Voyage 1 Limited

Mimosa 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

Mimosa 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.

Mimosa Lodge provides accommodation and personal care for up to eight people who have learning disabilities. There were seven people living in the main house and one person was living in a separate annex which was not connected to the main house at the time of this inspection
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The inspection took place on the 8th February 2018 and was unannounced which meant the staff and provider did not know we would be visiting. When the home was last inspected on 22nd January and 2nd February 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This report is written in shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

There was a registered manager in place. 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 and associated Regulations about how the service is run.

Staff were aware how to protect people from abuse. Staff received annual training and understood how to identify safeguarding concerns and report these to keep people safe. The provider had a safeguarding policy. Information about safeguarding was displayed in the home in an easy read format informing staff and people what to do if they had any concerns.

Staff received the training they needed to carry out their roles effectively and meet the needs of the people living at the home. Staff were supported through regular supervision and appraisals and had access to training.

There were sufficient numbers of staff to provide people with the support they needed.

People were involved in the running of the home. Their nutritional and health needs were met and people were supported to receive their medicines safely. Staff demonstrated a good understanding of infection control procedures; the home was clean and tidy.

Care plans were detailed and person centred. They detailed what was important to and for the person. People were involved in their care planning and were supported to have maximum choice and control of

their lives. Care plans were reviewed every month by their keyworker.

People were safe because there were effective systems in place to protect them. Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risks of harm.

The requirements of the Mental Capacity Act 2005 were being met and staff understood their roles and responsibilities to seek peoples' consent. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that they liked the staff working at the home. Staff treated people with kindness, respect and compassion.

Staff felt valued and respected. The manager was easily accessible. Staff felt supported and were aware of their roles and responsibilities. Regular team meetings were in place to ensure staff were kept up to date with changes to peoples' needs. Staff told us that the communication was good and they had daily handovers.

There were quality assurance systems in place to monitor and continually improve the quality of the service. The provider had policies and procedures in place which were reviewed regularly.

The home had received one complaint which had been dealt with promptly and investigated in accordance with the provider's policy.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Mimosa 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 comprehensive inspection took place on the 8th February 2018 and was unannounced. The inspection team consisted of two inspectors.

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 any improvements they plan to make. We checked the information that we had about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law.

We spoke with three people who used the service and one relative to gain their views of the home. Many people who lived at the home were not able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with the registered manager and three members of care staff. We looked at a range of records which included the care records for three people, daily records, medicines records and recruitment records for four care workers. We looked at a range of records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

We last inspected the home in January 2016 where no concerns were found. The home was rated as good in all domains.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel safe here. If I had concerns I would talk to staff about it". Another person said, "I feel safe here".

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns. The provider ensured that staff completed safeguarding training, understood their role and responsibilities to safeguard people. The home had suitable policies in place to protect people. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us "I would report it straight away definitely." Another staff member said "Safeguarding I would report to my manager and make resident safe". Information was displayed around the home informing staff and people about what to do if they had any safeguarding concerns for them or someone else.

There were enough staff deployed to meet the needs of people and keep them safe. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. The registered manager told us staffing levels met the needs of the service and rotas were planned to meet the needs of the individuals.

The registered manager followed the provider's recruitment policy. Staff recruitment files showed all the required pre-employment checks had been completed. Disclosure and Barring Service (DBS) checks were carried out before staff starting working in the home. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People were supported to receive their medicines safely. All medicines were stored securely and medicine administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Care plans included specific information to direct care staff as to how people should be supported with their medicines.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm, For example for choking, e.g. 'Food to be cut into bite size pieces and supported at meal times'. There were also guidelines on what to do if a choking incident occurred. Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed. These included environmental risks and any risks due to health and support needs of the person.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and

aprons.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.

Good

Is the service effective?

Our findings

People told us they liked the food. One person said, "Food nice". Another person told us, "I like the food and the blue board [menu board]". A relative told us "The food always smells good, always fresh; [relative's name] eats healthily".

People were supported at meal times to access food and drink of their choice. Staff were aware of people's dietary needs and preferences and supported them to eat and drink and maintain a balanced diet. People met every week to agree the menu and choose their meals. They were then supported by staff who showed them pictures of a selection of meals and asked people to choose. People's likes and dislikes were taken into consideration. A daily menu board was on display in the dining room in written and pictorial format. We observed staff sitting with some people at meal times that required assistance. For example, one person would eat their food too fast and staff would sit with them and encourage them to eat slowly.

Staff had the skills, knowledge and experience to support the people living at the home. The provider had a mandatory training programme which included health and safety, fluid and nutrition, basic life support, privacy and dignity, equality and diversity, Mental Capacity Act and Deprivation of Liberty safeguards (DoLS). Staff had completed additional training to support them in their role such as Makaton training. (Makaton is a language programme using signs and symbols to help people to communicate).

People were supported by staff who had regular supervision (one to one meeting) and an annual appraisal with their line manager. Staff told us enabled them to discuss their training needs or any concerns they had.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought consent from people and gave them time to respond either verbally or indicating by nodding or shaking their head.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLS.

Staff worked closely with health and social care professionals to ensure people received effective care in line with their needs. Care records showed people had access to a GP, specialist nurses, dentists, opticians, chiropodists and speech and language therapists when required. Clear records of all communications with health and social care professionals were kept and informed plans of care for people. For example, two

people were at risk of choking and staff had ensured information from a speech and language therapist was clearly included in the person's care plan. This included a list of high risk foods displayed in the kitchen. We observed this being followed at the time of our inspection.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person.

Everyone we spoke with told us they liked living at Mimosa Lodge. One person said, "I like my room I keep it tidy". The environment was appropriate for the care of people living there. People's rooms were personalised. There was a lounge, and separate dining room which were decorated and furnished in a homely way. People could access the large enclosed garden from the lounge.

Good

Is the service caring?

Our findings

People we spoke to told us they liked the staff and thought they were caring. One person said, "Staff are nice, all nice". Another person told us, "I like [staff member's name] the best, she's the best lady". Other comments included, "Like all the staff". As well as, "I'm happy living here". A relative told us "Staff are lovely and caring, staffing is consistent".

Relatives were welcome to visit throughout the day. They commented their relative "Always looked good and were very happy that [relative's name] is well looked after".

Staff had built up positive relationships with people. One staff member told us, "I really enjoy working here. I just think everyone really cares about the residents and that's why I like it here". Another staff member said, "I enjoy being here. I wouldn't change this home for any other one. I love the people we support, good relationships". Staff spoke about their work with passion and spoke about people warmly. They also demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they had taken the time to get to know people in their care. Staff showed respect for people by addressing them using their chosen name, maintaining eye contact and ensuring they spoke to people at their level.

People continued to experience caring behaviour in staff interactions, which suggested person-centred care in their familiarity and the ease of communication with each person. Staff provided comfort and reassurance by talking calmly to people. The staff always met the person at their level. If the person was sitting, they would either sit next to them or crouch down, always coming down to their level and ensuring they were facing the person they were talking to.

Staff respected people's privacy and dignity. We observed care was offered discreetly in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms or in bathrooms around the home. Staff knocked on doors and waited for a response before entering people's rooms. One staff member told us, when providing "Personal care, close the doors, make sure no one else is in the room. Maintain privacy and encourage people to do things themselves".

People responded to staff when they spoke with them and often responded with smiles or sounds which indicated they were happy. Care plans provided detail about people's communication needs. For one person they were able to communicate with vocalisations and Makaton signs that were unique to them but understood by staff. Communication picture cards were available to support staff. They were also able to point to objects or food to show staff what they would like. Consent was gained by nodding or shaking their head. People's records included information about their personal circumstances and how they wished to be supported.

People were encouraged to be as independent as possible. Support staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also

providing care safely. One staff member told us, "Encourage independence, for example with breakfast will get them (people) to pour the milk themselves".

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identified people who were important to the person. People and their families confirmed that the registered manager and staff supported their relatives to maintain their relationships.

Confidential information, such as care records, were kept securely and only assessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People received personalised care from staff who supported people to make choices. One person told us, "I have enough to do here. I really like to colour and going out places and doing things. I enjoyed my walk today do that once a week". Another person said, "Trampling and a disco tomorrow. Busy lots going on". Other comments included, "Staff listen to me". As well as, "I go to day centre twice a week".

Staff were aware of people's interests and how people liked to spend their time. Activities were chosen by people weekly and displayed on a pictorial activity board. On the day of our inspection, activities included horse riding, going out for lunch, visiting family and going for a walk along the river. Other planned activities included, cooking, swimming, bowling, shopping, walks, music therapy, health and beauty, arts and crafts.

Staff at Mimosa Lodge were responsive to people's needs. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were person centred, comprehensive and detailed including people's preferred individual routines. People's physical health and mental health needs were also identified. They held clear information on people's personal history, preferences, likes and dislikes and staff had a very good understanding of these. For example in one care plan we saw that 'I like to wear headphones (even with no music), earmuffs, scarves and hats'. We observed the person was wearing headphones in line with their care plan.

People were involved in their care planning and care plans were reviewed every month by their keyworker. All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. Records of keyworkers monthly meetings showed that everyday life and the home were discussed. One staff member told us, "Every month we have keyworker meetings; where we look at all the previous notes and meet with them (people) to review".

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people living at the home. In the home we saw that picture cards were in use, the daily menu and activities were displayed in picture form. Information on noticeboards was also in easy read format these included information on how to make a complaint and raise safeguarding concerns.

People and their relatives knew how to make comments about the service, Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. The registered manager described the process they would follow as detailed in their procedure. The home had received one complaint which was responded to in line with the providers' policy.

Good

Is the service well-led?

Our findings

People felt the service was well led. People told us, "[Registered managers name] nice as well". Another person said, "I do like living here".
A relative told us "[Registered manager's name] is on the ball and [relative's name] is happy".

The home had a positive and open culture, staff felt valued and respected. The manager was easily accessible and staff felt supported. Staff told us the "[Registered manager's name] she's very good. Proper manager listens to staff and the residents as well. Someone I can speak to if I have any problems or concerns". Another staff member said, "Management good a lot of support".

Staff were aware of their roles and responsibilities. Regular team meetings and daily handovers were in place to ensure that staff were kept up to date with changes to peoples' support. Staff told us that the communication was good between the staff. Staff told us "Staff meetings are helpful. If we are unable to attend it is always written up in the communication book in case of anything we've missed". Team meetings were minuted and staff signed to confirm that they had read peoples' support guidelines.

Quality assurance systems were in place to ensure the best delivery of care. Checklists were completed by day and night staff and were handed over at the beginning and end of staff shifts. The provider undertook a programme of audits that included medicines, finance, infection control and health and safety. The provider also undertook quarterly monitoring visits; we saw the action plan following the last visit had been completed in December 2017. The registered manager attended monthly registered managers meeting ran by the provider in the locality and also participated in the registered manager on call system that operated across three homes.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety, for example new safety lights being fitted. Team meeting minutes showed that staff discussed the reporting and recording of incidents.

People were involved in the running of the home; weekly meetings were held and recorded using a picture format. We saw that people were asked a variety of questions to gain peoples' feedback and views. These included asking people for example what they did last week, what they would like to do next week, were they happy with the support. This means that people were actively involved decisions about how they chose to live in the home.

A relative told they experienced good communication with the staff and manager and know what was happening with their relative. The complements book had emails and cards from relatives thanking staff.