people's communication needs were met, and relevant information was also shared appropriately with others.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain contact with their relatives. One person used a computer device to

video call their relatives. Other people contacted their relatives using their own mobile phones, or the care home phone. Supporting people to maintain contact with their relatives is important and helps prevent social isolation.

- People were supported to maintain friendships. One person's close friend visited them regularly at the care home. Other people were supported to maintain contact with friends they had at the day centre.
- People were supported to go out into the community. This included trips to local events, shopping, and meals out. This enabled people to be recognised as members of their local community.
- People took part in activities at the care home. Care staff told us they would like to increase the variety and frequency of activities. For example, people told us that they enjoyed the art activities that an external person provided occasionally.

Improving care quality in response to complaints or concerns

- People knew who to talk to if they had a concern or a complaint. A person told us, "If I had any problems I would speak with [staff]. [Staff] helps me." An easy read complaints procedure was in place and displayed for people's information.
- The registered manager was approachable. Care staff told us that they felt able to tell the registered manager if they had any concerns.
- There had been one formal complaint received, by the care home, since our last inspection. That related to car parking outside the property and had been investigated and responded to appropriately.

End of life care and support

- Where appropriate, people's wishes for their end of life were included in their care plans. These included preferences relating to their culture and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, action had not been taken to mitigate the risk posed to people and staff, and to improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had acted to mitigate the risks to people using the service at the time of our inspection. Incidents were reported, and acted upon, to ensure people's safety and to improve quality at the service.
- The registered manager supported the care staff to provide person centred support which achieved good outcomes for people. For example, since moving into the care home, a person's health had improved to the point where they no longer had the longstanding medical condition they had before they moved in. That was a significant positive outcome for that person.
- Another person had been supported to move from the care home into their own property, with their own care staff team. That positive change had produced a significant reduction in the frequency of incidents occurring. As a result, the provider had liaised with health care professionals to reduce the amount of medication prescribed for the person.
- The registered manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care. A care worker told us, "Morale is generally good, we get on well, but we are sometimes affected by the staffing levels. We work hard all day and have to snatch breaks when we can."
- The ratings from our previous inspection were displayed so that visitors could see and read our report. The rating was also displayed on the provider's website.
- The registered manager provided supportive leadership. Care workers told us the registered manager was approachable and they felt supported by them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving family members occurred. This ensured that relatives were notified of the

incident and made aware of the causes and outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to notify CQC about allegations of abuse which had taken place at the service, as required by law. This was a breach of regulation 18 (Notifications of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had implemented processes which ensured that the necessary notifications had been made. The registered manager understood their responsibility for reporting deaths, incidents, injuries and other matters that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.
- All the staff we spoke with understood their roles within the service and the registered manager had a good understanding of regulatory requirements.
- An effective quality assurance system was in place to monitor the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider asked people, care staff, and relatives to contribute their views on the service through an annual satisfaction survey which the registered manager reviewed and acted on.
- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's Equality and Diversity policy.

Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure that people received good quality care and support. For example, following an incident where a person's medical device had become detached from them, the registered manager reviewed the incident and took the immediate action necessary. They also looked for underlying causes and that resulted in a change in care staff induction training. There had been no further incidents of that type.
- The registered manager was supported by the provider's quality monitoring processes which have resulted in the creation of a continuous improvement plan. We saw evidence of that plan being used.

Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies, such as GPs, day centres and community health services to ensure that people received the care and support they needed.
- The provider was linked into a university research project. Care staff supported a person to take part in a study into the health conditions that affect some people who have learning disabilities. The person had consented to take part and enjoyed the interactions with the university researchers.
- The registered manager worked in partnership with people and their relatives, through regular communication, to ensure that people's views about the care being provided was listened to.