

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 

Overall summary

This inspection took place on 5 December 2015 and was unannounced. Carmel Lodge Care Home is located on the outskirts of Poynton, near Macclesfield, in Cheshire. It provides personal care and accommodation and respite care for older people with dementia. The service is owned by Maria Mallaband Limited. The home is purpose built and has 36 bedrooms. At the time of our visit there were 33 people living at the home. All bedrooms have ensuite toilets. There are also three lounges, two dining rooms

and a conservatory leading into an enclosed garden accessible to residents and visitors. The home is situated close to local amenities. There is a large accessible car park provided for visitors.

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

Summary of findings

People living at the home, relatives and staff were very positive about Carmel Lodge, especially about the activities on offer and the management of the service.

We observed how staff spoke and interacted with people and found that people were supported with dignity and respect.

We found the staff had a good understanding of supporting people when they lacked capacity, including the requirements of the Deprivation of Liberty Safeguards. Staff took appropriate actions to fully support people who lacked capacity to make decisions for themselves.

We found care plans to be detailed and focused on the individual. They contained guidance to enable staff to know how to support each person's needs and requests. Staff had a good understanding and knowledge of each person's preferences and individual care needs.

We noted the service had a complaints procedure and people were confident that they could express their opinions and discuss any issues with senior staff.

The service operated safe recruitment of staff and ensured that staff employed were suitable to work with people living at Carmel Lodge. Appropriate pre-employment checks were carried out and application forms were robust to enable the management of the home to have adequate information before employing staff.

Staff received regular supervision and training to assist them in their job roles and in their personal development. The provider offered training to all staff to ensure they fully understood people's needs, including the needs of those people living at Carmel Lodge who had been diagnosed with dementia.

Various audits at the home were carried out on a regular basis by the manager, regional manager and the provider's own quality assurance personnel to help ensure that appropriate standards were maintained throughout the home.

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.

Everyone was happy with the staffing levels and the team although some relatives told us they were unsure how many staff they should expect to see on duty of a weekend. We found no issues effecting care needs during this inspection.

A thorough recruitment procedure was in place and sufficiently well trained staff were available to keep people safe. Staff were clear about the process to follow if they had any concerns in relation to managing safeguarding and keeping people safe.

Care plans contained a variety of risk assessments so that risks to people were managed and risks reduced. Assessments included risks such as falls and in how people were safely moved around the home.

Medicines were well managed and appropriate policies were followed by staff to safely support people with their medications.

Good



Is the service effective?

The service was effective.

Staff felt supported and received regular formal supervision to assist them in their job roles and in their personal development. Regular training was provided for all staff working at the home including on-going development training for dementia and the Mental Capacity Act and Deprivation of Liberty Safeguards to help them to support people with specialised needs. We found staff well trained and knowledgeable in their understanding of supporting people who lacked capacity to make informed decisions.

People's nutritional needs were met. The menus offered variety and choice and provided a well-balanced diet for people living in the home, including specialised diets and noted each person's personal likes and dislikes.

People's health needs were managed well by staff who co-ordinated appointments and visits across a range of healthcare professionals, such as GPs, hospital clinicians and care managers.

Good



Is the service caring?

The service was caring.

People living at the home were happy with the staff supporting them and we could see how they reacted positively to staff providing their support. Visitors felt their relatives were supported well and cared for to a very good standard.

Staff were aware of individual's needs and how they liked to be cared for.

We saw that people were treated with respect and dignity by the staff at the service.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care plans demonstrated that people living at Carmel Lodge and their families were involved as much as possible in decisions about their daily lives. Staff were knowledgeable about people's changing needs and responded well in contacting the necessary multi-disciplinary support when needed.

Complaints were fully recorded and had a good audit trail of the actions taken.

The service provided various activities for people to take part in if they wished so that people were involved in social activities they liked.

Is the service well-led?

The service was well led.

People living at the home, relatives and staff said that they felt the senior staff and manager were approachable and would listen to them. Staff felt the provider was very supportive and good to work for.

The service had a variety of processes in place to monitor and improve the quality of the home and actions were taken to address any shortfalls that were found.

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 December 2015 and was unannounced.

The inspection team consisted of a lead adult social care inspector and an Expert by Experience. (An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service especially in regard to people with dementia.) They talked to residents to gain their opinions of what the service was like.

During the visit, we spoke with a variety of people including: six people living at the home; four relatives; six staff on duty, the manager, the deputy manager, regional manager and the quality assurance manager. We spoke with people throughout the home and observed how support was provided to people during the day.

We used a number of different methods to help us understand the experiences of people who live at Carmel Lodge. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of residents who could not talk with us.

We looked at a sample of documentation in relation to how the home was operating, including records such as: staff recruitment and four staff files showing supervision and training; medication records; complaints; activities; risk assessments; surveys; minutes of meetings; quality assurance audits and policies and procedures. We looked at a total of three care plans for people that lived at the home.

Before our inspection we request that the services provide us with a provider information return [PIR] which helps us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We looked at any notifications received and reviewed any other information we held prior to visiting. We also invited the local authority to provide us with any information they held about the home.

Is the service safe?

Our findings

Visitors considered that their relatives were safe and well-protected living at Carmel Lodge. People living at the home felt safe and secure. People living at the home and visitors were happy with the staff and their conduct and attitudes towards them. They told us the home was always very clean and tidy.

We looked at the duty rotas and found that there were a mixture of care staff, domestic, administration, maintenance and activity staff on duty. Relatives were happy with the staffing in place although two relatives told us they didn't actually know how many staff were supposed to be on duty and they felt the staffing levels seemed lower at weekends. There was no evidence to show how staffing levels were calculated and shared with relatives, staff and people living at the home to help make them aware of how many staff they could expect to have on duty each day. The manager advised they would discuss how staffing levels were calculated and would share this with everyone at the home so that staffing levels were more transparent.

Staff were happy with the staffing levels available and told us: "Staffing levels are usually ok, we have had sickness and we get offered overtime and agency staff are brought in when they are available"; "Staffing levels are usually ok unless someone phones in sick then we try to get someone to come in" and "The company and the manager go out of their way to get staff when needed."

The registered provider had an adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and that people living at the home were protected from possible harm. Training records showed us that staff had received training in safeguarding and staff we spoke with were aware of procedures to follow regarding any suspicion of abuse or if any mistreatment was suspected. All of the staff that we met told us they would not hesitate to report any concerns or any signs of abuse.

Staff were aware of their responsibilities to keep people safe and to identify and take any necessary actions to reduce risks. Care files showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable. These included individual risk assessments for areas such as moving and handling and use of bed rails. These assessments were clear and up to date and minimised the risks to people living at Carmel Lodge.

We looked at a sample of recorded checks on the environment, including checks on bedrooms, lights and fire systems. We saw that regular checks were carried out by the manager, the provider and the home's maintenance staff to help ensure that a safe environment was available to everyone.

We looked at a sample of staff files including a newly recruited member of staff, to check that the appropriate checks had been carried out before they were employed to work at the home. Personnel files were organised and demonstrated safe recruitment and management of staff, especially in checking references and criminal record checks so that the provider could be assured staff were safe to work with people living at Carmel Lodge.

We looked at a sample of medication records, the storage of medicines and checks on the management of medications throughout 2015. Medicines were stored safely and managed appropriately to ensure that people living at the home received their medications in a safe and effective manner. We observed staff safely storing medicines in a locked office and noted the room was kept clean and tidy and free from hazards. Staff at the home discussed previous medication errors and all actions that had been taken to improve medication procedures. Staff were knowledgeable in regard to the management of medications and they were conversant with the home's policies and procedures to help them to safely manage medications. The provider had developed medication audits that offered further evidence of safe practice.

Is the service effective?

Our findings

People we spoke with told us they were happy with the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff at Carmel Lodge. People living at the home told us they enjoyed their meals and had plenty of choice and alternatives were available if requested. People made positive comments such as:

“We are very happy with the service” and “We are happy with the care our relative is receiving”.

Relatives confirmed they were informed of any changes to care and asked their views on the care and support that was in place. People living at the home and relatives felt that the service was very good at providing health support and in keeping them updated with good communication and contact with the staff team. Staff were quick to access services including the GP and other members of the multi-disciplinary team such as: district nurses; continence advisors; hospital clinicians and care managers. We saw that communication with family members and professionals from the multidisciplinary teams were regularly recorded and showed good liaison between people important to those living at Carmel Lodge.

Care plans were reviewed monthly and each person living at the home was allocated a named senior carer who liaised regularly with their family. Monthly visits were carried out by the quality assurance and regional management team who also carried out regular audits which included observations of staff reflecting staff interactions, compassion, patience, respect and dignity whilst providing care. They produced reports which sometimes included an action plan for any areas of improvement required. The home had an open door policy and the manager was available at all times to families, friends and staff.

We carried out a Short Observational Framework for Inspection (SOFI) at lunchtime and found positive interactions between staff and people living at the home, offering an enjoyable dining experience. We observed staff respectfully supporting various people to sit in the dining room in preparation for their meal. Some people chose to sit in their own bedroom or lounge area to eat their meal. Staff were very patient and calm in explaining and reminding some people what was on the menu and what

food was being served. We noted staff changing meals when some people didn't like their food and they quickly provided alternatives. We observed that the food looked appetising, appealing and well presented. The dining areas were pleasant and welcoming with small tables attractively set. Where necessary staff checked frequently that people were managing to eat their food and offered discreet and sensitive support when needed. Additional drinks were offered throughout the day. The dining experience was calm and relaxing and staff waited until everyone had finished their main meal before they started to serve desserts. The staff had already identified various special diets for some people and ensured they were catered for at each meal including soft diets and meals for people who were diabetic. Staff demonstrated a good awareness of people's differing dietary needs. The menus demonstrated that people had a variety of choices to pick from for each meal. The kitchen staff had recently received five stars from the environmental health department for a well-managed kitchen.

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 in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

We looked at policies that were in place for staff to follow in relation to the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards (DoLS) and consent to care and treatment. These policies provided information to staff about the procedures they should follow when a person was unable to make certain decisions for themselves. We reviewed the records for three people who had been assessed as needing to be deprived of their liberty such as one person who needed full assistance with their medications and was at risk of wandering out of the home. We found there was an organised process in place to record

Is the service effective?

any restrictions in the best interests of people living at Carmel Lodge. Senior managers had set up a file including all relevant information in regard to DoLS applications which helped the staff organise and manage accurate records. Staff were knowledgeable in regard to these procedures and were able to recognise when a DoLS authorisation was necessary to safeguard people's rights. We found staff had acted in accordance with the requirements of the Mental Capacity Act 2005 in order to ensure each person's rights were protected and that they received appropriate care and support to meet their needs.

Notice boards at the home were easily accessible and offered a variety of information to everyone living at the home and everyone visiting. The notices and information displayed helped to keep everyone up to date with the management of the home.

Staff told us they received regular training and that they were provided with all the training they needed to help them support people who lived at the home. Training was offered to all staff and the staff we spoke with told us they really enjoyed the training offered including the dementia training. Some staff said that although they enjoyed the training they were not that keen on training involving eLearning (computer based training) and would rather have face to face training. Most of the staff we spoke with had received updates and training covering the Mental Capacity Act and all of the staff that we spoke with demonstrated a good understanding about this subject. Staff were positive about the support they received during induction especially when they were extra to the staffing levels for a full week which they felt helped them to get to know people living at the home and get to know their job role in a thorough way. The manager had developed

detailed records to demonstrate how the training needs for all staff working at Carmel Lodge were managed to make sure they could meet the needs of the people they supported at the home. Organised and updated records gave details of a comprehensive selection of training offered to staff and helped identify when they were due for refresher training in various topics.

Staff felt well supported and were very complimentary regarding the support they received from their senior staff and manager. Staff told us they received regular supervision. They provided various positive comments such as:

"We are well supported and get regular training, I received a lot of supernumerary time for my induction when I first started work"; "We can approach the manager at any time, she is very supportive" and "My training is up to date and I get reminders when I am due to update and refresh my training".

The manager had organised records to demonstrate how she reviewed and managed the supervision of all staff to make sure they were provided with regular and consistent support. We checked records and staff files and they contained evidence that supervision sessions had been provided for staff. (Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. All staff should expect to be provided with supervision to help with their development within the service to ensure they provide a consistent level of good quality support to residents.)

Is the service caring?

Our findings

Comments from both people living at the home and relatives regarding staff were very positive and included:

“We are very very happy with the care provided” and “We would recommend this home to others as we are very happy with the service offered”.

We spent some time in lounges observing positive interactions between staff and people living at the home. Relatives and people living at the home described the staff as being ‘very good’ and ‘lovely’. We saw that the staff knew the people they were caring for and treated them respectfully. For example, some people needed regular reassurance from staff to remind them of where they were and what they were going to do, especially at mealtimes and when engaging in activities such as manicures. Some people wanted to have a friendly chat with staff and staff sat with people during the day to offer this support. Staff were seen to respect people’s privacy and dignity and were seen knocking on people’s doors each time before they entered. We heard staff asking people if they needed anything at all, or would they like a drink throughout the day. Staff addressed people in an appropriate manner, asking permission before carrying out caring interventions

and where necessary explaining what they were going to do before doing it. We observed staff smiling and being attentive when carrying out their work, especially when they were in contact with the people they were supporting.

We saw people that lived at Carmel Lodge walked around the home when they wanted to, with plenty of open space to walk the full length of the building and corridors, meeting staff along the way. People were able to choose where they wanted to sit, some choosing to go into the lounges and some choosing to go back to their bedroom. The atmosphere in the home was friendly and relaxed and the facilities well laid out and easily accessible to everyone. We observed staff interacting with people and they were comfortable and relaxed with staff and were chatting and obviously liked the staff they were talking to. The staff had identified various developments they wanted to further implement with the environment to support people with dementia. They had already introduced some familiar pictures and accessories to help people to reminisce about their lives when growing up.

Staff were very enthusiastic when speaking to us during the inspection and wanted to express their satisfaction with the care provided which they felt was of a high standard. Several staff members told us they would readily recommend the home to others including their family and friends.

Is the service responsive?

Our findings

Both people living at the home and relatives were keen to share their positive experiences about this service. They told us there were a lot of different activities on offer. We observed people being asked if they would like to take part in activities in the lounge. The staff had developed a large visual notice board with the use of pictures to help describe what activities were on offer and what activities were planned for the day. Activities on offer were varied and included: a recent trip to St Georges Church; dance at The Smithy; card making and sherry; Dean Valley primary school visit and performance; Adlington school primary school choir visit; manicures.

Adaptations to the environment had been made to meet the needs of people with memory loss and confusion. For example staff had used colours and picture symbols on doors to help people to orientate them to their own bedrooms and other facilities such as the bathrooms and toilets.

The home had developed a hairdressing salon, an enclosed garden and various items of reminiscence were positioned along the corridors. These adaptations helped stimulate people's memories and encouraged people to socialise and encouraged them to use these services with the help of staff. There was photographic evidence on display of people enjoying events at the home in which families had been involved and invited to the variety of activities organised by the staff. Specific staff were employed to deliver and organise activities within the home and they had a vacancy for a further part time activities co coordinator. Staff told us that they had completed dementia training which helped them to continue to explore and develop the service for people with specific dementia related needs.

People living at Carmel Lodge were happy with the staff supporting them and relatives told us the staff were good. Staff were knowledgeable about each person they supported and explained they had got to know each person's likes and dislikes over a period of time. We observed staff communicating with people in a respectful manner; quietly interpreting individual needs and requests and supporting people with various activities throughout the day.

Everyone had a plan that was personal and individual to them. These plans were used to guide staff on how to involve each person with their care plan and provide the care and support they needed and requested. All of the plans we looked at were well maintained and were up to date. The plans were reviewed monthly so staff knew what changes, if any, had been made. Daily records were detailed and gave a good picture of how each person had spent their day, especially in regard to their social needs and requests. Staff told us they tried to support people as much as possible to spend their days as they wished.

Staff demonstrated a good understanding of the people they supported in relation to their changing behaviours and changing needs. Records and discussions with staff demonstrated that people who lived at the home had access to a variety of health services such as: local GPs; dieticians; speech and language therapists (SALT teams), social workers and clinical specialists. Records demonstrated that people living at the home were escorted to attend hospital appointments and received visits from health professionals. This meant that people's care was co-ordinated in order to optimise their health and address any changing health care needs.

The home had a compliments and complaints policy and procedure in place which was readily displayed and in the 'service user guide'. The procedure informed people of who to contact within the home and the organisation with regards to making a complaint about Carmel Lodge. People could also express their views either in resident meetings or in in-house questionnaires and a suggestion box. Staff talked us through what they would do if an individual wanted to raise a formal complaint and we looked at recent complaint records. These showed low numbers of recorded complaints, however they clearly showed how the complaints had been managed and responded to in a transparent and timely manner.

Relatives and people we spoke with during the inspection told us they had no complaints. We noted recent recorded suggestions and compliments from a resident and relative's survey published in June 2015, which were very positive about the care. Comments included:

"The atmosphere is relaxed but safe"; "Always contacted after a doctor's visit or an incident"; "Wonderful caring team" and "We feel our relative is well cared for as a person in her own right, she is always treated with dignity and respect, we are also treated in the same way".

Is the service responsive?

Some relatives made comments to suggest improvements such as : “I have not heard of relative and resident meetings.” The provider published their response to the suggestions and stated:

“We will make minutes of meetings available in the home so everyone can look at them as soon as possible after the meeting.”

The survey results also advised they had looked at all of the responses and contacted any individuals who had indicated they wanted to be contacted to follow up on the comments and suggestions they had made.

Is the service well-led?

Our findings

People living at the home and visiting relatives and friends knew of the senior staff team and the manager and some people were on first name terms. People said they would normally be able to speak to the manager and the staff team and they were very positive about the management of the home. Relatives/representatives were positive in regard to how the home was managed. They felt comfortable ringing the manager, the office or speaking to support staff as they felt the staff were friendly and approachable.

We saw evidence that the provider regularly sought feedback from people and their families about the support provided to them. We looked at a sample of minutes of meetings and saw records showing how people were regularly included and encouraged to share their views. Recent questionnaires that had been carried out were very positive about the service provided. The results offered various positive comments from relatives and people living at the home.

The home had a manager who was registered with the Care Quality Commission. During the inspection we saw the registered manager was active in the day to day running of the home. From our conversations with the registered manager it was clear they knew the needs of the people who lived at the home. Staff were led by a registered manager who provided good standards of care for staff to follow.

All of the staff told us they felt supported and enjoyed their work. They made various positive comments about the management style of the home. Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and speak to senior staff. We looked at a selection of minutes of meetings which contained evidence

of a wide variety of topics discussed with staff such as: the people living at the home and their needs; activities; maintenance and the environment; health and safety and meals. The minutes showed that the staff were kept up to date with the management of the service. Staff offered very positive comments about the management stating:

“The provider is very good to work for” and “The manager is very good, we can raise anything and can discuss anything.”

The home had a large collection of policies and procedures accessible to all staff. They were regularly kept updated to ensure appropriate standards were expected from all staff working at the home.

The manager, area manager and the provider’s quality assurance team regularly monitored the

quality of the support provided at Carmel Lodge by completing regular audits, which we reviewed during our visit. They were very detailed and covered a large variety of topics including: care files; accidents; training; complaints; bed availability; infection control; health and safety; medications and environment. The registered provider and manager evaluated these audits and created action plans for improvement, when improvements were needed. These audits showed evidence of regular monitoring of the quality of care and support being provided.

We looked at a sample of records called ‘notifications.’ A notification is information about important events which the service is required by law to send to the Care Quality Commission (CQC) in a timely way. These records showed that the registered manager was knowledgeable about these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events including safeguarding referrals.