

Quality Care (Surrey) Limited

Marlin Lodge

Inspection report

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22 January 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced comprehensive inspection took place between 16 and 22 January 2019.

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

The care home accommodates up to 17 people with learning disabilities or autistic spectrum conditions, in two separate buildings. At the time of the inspection, the service was providing care and support to 16 people.

The service had an overall rating of 'requires improvement' when we inspected it in November 2017, with two breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider needed to improve all key questions to at least good. At this inspection, we found they had made the required improvements and the overall rating has improved to 'good'.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were now effective risk assessments and systems to keep people safe from harm. Staff had been recruited safely and there were enough staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there were systems to help staff learn from incidents.

People's needs were regularly assessed so that they continued to receive effective care. Staff had been trained and supported to meet people's individual needs effectively. Records of staff competence assessments were now being kept. Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People were supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when required.

People were now consistently supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet people's individual needs, in a person-centred way. The provider had an effective system to handle complaints and concerns. End of life care plans detailed people's wishes.

The provider had quality monitoring processes in place and the registered manager carried out regular audits. People, relatives and staff were happy with the quality of the service. The provider had now employed an external auditor to carry out annual checks of the service on their behalf. The registered manager worked well with others to continually improve the quality of the service.

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.

There were now effective systems and risk assessments to safeguard people from harm.

There were enough skilled staff to support people safely.

People's medicines were now managed safely.

Every part of the service was now clean.

There were systems to record and review incidents and accidents to prevent them from happening again.

Is the service effective?

Good ●

The service was effective.

People's care needs had been regularly assessed so that staff provided effective care.

Staff were trained, supported and records of their competence checks were now appropriately kept to show they had the skills necessary to support people well.

People were supported to have enough to eat and drink to maintain their health and wellbeing. There was now evidence staff promoted healthy meal options.

People were supported to have maximum control of their lives.

Is the service caring?

Good ●

The service was caring.

People were now supported by kind, caring and respectful staff.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted

their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans that enabled staff to provide person-centred care.

People's needs were met by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems to assess and monitor the quality of the service.

People and staff were enabled to share their experiences of the service.

The service worked with other stakeholders to ensure that they provided the care people required and expected.

Marlin 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 checked 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 16 January 2019 when we visited the service. Prior to arriving at the home, we contacted the registered manager to ensure they would be someone in. This was because during most week days, people and staff were normally out until the evening.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return to help us plan the inspection. 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 reviewed other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with seven people, although some of them could only tell us limited information about their experiences at the service. We also spoke with three members of staff, the registered manager and an external auditor employed by the provider. We observed interactions between staff and people using the service.

We looked at care records for five people to check how their care was planned and managed. We looked at three staff files to see whether the provider had effective staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored. We also followed up on areas rated 'requires improvement' in November 2017 to check if improvements had been made.

After the visit to the service, we contacted the local authority who gave us positive feedback of their recent

review of the service. We contacted eight relatives by email and received written feedback from five of them. We spoke with one relative by telephone. We concluded the inspection on 22 January 2019 when we received this feedback. We noted comments from relatives were extremely positive about the quality of care their relatives received.

Is the service safe?

Our findings

When we inspected the service in November 2017, improvements were required in some areas including the cleanliness of some people's bedrooms, how people's topical creams were stored and the quality of one person's risk assessments.

At this inspection, we found the provider had made improvements to show they now provided a consistently safe service.

People told us they felt safe living at the service and with how staff supported them. One person said, "I've lived here for [number] years and I like it." They further told us they got on well with everyone and they had never felt unsafe. Other people also said they felt safe. Every relative said they had never been concerned about their relatives' safety at the service. This included one relative who said, "I've never been concerned about anything and [person] is happy there."

Staff knew how to keep people safe. Staff had completed appropriate training and they showed good knowledge of safeguarding procedures. All staff knew to report to the registered manager if they had concerns about potential harm to people. They also told us they would report concerns to the local authority and Care Quality Commission if required. One staff member said they had not reported to any external agencies because the registered manager always dealt appropriately with concerns they reported. Records showed the registered manager reported potential safeguarding incidents to relevant organisations, and they took appropriate action to keep people safe.

Potential risks to people's health and wellbeing had been managed well. Where possible, people had been involved in developing their risk assessments or they had been supported to do so by their relatives. At the previous inspection, one person's risk assessment did not contain enough information to show how staff supported them to manage a specific risk. The registered manager had since introduced more detailed risk assessments and care plans. These showed clearly what staff needed to do to help people reduce specific risks. This ensured people's care was managed safely and consistently.

Staff completed various health and safety and environmental audits so that the service was free from hazards that could put people, staff and visitors at risk of harm. All necessary checks to equipment, gas and electrical appliances, water systems and the premises were up to date. We saw the registered manager completed regular checks of the physical environment to see if any repair work was necessary. Any identified repair work was completed quickly if urgent or as part of their annual refurbishment work.

Two people told us they had been involved in painting some parts of the service. One person was particularly proud of the good work they did painting the garden fence, the shed and decking. They were looking forward to doing this again in the spring. People completed annual fire safety training and one person told us about what they needed to do to keep safe if there was a fire. There were also regular fire drills to ensure people and staff knew what to do in the event of a fire.

There were safe staff recruitment procedures to make sure staff employed by the service were suitable. Records showed necessary checks had been completed including confirming that all staff had valid Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were enough staff to support people safely. There was a consistent team of staff who provided care and support to people, including the registered manager. We saw the service had recruited new staff since our previous inspection to improve the diversity of the staff team. People and relatives said there were enough staff and spoke positively about them. One person said, "There is always staff here and I like all of them." One relative said, "I couldn't say a bad word about anyone there."

There were effective systems to manage people's medicines safely. Most people were supported by staff to take their medicines and they told us they were happy with how staff managed this. Staff followed procedures on how to order, store and administer medicines. Staff told us they had been trained to manage medicines safely and we saw their competence was assessed regularly.

The registered manager and other senior staff regularly audited medicine administration records (MAR) so that any errors could be identified and rectified quickly. The audit records showed medicines were mainly managed safely, with only minor recording issues identified occasionally. People's topical creams were now stored in the medicines cupboard so that staff could monitor that these were stored within the manufacturers' recommended temperatures. This ensured the creams remained effective to treat conditions they were prescribed for.

The service was clean to protect people from risks of acquired infections. One relative said, "[Person]'s room is always clean and tidy, which is important to both him and us." People were supported in a way that ensured they were protected from cross infection. Staff told us they wore gloves and aprons as required when supporting people with personal care. We saw the service had appropriate stock levels of protective wear to ensure staff always had these when needed.

There were systems to ensure incidents or accidents involving people using the service or staff were managed effectively. The service kept records of all incidents and we saw actions taken included taking people for medical checks if necessary. Measures taken to reduce the risk of recurrence included updating risk assessments and making referrals for other professionals to assess people. This showed incidents were followed up to enable learning from these to improve the service.

Is the service effective?

Our findings

When we inspected the service in November 2017, improvements were required in the way the registered manager recorded when they checked staff's knowledge of various aspects of their roles. It was also not clear how the service promoted healthy eating and supported people with complex needs to eat well.

At this inspection, we found the provider had made improvements to show they now provided a consistently effective service.

People and relatives told us they were happy with the quality of care and support provided by staff. One person said, "I like it here. I get help from staff when I need it." One relative said, "[Person] is supported well by staff who care for the residents." Another relative said, "We, as a family have been incredibly thankful for the support and care shown to [person] since he moved in." While another relative said, "[Person] has come a long way since being there. They're all good with him."

There were systems to continually assess people's care and support needs to ensure they received effective care. People had detailed and personalised care plans which showed how their needs, choices and preferences would be met. Care plans had been developed together with people and where required, their relatives and health professionals. Person centred plans were written in easy read format that people could understand. More detailed information was available for staff to follow so that they could provide good care. The registered manager ensured good practice guidance was followed by staff so that people achieved good care outcomes.

Staff were supported to acquire skills necessary for them to support people effectively. Staff told us of the comprehensive training they had completed. They had regular refresher training to update their skills and knowledge, and they also completed additional training if required to meet people's individual care needs. One staff member told us about their training, including achieving a nationally recognised qualification in health and social care. Another staff member said, "I have learnt so much in the last few years, the support and training is good."

The registered manager met regularly with staff to check their knowledge and skills. They had now improved how they recorded these checks and discussions with staff to show whether staff had the right skills or what action they had taken if improvements were required. Staff spoke positively about the supervision meetings, competence checks and their annual appraisals. This included a member of staff who said, "The [registered] manager checks to make sure we do things properly and no mistakes happen. We have supervision every month and we talk about residents' support plans and she checks our knowledge about their care needs."

People were supported to have enough to eat and drink to maintain their health and wellbeing. People were involved in planning what they wanted to eat and drink, and there was a lot of information available to support them to make healthy choices. People told us they always had enough to eat and a choice of food. One person told us they enjoyed the food provided at the service and they ate well. They said they only had occasional treats because they wanted to lose some weight. Another person said, "I like chips and fish a lot. I

eat other food too."

Relatives were happy with the quality of food their relatives ate. One relative said, "[Person] is supported with his diet choices, which can sometimes be a struggle as he does not always enjoy what is best for him." The registered manager told us they always advised people of healthy alternatives to what they might choose to eat, but they sometimes did not always agree to change the food options. Staff said it was always people's right to choose what they wanted to eat and their role was advisory only. We observed people enjoyed the evening meal they had on the day of our inspection.

Staff supported people to access healthcare services such as GPs, dentists, opticians, chiropodists, dietitians, and to attend hospital appointments. Everyone had 'Health action plans' which detailed their medical history, active health conditions, and details of their visits to health professionals and treatment advice. Records showed appropriate action was taken to address people's health needs and people we spoke with confirmed this. One relative also said, "[Registered manager] keeps me well informed regarding [person]'s health appointments and any changes to his treatment."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the registered manager took appropriate action to make sure people's care was managed in a way that was not unnecessarily restrictive

People were able to move around freely within the two premises and were supported away from the service if it was necessary to keep them safe. One relative confirmed this when they said, "[Person] is free to move between the two properties and enjoys socialising with friends." As much as possible, people made decisions about their care and support, and staff asked for people's consent before they provided any support.

Is the service caring?

Our findings

When we inspected the service in November 2017, improvements were required in how staff interacted with people. This was because some of the interactions we observed were not always respectful.

At this inspection, we found the provider had made improvements to show they now provided a consistently caring service.

People told us that staff were kind, caring and friendly. One person told us, "The staff are nice to me." Another person said, "The staff are lovely and kind." This was supported by all the relatives who gave us positive comments about staff including one relative who said, "In my experience, the carers are kind and considerate to needs and personal care." Another relative said, "I find them very caring and attentive towards [person]. He's quite lucky to be there."

People told us they all got on very well at the service, including with staff. People knew who the staff were because they had been supporting them for many months and had developed good relationships. When everyone was back at home after attending their day services, there was a lot of chatter in communal areas. One person told us they enjoyed the time they spent with others at the service. They said they had known some of the people they lived with from school as a few of them attended a local school. They further told us that although they had developed close friendships with some people, they got on well with everyone.

People told us staff supported them in a compassionate manner, without rushing to finish what they needed to do. They said staff respected that some people might need more time to do things in a way that did not cause them distress. One relative said, "I have always found staff to be very caring and supportive, especially as [person] has needed increasing support recently." Another relative said, "The care given is of a very high standard, people are treated as individuals, staff know the residents really well and everyone is well cared for." We observed staff were considerate and respectful in their interactions with people.

Relatives told us staff were always welcoming when they visited and they found the service homely. One relative said, "When we visit we are all made to feel incredibly welcome and it really does feel like an extension of home." Another relative said, "[Person] enjoys living there and when I last asked him, he said it was where he wanted to be." While another relative said, "Marlin Lodge is a very good place to live, [person] is very happy there."

People told us they were supported to make decisions and choices about how they wanted to live their lives. Some people needed more support than others and staff told us they used different methods to ensure people could make decisions. For example, some people benefitted from being given limited options to choose from. Staff said they always respected people's choices and they were open to people saying if they were not happy with anything. They knew people's abilities and could give the support each person needed to decide how they wanted to live their lives.

Most people had family members who were involved in their care and therefore supported them to make

decisions. We also saw information about an independent advocacy service that people could use if they needed additional support to make informed decisions. We noted some people had used this service in the past.

People told us staff promoted their privacy and dignity. Nobody had concerns about how staff provided personal care, and they all said staff always did so with care and respect.

People told us staff supported them to maintain their independence as much as possible, and would only provide support when it was necessary. Some people were independent in carrying out some of their daily living tasks. Other people needed prompting and support to carry out certain tasks. One person said, "I help out chopping vegetables, but I can't cook though." Another person told us they could make themselves a cup of tea, but needed support to prepare food.

Is the service responsive?

Our findings

When we inspected the service in November 2017, improvements were required in how the service showed they provided individualised care and support.

At this inspection, we found the provider had made improvements to show they now provided a consistently responsive service.

People's care needs were met in a person-centred way. People told us staff followed their agreed care plans and provided the care and support they wanted. Relatives were happy with how their relatives were supported by staff. They told us they appreciated how much the registered manager involved them in planning and reviewing their relatives' care. One relative said, "I am extremely happy with [person]'s care package and feedback I receive."

The care plans we looked at clearly detailed the support each person needed. Since the previous inspection, the registered manager had changed the care plan template so that more details about people's care needs could be recorded for staff. People still had access to their easy read support plans, which they reviewed regularly with their key worker. There were also systems to review and update the detailed care plans when required. This ensured these were up to date and continued to reflect people's needs.

At the last inspection, there were concerns that people had to be in bed at 10pm. At this inspection, people told us they went to bed whenever they wanted to, with some people telling us they chose to go early to watch their own televisions. Others said they slept early because they did not want to be tired for work (day service) the following day. When we left the service at 9:15pm, five people were still in the lounge area, with two of them telling us they enjoyed tidying up when most people had gone to bed.

People appreciated the support staff provided to enable them to live happy and fulfilled lives. They said staff were attentive to their individual needs and responded well when they asked for support. Relatives also said staff were always listening, responsive and took appropriate action when changes were required. One relative said, "If I have any questions they are quick to respond, and I like to think they would contact me in good time if there was anything amiss."

The service was very good at supporting people to pursue their hobbies and interests. Most people attended day centre provisions during weekdays, which they called 'work'. Some people could tell us what they did there, while others could not remember. The registered manager told us the day centre provisions would be reduced from April 2019. To prepare for people spending more day times at the service, they had employed an activities coordinator to help people plan how they would want to spend their time. We saw the plan of activities included those that would entertain people, as well as allow them to develop various skills. One person told us they used to take part in a car mechanics apprenticeship, but funding for this had stopped. They now enjoyed spending most weekdays pursuing their own interests with staff support when required. They told us they could go to the local shops and park unsupported by staff and they enjoyed this.

Other people told us of the various groups and activities they took part in during the evenings and weekends. We saw a few people were attending a social club during the evening of our inspection. One person told us they did not like to go there because it was noisy. We saw photographs showing people taking part in a variety of activities including while on holiday within the UK or abroad. One person told us they planned to go abroad this summer with three others and staff. They were really looking forward to this, telling us they had seen the place they wanted to go to in 'a book'. They pointed at the computer and said, "[Registered manager] and I will look at the holiday on there too."

Relatives' comments were extremely positive about the support staff provided to people to pursue their interests. One relative said, "The staff put together a mix of activities to keep residents entertained and support the development of key life skills. [Person] has had the opportunity to travel on holiday with staff and friends, and regularly enjoys trips out." Another relative said, "[Person] goes on really great holidays and I am very pleased with everything."

People told us about the annual pantomime show they planned and acted in, with support from staff. They were proud that they could invite their family members to this. Monthly newsletters showcased the many activities people took part in, and there was emphasis in celebrating people's birthdays and other significant dates or achievements.

Some of the people were in relationships with other people who lived at the service or elsewhere. One person told us how staff had been supporting them to think about how they would want to celebrate this event. They were happy to tell us what they did the previous year and this support meant a lot to them. We also saw the service planned social events they invited people's relatives to. One relative confirmed this, saying, "The staff arrange family events throughout the year, which enables relatives to get together, chat and catch up, as well as everyone enjoying a dance and a sing song."

The provider had a system to handle complaints and concerns. People and relatives told us they were happy with the service and had not made any recent complaints. One relative said, "I've never complained, I have not needed to." We reviewed complaints received in 2018 and we saw the registered manager took appropriate action to investigate these. Issues raised during complaints were discussed in team meetings so that staff learned from these and processes were put in place to reduce the risk of the same issues happening again.

People had end of life care plans. The registered manager told us none of the people they supported currently required this support. They said they kept the care plans up to date by speaking regularly to people and their relatives to check if their wishes had changed.

Is the service well-led?

Our findings

When we inspected the service in November 2017, the service had an overall rating of 'requires improvement' because they did not provide consistently safe, effective, compassionate and good quality care. There were also breaches of regulations 10 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements to show they now provided a consistently well-led service. The registered manager told us they had been very disappointed about their previous rating, but a technical issue meant they had missed the opportunity to challenge most of the findings in the report. They told us about what they had done to make improvements where they were required.

The provider had systems to assess and monitor the quality of the service. The registered manager carried out a range of quality audits of care plans, daily care records, medicines administration records and others. They had actions plans and an annual service development plan to show what action they had taken to address any shortfalls identified during audits. The provider had previously not carried out formal checks of the service, although they visited regularly. Since the previous inspection, they had employed an external auditor who carried out this work on their behalf. The auditor was carrying out their 2019 review of the service at the time of our inspection. The service had also been recently inspected by the local authority. They gave us positive feedback of their findings about the quality of the service.

Everyone told us the service was well managed. There was a registered manager in post who was supported by a deputy manager and other senior care staff. People, relatives and staff commented positively about how the registered manager promoted a positive, caring and inclusive culture within the service. They said because of this, people were supported well. People and staff also told us the provider was approachable and helpful. One person said, "[Registered manager] is lovely. [Provider] is a lovely man too. I've known him for many years." One relative told us, "I've never been concerned about anything and [person] is happy there."

Everyone was complimentary about the quality of the service. One relative said, "I find the service very good and very encouraging to [person]. I couldn't say a bad word about anyone there." They told us the registered manager promoted a service that put people at the centre of what they did, ensuring that people learnt new skills to become more independent, and they also took part in a lot of enjoyable activities.

The service's ethos was that there should be as little difference between people using the service and staff as possible. Like staff who did regular training, people also completed monthly training programmes in areas such as: road safety; fire safety; oral hygiene; foot care. Some people also had lead roles in health and safety; pet care; plant care; garden gang leader; residents' representatives; housekeeping supervisor. Like staff, people's achievements were celebrated with certificates and trophies. People were very proud when they told us of their roles, responsibilities and achievements. It was evident this promoted their self-esteem and confidence.

Staff told us of their roles in ensuring everything worked well for the benefit of people using the service. They also told us of the importance of communication within their team. They said they spoke with the registered manager regularly and during their planned team meetings to share information and learning. The registered manager also sent memos to staff if this was necessary to communicate urgent information.

The provider gave people, relatives, staff and external professionals opportunities to provide feedback about their experiences of the service. People told us of discussions with staff during meetings or their care plan reviews. Staff spoke with relatives if needed by telephone, when they visited their relatives, during care reviews or social events. One relative said, "They are open to suggestions from relatives and residents." Everyone was sent annual surveys where they could comment on specific questions about the service. We saw positive comments from the results of surveys completed during October and November 2018.

The service worked closely with other stakeholders such as the commissioners to ensure that people's needs were met. The registered manager knew to report relevant issues to the local authority and the Care Quality Commission. This showed that overall, people received the support they required and expected.