

Parkcare Homes (No.2) Limited

Mar Lodge

Inspection report

26 Nottingham Road
Melton Mowbray
Leicestershire
LE13 0NP

Tel: 01664560302
Website: www.craegmoor.co.uk

Date of inspection visit:
14 November 2018

Date of publication:
12 December 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Mar Lodge is a care home for a maximum of seven people with learning disabilities and autism. The service comprises of two semi-detached buildings made into one larger home. All bedrooms are single rooms.

The service was registered with the CQC prior to the CQC's publication of 'Registering the Right Support' guidance for homes which accommodate people with learning disabilities and autism. Our guidance now says people with learning disabilities should not live in homes of more than six people. At the time of our visit, whilst registered for seven people, six people lived in the home.

At our last inspection we rated the service as '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.

Most areas of the service continued to be safe. However, the kitchen and laundry area posed some potential risks to people's safety and infection; and the facilities in the communal bathroom meant people could not be as independent with personal care as they could potentially be. There were regular checks made on water, gas, electric and fire systems to support people's safety. People received their medicines as prescribed. Staff understood the risks to people's health and wellbeing and acted to lessen each risk. Checks had been made on staff before they started working for the service to make sure they were safe to work with people. There were enough staff on duty during a 24-hour period to meet people's needs.

The service continued to be effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act (MCA) were followed. People enjoyed the meals prepared at the home. People attended appointments when required, with different health and social care professionals. Staff received training to support them to work effectively with people who lived at the home.

The service continued to be caring. People were treated with dignity and staff respected their privacy. Staff were kind to people, and had developed positive relationships with the people they supported. They understood people's needs and preferences, and what was important to them. The service supported people to maintain and develop relationships with their family.

The service continued to be responsive. People's individual needs were catered for very well by staff who worked at the home. They had an excellent understanding of what mattered to people. People lived purposeful lives having opportunities to work in the community, as well as pursuing their interests and hobbies. Information was available throughout the home in formats which supported people's needs. There was a complaints procedure, although no complaints had been made to the service since our last inspection. Procedures were in place for planned end of life care.

The service continued to be well-led. The registered manager and deputy manager worked hard to ensure a good quality of service was maintained. Management was inclusive, and the opinions of people and staff mattered. The registered manager provided good support to the staff group, and to people who lived at the home. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs.

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 not always safe. Some aspects of the kitchen, laundry and bathroom required attention. The service remained safe in all other areas.

Requires Improvement ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

Mar 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 was a comprehensive inspection. It took place on 14 November 2018 and was unannounced. One inspector undertook this inspection.

Before our inspection visit we contacted the Local Authority. They had no information of concern about the service. We also looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider. We also looked at the Provider Information Return (PIR) sent to us by the provider. This is a form that asks the provider to give some key information about the service, including what they do well and improvements they plan to make.

During our inspection visit we spoke with the registered manager, the deputy manager, two care staff, and five people who used the service. We checked one person's care record, checked a sample of medication and health and safety records, as well as team and resident meeting records. We spoke by phone with two relatives of people who lived at Mar Lodge.

Is the service safe?

Our findings

People who lived at Mar Lodge told us they felt safe at the home.

We looked at the environment to check it was safe for people to live in, and that appropriate infection control measures were in place. The age range of people who lived at the home was 40 – 65 years of age and one person had a sight impairment. The communal bathroom had a shower unit with a 24cm step up into the shower. This meant it was difficult for the person with the sight impairment to access independently. The bath was also small and was low for people to get into. There were no grab rails to help people get into the bath. The registered manager told us the provider had plans to replace the shower unit with a walk-in shower.

The kitchen had cracked tiles, and the worktop surfaces were not always aligned. This meant it was difficult to clean and there was more risk of infection. The cooker, was positioned next to a door opening. This meant when staff cooked on the gas hob, they had to make sure the handles of the pans were turned inwards to reduce the risk of people or staff being injured by accidentally knocking the pans off the hob when walking through. In the laundry room we saw a floor covering had been laid around a piece of furniture. The furniture had been removed exposing a large rectangular area of original flooring underneath the newer flooring. This looked unsightly and was also an infection risk.

The registered manager informed us these issues had been identified by the provider and showed us documentation which confirmed work was due to start in 2019. It is recommended this work is undertaken as a priority.

Other checks on the safety of the premises had been taken and acted on. The provider had identified issues with electric sockets and extension leads, and had ensured remedial work was carried out to make this safe. Checks on fire, other electric, gas and water systems were carried out regularly to ensure safety.

There were enough staff on duty during each 24-hour period to keep people safe. Most people who lived at Mar Lodge undertook activities outside of the service during the day. During this time, support staff undertook other responsibilities such as washing, cooking and laundry, as well as supporting people who had chosen to stay at home.

Staff new to the service had to wait for Disclosure & Barring Service (DBS) checks, and their reference requests to be returned before they could start work. People who lived at the home were involved in the recruitment of new staff. This meant the provider's recruitment practice supported the safety of people who lived at the home.

Staff had received training to safeguard people from harm and were aware of their responsibilities to report any concerns to the registered manager. The registered manager understood their responsibility to report safeguarding allegations or incidents to the local authority safeguarding team and to the Care Quality Commission. Since our last inspection visit we have received three notifications, and had been satisfied the

service took appropriate action to maintain people's safety.

Staff understood what risks related to each person's health and social care support needs and put plans in place to reduce potential risks. For example, two people at the home independently travelled to the local amenities. Both people had their own mobile phones and they contacted staff at the home to say when they had arrived at their destinations, and to inform staff of when they were returning.

Medicines were managed safely. We observed a member of staff administer a person's medicines. They made sure good infection prevention measures were taken whilst administering medicines; and did not rush the person when administering. We looked at the person's medicine administration record and saw this accurately reflected the medicines which had been administered.

The registered manager and their deputy acknowledged the importance of learning from events which happened in the home. They had been through a challenging period related to a person who no longer lived at the service. They informed us they had learned lessons from this experience.

The home was generally clean. People supported staff in cleaning their bedrooms. When staff supported people with personal care; they understood the importance of using disposable gloves and aprons to reduce the risk of any potential infection transferring from the person they supported to them, and onto another person.

Is the service effective?

Our findings

People told us they felt staff provided them with good support. Staff had the skills and knowledge to support and care for people who lived in the home. Staff had undertaken training to help them provide effective care to people. New staff had received an effective induction to the home. Staff who administered medicines told us they had received training to administer medicines safely and a member of staff told us the deputy manager watched whilst they undertook medicine administration for a week before they were 'signed off' as safe to administer medicines on their own.

People's needs and choices were assessed and reviewed regularly to ensure people were getting the right care and support at the right time. The care record we checked provided detailed information about the support provided to the person and the reasons why.

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 Safeguarding (DoLS). We found that people who were not able to leave the premises of their own accord because they were at risk when doing so, and who were unable to consent to this; were legally deprived of their liberty with a DoLS. Staff told us they worked hard at making sure this did not impact on people's lives, and tried to make sure that when people who could not go out on their own, wanted to go out, they had the opportunities to do so.

People had access to healthcare when necessary. Records showed, and family members informed us that people were supported with healthcare appointments when required. Staff had worked well with other health and social care professionals to meet people's needs. Health action plans identified the health needs of people.

People told us they enjoyed the meals provided and the choices of meals offered to them. On the day of our visit, the picture menu informed us that people would be having spaghetti Bolognese for their evening meal. We saw this being cooked with fresh vegetables. During the day we saw people having healthy snacks which they enjoyed. Drinks were either made by people, or staff throughout the day. One person was on a 'fluid intake' chart because there were concerns they were not drinking sufficient fluids to keep them healthy.

People had been involved in deciding how the communal lounge area was decorated, and had also chosen the furniture for the lounge. Each person's bedroom was decorated to reflect the person's personality and interests.

Is the service caring?

Our findings

Staff were caring to people who lived at Mar Lodge. People told us staff were kind, and we saw this throughout our inspection visit. Kindness was seen in relation to the individual conversations with people, and through the support given whilst undertaking activities. A relative told us their relation saw Mar Lodge as 'home' and they wouldn't want them to be anywhere else.

As well as kindness, staff were seen having fun with people. During the morning we heard staff singing songs with people in the kitchen.

People were treated with dignity. For example, one person was seen wearing a top which staff thought had shrunk in the last wash. This meant the person's under garments showed. It was kindly suggested to the person that they might wish to change their top to preserve their dignity, and they suggested the person did not use the top in the future.

A 'dignity tree' mural was on the wall in the living room. On this tree were the views of both people and staff about what they thought was important in maintaining dignity. Everyone in the home supported and worked with these views.

One person we spoke with showed us the key they were wearing around their neck. They told us this was the key to their bedroom and it meant they could have privacy because they could lock their door. Where doors were unlocked, staff knocked and waited for people to respond before they went into their rooms. People told us that staff did this because their rooms 'were private'.

People, relatives and staff all felt the home had a family atmosphere. One relative told us, "[Person's] treated like family and it is a family environment. All the staff are very good and go above and beyond what they have to do.". A staff member said, "I absolutely love working here, it's a home from home. I have no dread of work. It's a small home and family orientated. The working relationships with other staff are brilliant and with the service users are amazing."

Is the service responsive?

Our findings

People were supported by a staff group who had an excellent understanding of their needs and how to provide support in a way which encouraged people's independence. A relative told us, "They try to get the residents to do as much as they can for themselves." During the day we saw staff encourage a person to tidy their room. Another relative confirmed this. They told us that prior to moving into the home, they had everything done for them. Now, the person could make their own drink; shower themselves with support; and use the vacuum cleaner. They also said they were supported to go to the bank to collect money for their different activities.

People were supported to follow their interests and take part in activities both within the home and in the community. On the day of our visit one person was going 'curling', another went in to town independently in the afternoon to do some shopping. Others went out to do different activities such as creative workshops. For those who stayed in, one person enjoyed watching the film 'Bed knobs and broomsticks', whilst another enjoyed having their nails painted in another room listening to Abba being played on the CD. A person told us they had a volunteer job cleaning. They told us they really enjoyed cleaning. We were also told that the previous week, two people who lived at the home had been to see a 'Steps' tribute band play.

A relative told us that a member of staff was a member of a marching band. One of the people who lived at the home enjoyed the band, and so the member of staff took them on trips-out when the band were performing. This person was now an 'honorary president' for the band.

Since our last inspection a sensory table had been introduced to the home. This provided people with different equipment to explore their senses, including musical equipment, and different scented oils such as bubble-gum scent, for people's sense of smell.

The deputy manager told us that during Diwali, a member of staff who celebrated Diwali, came to the home with their parent, to show people how they celebrated Diwali. They wore traditional dress, and brought authentic Indian food and sweets to the home, and helped explain to people what Diwali meant. We were also told by staff and by a relative that a 'family open-day' had been arranged to make mince pies, share mulled wine or hot chocolate; and show families the Christmas decorations people had made.

Within the home, there was information about both people and staff's personalities. This included what people and staff liked and didn't like and helped everyone understand a little bit more about the person.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The service was excellent at ensuring information was communicated in an appropriate format for people. This included easy read evacuation procedures, complaints procedures, and health and safety information. Each person also had 'communication dictionaries'. These helped staff to understand how to communicate with the person. For example, 'I will speak to say yes or nod my head'.

The person who lived at the home who had a sight impairment was supported by Vista (a charity which supports people with sight loss). On the day of our visit, the post brought a package which was a special type of reading light to help the person with the sight impairment read. The home had also supported the person with their hearing impairment by putting a sensor under their pillow which would vibrate if the fire alarm went off, so they knew to evacuate the premises.

The service user guide was in the lounge, and had a range of photos and pictures describing what people should expect when they lived at Mar Lodge. It also included information about each person who worked and lived at the home. This made the guide more inclusive because both people and staff shared details about who they were and what made them happy or sad, and what might help them.

There were regular meetings with people who lived at the home. These meetings were a mixture of discussions about the home in general, and educational meetings. The last meeting with people who lived at the home had focused on 'first aid'. On the notice board was picture based information reminding people what they had discussed about first aid.

The provider had a complaints procedure, but there had been no complaints made about the service. People told us they felt able to talk with staff if they had any concerns. The last quality assurance questionnaire showed that 6/7 sets of relatives thought the service was 'outstanding' with one set of relatives reviewing the service as 'good'.

People's preferences and choices for their end of life care were recorded in their care plan. The provider had policies and procedures about end of life care, and the registered manager had undertaken training to support end of life care. The deputy manager was in the process of ensuring all staff had access to end of life training.

Is the service well-led?

Our findings

The service had the same registered manager as at our previous inspection visit. 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 on annual leave at the time of our visit.

The registered manager for Mar Lodge also managed another care home in a different location. Since our last inspection visit the post of deputy manager had been created in the home to support the registered manager when they were not present at the service. Both the registered manager and deputy manager were passionate about providing good quality care to people. They had an open door policy where both staff and people who lived at the home, had good access to them to discuss any issues or concerns about the service.

The registered manager had appointed a person who lived in the home to be the 'deputy manager for service users'. This person had responsibility for chairing the meetings people had at the home. We spoke with the deputy manager for service users, who was very proud of their role in the home.

The provider had a range of checks to ensure the quality of care at the home was maintained. This included medication checks, checks on care records, and health and safety checks. The issues we had identified with the environment had also been identified by the provider as part of their quality monitoring responsibilities. Where accidents or incidents had occurred, management took steps to learn from such events and put measures in place to make them less likely to happen again.

Staff received support through appraisal sessions, as well as informal chats with the registered manager or deputy manager when they had concerns or issues which needed addressing. Staff also attended team meetings which covered a range of issues to support them in their roles.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The registered manager had a legal obligation to notify us of certain events which happen in the home. There had been very few events in the home which required notification. However, we had received notifications for those which had, and saw that appropriate actions had been taken. They also had a legal obligation to send us a Provider Information Return (PIR) when requested by the CQC. The provider sent us a PIR, and we found it reflected what we saw during our inspection visit.