

Renaissance Care Homes Limited

Mendip 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?

Requires improvement 

Overall summary

The inspection took place on 11 November 2015 and was unannounced.

Mendip Lodge is a care home providing accommodation for up to 16 older people, some of whom are living with dementia. During our inspection there were 16 people living in the home. The home is a detached property set out over two floors and is situated in a residential area of the village of Claverham.

There was a registered manager in post at the service. 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. The registered manager was not permanently located in the home; they appointed a manager for the day to day running of the home. The registered manager visited fortnightly and held regular telephone contact with the manager.

Summary of findings

There were systems in place to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and medicines. We found audits identified shortfalls in the service but these were not always followed up by the manager.

People and their relatives told us they or their relatives felt safe at Mendip Lodge. Systems were in place to protect people from harm and abuse and staff knew how to follow them. The service had systems to ensure medicines were administered and stored correctly and securely.

We received mixed feedback from staff about staffing levels in the afternoons, in response to this the registered manager was going to speak with staff and review their staffing levels. People appeared calm and relaxed during our visit; call bells were answered promptly and people were not waiting for long periods for assistance.

A recruitment procedure was in place and staff received pre-employment checks before starting work with the service. Staff received training to understand their role and they completed training to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently. Staff received supervision and told us they felt supported.

People's rights were protected as the correct procedures were followed where people lacked capacity to make decisions for themselves.

People and their relatives told us they were happy with the care they or their relative received at Mendip Lodge. One person told us, "It's amazing here, I am enjoying every minute, I have been pleasantly surprised". Staff interactions with people were positive and caring. However on one occasion we observed staff entering a person's bedroom without knocking on their door which meant people's privacy was not always respected.

People were complimentary of the food provided and had access to food and drinks throughout the day. Mealtimes were a relaxed and sociable experience. Where people required specialised diets these were prepared.

People and relatives were confident they could raise concerns or complaints with the manager and they would be listened to. The provider had systems in place to collate and review feedback from people and their relatives to gauge their satisfaction and make improvements to the service.

The home offered a range of activities to meet people's individual needs and had links with the local community.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from the risk of abuse because staff were trained and understood how to report it.

People were protected from the risk of abuse because the provider followed safe recruitment procedures.

People's medicines were administered and stored safely.

Risks to people's safety were identified and care plans identified the support people required to minimise the risks.

Good



Is the service effective?

The service was effective.

People's rights were protected because the correct procedures were followed where people lacked capacity to make decisions for themselves.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's nutritional and hydration needs were met and their choices were taken into account.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Good



Is the service caring?

The service was caring

People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Staff knew the people they were supporting well and had developed good rapport with the people.

Good



Is the service responsive?

The service was responsive.

People's care plans described the support they needed to manage their day to day health needs.

The service sought feedback from people and relatives on the care delivered.

Good



Summary of findings

Activities were arranged to make sure people had access to social and mental stimulation.

People knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Some aspects of the service were not well led.

Systems were in place to monitor and improve the quality of the service provided to people. The systems identified where there were shortfalls in the service, however these were not always rectified.

The registered manager and day to day manager promoted an open culture and was visible and accessible to people living in the home, their relatives and the staff.

People were supported and cared for by staff who felt supported by approachable managers.

Requires improvement



Mendip Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 11 November 2015 and was unannounced.

The inspection was completed by 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 improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 11 people and five relatives about their views on the quality of the care and support being provided. We also spoke with the registered manager, the deputy manager and five staff including the chef and the maintenance person. Following our inspection we spoke with the day to day manager on the telephone. Some people were unable to tell us their experiences of living at the home because they were living with dementia and were unable to communicate their thoughts. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for four people. We looked at records about the management of the service. We also spoke with one visiting health professional during our visit and one by telephone following our visit.

Is the service safe?

Our findings

The service was safe. People and their relatives thought there were enough staff available to meet people's needs. One person told us, "The staff are very good and very quick". Comments from relatives included; "There always seems to be enough staff" and "Staffing seems adequate".

Staff told us there were enough staff to keep people safe but they were busy, particularly in the afternoons. One staff member told us, "Some days we struggle in the afternoons, it can be full on" and "The afternoons are a bit difficult". There were two staff allocated on the rota on shift in the afternoon and they were responsible for arranging the afternoon meal and responding to people's needs. An activity coordinator was also allocated to work the afternoon shift to engage people in activities and a kitchen assistant was employed to help with the washing up. During our inspection the activity coordinator was on leave and the cleaner was off duty, these roles were not replaced and the care staff were completing their tasks. During our inspection we observed staff were busy and people's needs were met.

We discussed this with the registered manager who told us they would review their staffing arrangements for the afternoon and increase them if required. They said in future they would ensure when the activity coordinator was off their role was replaced by another person. Following our inspection the manager told us they were interviewing for an additional staff member to work in the late afternoon and early evening.

Staffing levels were determined according to people's needs, the manager said they were able to increase staffing hours where required. They gave us an example of how a person's needs had recently changed during the night and they needed more support. The manager had increased the waking night staff to two staff to meet the person's needs.

People and their relatives told us they or their relatives felt safe at Mendip Lodge. One person told us, "It's pretty good, I feel safe enough." One relative told us, "Yes they are safe there."

Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was

happening. Staff described how they would recognise potential signs of abuse through people's body language, changes in mood and physical signs such as bruising. They told us this would be reported to the manager and they were confident it would be dealt with appropriately. One staff member told us, "I would report it and I am confident the manager would deal with it". Another staff member said, "I would report it to the manager, I have had to do it in the past". Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside of Mendip Lodge if they felt they were not being dealt with. One staff member told us, "I am confident to use it if needed".

People told us they were happy with their medicines, with one person commenting they received it from staff, "Promptly". Relatives told us they were happy with their family member's medicines and made aware of any changes by the staff. Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed.

People received medicines safely from staff who were trained in administering medicines. We observed staff supporting people with their medicines, this was completed in an unrushed manner and people were offered pain relief medication if they wanted it. Medicines administration records had been completed, which gave details of the medicines people had been supported to take. People's medicine records were accurate. Medicines were stored safely and audits were carried out by the manager. Training records confirmed staff had received training in the safe management of medicines. A review of people's medicines took place every six months with the GP or as required to ensure that people continued to receive the correct medical treatment.

Assessments were undertaken to identify risks to people who used the service, these assessments were reviewed by the staff. Relatives told us they were aware of these assessments and kept up to date with any changes. One relative told us, "We are made aware of the risks and consulted". The assessments covered areas where people could be at high risk of harm, such as moving and handling, falls and bedrails. The risk assessments included details of how to reduce the risks and staff were following these.

A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of the post. We looked at four

Is the service safe?

staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and

behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. The files had all of the required documents in place.

Is the service effective?

Our findings

Relatives told us they thought staff were trained to meet the needs of their family member. One relative told us, “The staff are well trained”. Staff felt they had enough training to keep people safe and meet their needs. Training included core skills training such as moving and handling, safeguarding adults from abuse and fire safety. Staff also received training in caring for people living with dementia. One staff member described the dementia training they had received as, “Really interesting” and that it helped them to understand people’s needs. Another staff member told us how the district nurse had supported the team to develop their knowledge around specific health conditions such as diabetes and that they had found this very useful. We looked at the training matrix and identified there were some staff who needed updated refresher training for some subjects. The manager had plans in place to address this.

Staff received an induction when they joined the service and records we saw confirmed this. They said the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. Staff received one to one supervision to provide support and guidance about their work. One staff member told us during supervision they received constructive feedback and were able to raise any concerns.

Staff were trained in the requirements of the Mental Capacity Act 2005 (MCA). One staff member told us, “Some people have capacity to make decisions in some areas; we show people things and explain things to help them make choices”. The service followed the MCA code of practice to protect people’s human rights. The MCA provides the legal framework to assess people’s capacity to make certain decisions at a certain time. Care records showed when people were assessed as not having the capacity to make certain decisions, a best interest decision was made on their behalf involving people who knew the person well and other relevant professionals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of the inspection there was one authorisation to

restrict a person’s liberty under DoLS. The manager had made two further applications to the local authority and was waiting for the outcome of these. Which showed they understood and applied the principles of DoLS.

People told us they were happy with the food provided. Comments included; “The food is nice and there is enough to drink,” “The food here is excellent” and “The food here is very good, I choose what I want”. Relatives also commented positively about the food, comments included; “I’ve had a meal there and it was delicious” and “The food is excellent, it’s fresh every day”. Another relative told us how their family member had a health condition and the cook tailored meals to meet their needs.

There were two hot meal options on the menu daily. We spoke with the cook who told us if someone wanted something different on the day they would offer different choices. The cook demonstrated knowledge of people’s likes and dislikes and dietary needs and they had a list of these available in the kitchen. Drinks and snacks were available 24 hours and people had jugs of drinks available in their rooms. People who were at risk of malnutrition were regularly assessed and monitored by staff and the cook had access to information where people had lost weight in order to provide more calorific meals. Guidelines were in place to ensure people received a diet in line with their needs and staff were following these.

There was a calm and relaxed atmosphere in the dining room during lunchtime. People had access to drinks of their choice. We observed one person who required staff support with their meal and ate in their bedroom. The staff member informed the person what the meal was and supported them in an unhurried and relaxed manner.

People told us they had access to the GP regularly where required. Staff monitored people’s changing health needs and people were supported to see health professionals where required such as their GP, chiropodist and district nurse. A local GP visited the home six monthly to carry out a health review with people. They also visited Mendip Lodge as required and relatives told us they were kept up to date with any changes to their family member’s health. One relative told us, “They always keep me up to date with medical appointments”. A visiting health professional told us they felt the home communicated with them well and they felt the staff were knowledgeable and knew the people living at Mendip Lodge well.

Is the service caring?

Our findings

During most of our observations people were treated with dignity and respect. However on one occasion we observed a staff member entering a person's bedroom without knocking on their bedroom door. This meant people's privacy was not always respected. We discussed this with the registered manager who told us they would address this with the staff team.

People and their relatives told us they were treated well and staff were caring. One person told us, "I'm very well looked after, the staff are very good, kind and helpful". Another person said, "It's alright here, the staff are very good". Comments from relatives included; "The staff are so great and so patient," "The staff are all very kind and caring" and "The staff are excellent, polite, I cannot praise them enough". We observed staff interacting with people in a friendly and relaxed way. During our inspection we saw staff approached people in a caring and reassuring manner and engaged people in positive conversations.

People were supported by staff who knew them. Relatives thought staff knew their family member well. Comment included; "They know my family member well, the staff tell me things about their past life which makes it obvious they sit and talk with them". Staff spent time getting to know people and recognised the importance of developing trusting relationships. One staff member told us, "Building relationships help to build trust". Staff talked positively about people and were able to explain what was important to them such as family relationships and their hobbies. One staff member told us how they spent time with a person talking about their love of cycling, and how the person used to cycle where the staff member once lived. The staff member said they discussed the local area with the person and how they appeared to enjoy this.

We observed people were treated with dignity and respect. For example, where a person required support with personal care staff communicated with them in a discreet and way. Staff described how they ensured people had

privacy and how their modesty was protected when providing personal care. For example, covering people up whilst providing personal care, closing doors and curtains and explaining to the person what they were doing.

Each person who lived at the home had a single occupancy room where they were able to see personal or professional visitors in private. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person told us, "I'm not much of a mixer, I'm quite content to stay in my room, the staff are very good, they are kind and helpful and they do things for me". People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One relative told us 'They have an open door policy'. Health professionals told us the staff were welcoming and helpful. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was present in the building.

Positive comments had been received by the home from relatives that included; 'I am very satisfied with the care my relative receives here, they are always cheerful, clean and well-dressed whenever I visit, they seems to get on well with all of their carers' and 'A really relaxing environment, approachable friendly staff, the residents are well looked after and I would have no hesitation recommending Mendip Lodge to anyone needing a quality care home'.

People and their relatives contributed to the assessment and planning of their care where they were able to. People were able to make choices about their care, one person told us, "The staff are no problem, I get up and go to bed when I want to". All the relatives we spoke with told us they were happy the care plans reflected their family member's current needs. One relative told us; "I am aware of the care plan and have made suggestions". The registered manager told us if there were any changes to people's care plans they discuss this with the person and their relatives to ensure they are involved and agree with the changes made.

Is the service responsive?

Our findings

Each person had a care plan that was personal to them. One person who was at risk of choking did not have information in their care plan instructing staff on how much thickener to add to their drink to make it into a safe consistency for them to drink. We discussed this with staff and whilst they were able to tell us how much thickener was required the information would not be available for new staff to support the person. The deputy manager updated the person's care plan with this information during the inspection. We discussed this with the registered manager and they confirmed they had a consistent and stable staff team and rarely used agency staff. Staff told us there were regular handover meetings at the start of each shift, which kept them up to date with people's needs. The manager was in the process of completing an audit to identify where the care plans needed updating and had an action plan detailing where work was needed.

People and their relatives were kept up to date with any changes to people's care needs and contributed to the planning of their care. Comments from relatives included, "I am aware of the care plan and regularly look through it and add my comments, I make suggestions and they listen". We observed care plans included a section for people and relatives to make comments about the care they or their relative was receiving. Care plans contained records of people's daily living routines and described their personal likes and dislikes. They included information about the support required to meet people's needs and what they were able to do for themselves. For example, they detailed what support people needed with personal care and what they were able to do for themselves.

People and relatives were satisfied with the level of activities offered by the home. Comments from relatives included; "There are enough activities on offer, they are always doing something and my family member takes part," "They provide a good range of activities at the right level" and "The activities coordinator has taken time to get to know my family member and their past life". There were raised vegetable beds and a green house in the garden and a relative told us how they were involved in planting vegetables and encouraging people to participate where they were interested. During our inspection the activity coordinator was on leave, we observed staff supporting

people on a one to one basis looking at photographs and reminiscing. The registered manager told us they would look at arranging cover for the activities coordinator when they were on leave in the future.

The home had local links with the community such as the local church, village hall and a visiting library service. They had also raised funds for a local bus service that was available to take people out on day trips.

People and their relatives said they would feel comfortable about making a complaint if they needed to. People were aware of the complaints policy and were confident if they did raise any concerns they would be dealt with by the manager. One person said, "If I had any problems I would know who to talk to" and another commented, "It's fine here, everything is OK, if anything goes on we can tell the staff". Comments from relatives included; "I am aware of the complaints policy, I never have any problems going to the manager, they always get back to me" and "If I have any problems I speak to who is in charge, things usually get sorted out". There had been seven complaints received in 2015, all of these had been investigated and responded to in line with the providers policy.

Meetings were held with people on a one to one basis monthly. The manager told us they completed these individually to enable them to be tailored to meet people's individual needs. For example, where one person spent all of their time in their bedroom and had limited communication the manager spent time with the person asking them 'yes or no' questions about their views on the service to gain their feedback. Items discussed included the food, staff and the environment.

The manager told us people had been involved in choosing the furniture and soft furnishings as part of the refurbishment for the home. They said this involved samples of materials and soft furnishings being brought to the home to enable people to make their choice.

Surveys were undertaken to receive feedback from people on the service annually. The survey included people's and relatives views on staffing, food, laundry, cleanliness of the home and involvement in care. Feedback from the April 2015 survey identified all of the people contributing thought the service was 'as expected' or 'better than

Is the service responsive?

expected'. One person commented they thought the laundry was 'A little disappointing at times'. This had been addressed with staff in a staff meeting following the feedback being received.

Is the service well-led?

Our findings

Providers of health and social care services have to inform the Care Quality Commission of important events which take place in their service. This includes the outcome of DoLS applications where they have been authorised by the local authority. The records we hold about this service showed us the provider had not notified us of any DoLS authorisations. During our inspection we identified one person had been authorised under DoLS in June 2015. We discussed this with the registered manager who told us they would ensure notifications would be completed and submitted to us. The manager had informed us of all other significant events in line with their legal responsibility.

There were a range of audit systems in place. Audits covered, care plans, medicines, the environment and infection control. Whilst the systems were effective in identifying shortfalls and the action required to remedy them we found the action wasn't always completed. For example, where a person's care plan had missing guidelines relating to the use of drinks thickener, this had been identified in February 2015 and the care plan had not been updated. We discussed this with the manager and they told us this had been delegated to a staff member to complete in February 2015. They said they had not managed to follow this up as there was a period of time where they were working as a carer to cover staffing vacancies.

The registered manager completed bi-monthly visits to assess the quality of care and developed an action plan where shortfalls were identified. All accidents and incidents which occurred in the home were recorded and analysed and referrals were made to health professionals for their input where required.

There was a registered manager at Mendip Lodge. The registered manager was a registered nurse and they kept their skills and knowledge up to date by on-going training. The registered manager appointed a manager for the day to day running of the home, they visited fortnightly and kept in regular telephone contact. Staff and relatives told us they were able to get hold of the registered manager if required. One staff member told us, "The registered manager is approachable and assessable, they are always on the end of the phone".

Staff told us the manager was approachable and assessable and they felt confident raising concerns with them. Comments included; "The manager is here every day, they are approachable and you can go to them for anything" and "The manager is very approachable". The manager told us they spent time working alongside the staff observing them and giving them feedback to support their development and promote best practice. They described how they facilitated role play sessions with the staff in order for them to reflect on their practice and understand the needs of the people living in the home.

Staff meetings were held six weekly which were used to address any issues and communicate messages to staff. Items discussed included; giving staff recognition for good practice, training, feedback information where relatives had raised concerns and relevant information relating to people where their needs had changed. Staff told us the manager arranged regular staff meeting and one staff member told us they found the meetings were, "A chance to discuss things and we are listened to".

The manager also sought staff's views on how to improve the service through an annual feedback questionnaire. Feedback from the questionnaire completed in March 2015 demonstrated all seven of the staff members who responded were satisfied in their roles and felt valued and supported. Five of the staff had suggested the manager needed their own office space, during the inspection we saw a new office had been created. This meant staff's views were listened and responded to.

The manager told us they kept themselves up to date with policies and legislation by attending relevant courses. They had recently nominated themselves to attend a training course on the Mental Capacity Act 2005 and were in the process of completing a Quality Credit Framework level five diploma in leadership and management. They told us they felt supported in their role and had attended local provider forums to gain information and knowledge.

We spoke with the registered manager about the values and vision for the service. They told us their vision was to, "Provide the best quality of care for the residents, care that is good enough for my family member" and to provide "A homely environment where people feel safe and secure". The manager shared this vision and told us they

Is the service well-led?

communicated this to the staff at the point of interviewing them and also during staff meetings. Staff told us the visions of the service were, “To provide good care and ensure the residents are happy and safe, its their home”.