Maria Mallaband Limited

Carmel Lodge Care Home

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

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

The home is located on the outskirts of Poynton, near Macclesfield, in Cheshire. The home has accommodation for up to 36 people. All bedrooms have ensuite toilets. There are also two lounges, two dining rooms and a conservatory leading into an enclosed garden available for residents and visitors. The home is situated within a short walking distance of the shops and local amenities. It provides residential and respite services for people with dementia.

At our last inspection we rated the service 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 ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good. The service met all the relevant fundamental standards.

People and their relatives we spoke with were all positive about the care they received and approach of the staff within the home.

There were systems and processes in place to ensure that people who lived in the home were safeguarded from abuse and staff were aware of how to report any concerns. Risks to people were effectively recorded and subject to regular reviews and there were clear instructions for staff to try to minimise risks to people without unnecessary restrictions. Staff were safely recruited and deployed in sufficient numbers to meet the needs of the people living in the home. Medicines were managed and administered safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were trained and supported to give them the skills and knowledge to meet the needs of the people and assist them to maintain good standards of health and nutrition. People had access to other health professionals and staff maintained good relationships with other health professionals.

We observed that staff knew people well and respected their dignity. Staff promoted independence as far as possible and everyone spoke positively about the staff and manager.

People's care plans were person centred and contained details about the person, their history, preferences and how they wanted to be supported. These were regularly reviewed and contained any necessary advice from other professionals. There was a complaints procedure in place and people were clear who to speak to

if they wanted to raise any issues.

People, their relatives and staff spoke positively about the management of the home and the approachability and responsiveness of the manager. The service had a clear vision to provide person centred care. Quality assurance systems were robust and considered a wide range of service provision. We saw where issues were identified they were subject to an action plan and issues were resolved in a timely manner.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? 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**

Carmel Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 February 2018 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience on the first day of inspection and one adult social care inspector on the second day of inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked information that we held about the service and the service provider. We viewed the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We invited the local authority to provide us with any information they held about Carmel Lodge. They advised us that they had no current concerns about the service.

We were aware of a historical incident which happened at the home which is subject to police investigation. This inspection did not examine the circumstances of the incident but we looked at what checks were in place for people within the home and how risks were managed.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of eight people living there, seven visiting relatives and friends and seven members of staff including the registered manager, a member of domestic staff and five members of care staff. We spoke to two visiting health professionals and a best interest assessor from the local authority.
Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI during the course of the inspection. SOFI is a way of observing care to help us understand the experience of people who could

not talk to us.

We looked around the service as well as checking records. We looked at a total of five care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with told us that they felt Carmel Lodge was safe and all family members said they were more than happy that their relative was safely cared for. Comments included, "Very safe here, my room has a call button in it, so I can press for help if needed", "Very good at this place, stops me from being harmed" and "Staff are excellent, they do look after me, certainly if I ring them, they are there and come check on me and I feel safe". Relatives told us, "All the staff put her safety first", "This place is safe and secure and the staff are caring, friendly and loving" and "I think this is perfect here. I have been to other places and they're not as easily accessible for her as this place is".

The provider had safeguarding procedures in place and staff confirmed that they were aware of what to look out for and what action to take if they had any concerns that people were being harmed or abused. We saw incidents had been appropriately notified to the Care Quality Commission since our last inspection. We saw safeguarding investigations had been carried out and learning was shared at handovers and staff meetings. Staff were briefed each day of any people living in the home who were identified as being 'at risk', for example where they needed additional monitoring due to being at risk of malnutrition.

We saw that the recruitment of staff remained safe and Disclosure and Barring Service checks continued to be completed on all staff prior to them starting work within the home. Staff were deployed in sufficient numbers to provide safe, consistent care that met the needs of the people living in the home.

The arrangements for how medicines were managed were safe. Medicines were checked on receipt into the home, given as prescribed, stored and disposed of correctly. We could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. These were administered by staff who had received training in medication administration and they underwent regular checks to ensure that they remained competent. The registered manager had audits in place to monitor medicine procedures.

Care plans had risk assessments completed to identify the potential risk to people. The risk assessments were clear and contained information for staff about potential risks and what steps to take to minimise these risks. They were regularly reviewed. Incidents and accidents were well documented and analysed for any patterns or trends. We saw evidence that action was taken where patterns were noted, for instance people were subject to multi-disciplinary care reviews where a higher than average number of falls was noted.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. Staff had access to and used personal protective clothing when delivering care as well as when serving food. The home had been awarded a five star hygiene rating by the local authority which is the highest that can be awarded.

Personal Emergency Evacuation Plans were in place for everyone in the home, which were personalised for everyone in the home. Fire drills and training were in place in the event of fire. We did note that night staff

were not subject to fire drills as regularly as the day staff and we raised this with the manager to address. There were regular maintenance checks undertaken on hoists, slings and other equipment. We looked at the safety certificates within the home and saw that they were all in date.

Good

Is the service effective?

Our findings

People we spoke with told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "They look after me very well here, excellent, I only have to ask and they do everything", "I can get around the home easily, I can access everywhere with my frame", "I love the food " and "I get enough to drink, I drink a lot of water and tea and coffee". Relatives told us, "Like the staff, they are brill, caring and nothing too much trouble", "I am particularly impressed with the food, she has problems eating and swallowing so in the afternoon they usually make a soft cake for her or give her a yoghurt" and "They did get training in moving and handling and they use the hoist all the time".

People received effective care because they were supported by a staff team that were trained and supported and had a good understanding of people's needs and wishes. Staff received an induction when starting with the service and receiving ongoing training, supervision and appraisals to support them in their roles. Staff told us, they found this helpful and the records we viewed confirmed that training and supervision was happening on a regular basis.

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). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We viewed paperwork in relation to MCA and DoLS and could see this was appropriately completed.

We observed that staff supported people to eat their meals wherever they wished. Staff were patient with people who needed assistance with eating. People were asked for their choice the day before, however we saw people on the day of our inspection being offered alternatives where they did not like what had been served. Special dietary needs were accommodated and appropriate advice was sought from the dietician when necessary. We did note the menus were quite small and not easy to read which we raised with the manager to address.

The information we looked at in the care plans explained what people wanted which meant staff members were able to respect people's wishes regarding their chosen lifestyle including food preferences. This was also kept in the kitchen. People were weighed regularly and more frequently if loss or increase were observed. We found that staff assessed people against the risks of malnutrition.

We saw care records contained information about other healthcare visits in order that staff were aware of the outcomes of these visits. The healthcare professionals we spoke with advised that staff in the service referred appropriately, acted upon advice and they had no concerns about the care offered to people living in the home.

The home had undergone some refurbishment and we saw pictorial signage to help people navigate around the home as well as smaller quiet seating areas along some of the corridors. The registered manager

advised that they were awaiting further refurbishment to improve the environment for people living with dementia including a sensory area which people could use for quieter activities.

Good

Is the service caring?

Our findings

We asked people living at Carmel Lodge and their relatives about the staff that worked for the service. Everyone that we spoke with about the staff were positive about the care and attitudes of the staff. Comments included, "Staff are very good at caring here", "The staff are so lovely and approachable, it's a very nice place to be" and "I don't have a special staff member but they're all very nice here". Relatives told us, "The staff have a tremendous amount of patience, it's a very hard job dealing with residents and the different behaviours but they treat each resident differently" and "I can't fault them, I've been here and I see how lovely they speak to the residents" and "Staff are very attentive to the residents helping them get up and down from the chairs, even the lady who does the cleaning is very friendly".

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they had a good understanding of how to promote people's dignity. There had recently been an incident where someone had to wait for a prolonged period for ambulance services following a fall within the home in a communal area. The registered manager recognised that their dignity had been compromised and a privacy screen had been purchased in case such an incident should reoccur. Staff were clear on their roles in helping people maintain their independence and ability to make their own choices in their lives. All our observations were that the staff engaged with people in a caring and relaxed way. They spoke to people at the same level and used appropriate humour and touch.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day and those being nursed in bed looked comfortable. Everyone in the service looked relaxed and comfortable with the staff and vice versa. We saw that staff had an appreciation of people's individual needs around privacy and dignity. For example we saw that staff always knocked on people's doors before entering.

People were supported to retain as much independence as possible. One person told us, "They let me be very independent" and a relative told us, "She was refusing to walk when she came out of hospital but they encourage her to use her frame".

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially. One relative told us, "The staff maintain confidentiality, I've never heard them talk about anyone else, they're always very professional".

We saw that the provider was aware of equality and diversity issues and responded to these. For instance someone had hearing difficulties and their room had been fitted with specialist technology to help them hear the television.

Good

Is the service responsive?

Our findings

People who received a service and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. Comments included, "The staff are very nice and pleasant and the staff look after me" and "Activities lady comes upstairs each morning at breakfast time and tells us what we're going to be doing today so we can go down and take part". Relatives told us, "They put ramps out in the summer so residents get out easily into the garden" and "Exceedingly pleased with this care home, looked at several of the care homes, this was one of the nicest".

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. Staff we spoke to told us that they knew people well as they had time to read the care plan of any new person receiving a service and had time to get to know the person.

Care plans were personalised and reflected the needs of the individual. They included the person's history as well as preferred wishes and likes and dislikes. The plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date and reviewed regularly. Visits from other health care professionals, such as GPs were recorded so staff members would know when these visits had taken place and why. Any additional monitoring sheets for instance for food or pressure care were fully completed and up to date. The health professionals we spoke to during our inspection confirmed that the service made appropriate referrals and acted upon advice given. A sample of plans were also audited each month as part of the quality assurance system within the home.

The home employed two part-time activities co-ordinators. Their job was to help plan and organise social and other events for people, either on an individual basis, in someone's bedroom if needed or in groups. The people using the service were asked what kinds of things they liked to do during the assessment process as well as at residents meetings. A varied programme of events was completed on a monthly basis and these were on display around the home. On the days of our inspection people were seen enjoying a sing-along as well as baking. We noted that the display of activities was small and not easy to read. We raised this with the registered manager to address.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaints and could see that these had been dealt with appropriately. People were made aware of the process to follow in the service user guide. The people and relatives we spoke with during the inspection told us they did not have any concerns but if they did they would raise them and were confident these would be addressed.

Staff were aware of the need to plan for end of life care as required. We saw that relatives were asked to contribute to these care plans and where someone had been identified as end of life, the GP had been consulted and appropriate provisions were in place for them to remain supported in the home.

Good

Is the service well-led?

Our findings

There was a registered manager who had been registered with the Care Quality Commission since July 2017. 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. She was supported by the provider's regional team who visited the home on a regular basis.

Staff members, people and their relatives were positive about how the home was managed. Comments included, "You see the manager, she comes around and says hello room by room" and "I know who the manager is, it's in the brochure and also talked about the complaints procedure as well". One relative told us, "I think the leadership is very good here". The staff we spoke with described the registered manager as approachable and supportive. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They said they could raise any issues and discuss them openly within the staff team and with the registered manager and were confident the manager would be responsive. Staff told us, "Danielle is very good, very supportive and she's very into training. When you raise things they get addressed" and "The manager will listen".

The registered manager completed regular audits, spot checks and held meetings to gain feedback from staff, residents and relatives. We viewed records and saw that these meetings were held regularly and issues raised were acted upon.

The provider had their own robust quality assurance system where the registered manager had to submit monthly information based on audits undertaken within the service. This included accidents, incidents and safeguarding referrals as well as complaints and training. Staff maintained a working document of people who were identified as 'at risk' and this was discussed daily in the handover meetings between shifts. The provider carried out a monthly visit to the home to monitor whether the home remained compliant with the fundamental standards. Policies and procedures were regularly updated and the home had 'policy of the fortnight', where staff were expected to review this policy to ensure they were familiar with this. The registered manager recognised that some staff members had dyslexia and were struggling with reading these policies, therefore these were provided on coloured paper to assist their reading of these documents.

The provider had 'people champion' roles. These staff members offered support to staff undertaking the Care Certificate, but also acted as an alternative voice for staff members, who could discuss any concerns confidentially. These were then documented and shared with the manager.

The registered manager was continually looking for ways to improve the quality of the service. She was looking at additional training to provide to staff and increase their skill base as well as forging relationships with other agencies to improve relationships. The home hosted the 'dementia bus' in October to increase staff and relatives' awareness of how dementia affects people and the manager was looking into an outing

to a dementia farm. We saw evidence that the existing relationships with other health and social care professionals were effective and they were complimentary about the service and quality of care offered within the home.