

Skitini Care Homes Limited

Melody Lodge

Inspection report

West Keal Hall
Hall Lane, West Keal
Spilsby
Lincolnshire
PE23 4BJ

Tel: 01790752700

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Melody Lodge is a care home that provides accommodation and support for people who live with a learning disability and/or autistic spectrum disorder.

The home had been developed and designed before the principles and values that underpin Registering the Right Support (RRS) had been published. This guidance aims to ensure that people who use the service can live as full a life as possible and achieve the best outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence.

The home is registered to provide support for up to 11 people and there were seven people living there at the time of our inspection. The service is larger than recommended by best practice guidance. However, the service had applied the principles and values of RRS and had mitigated against environmental factors that would otherwise reduce the likelihood of being able to provide truly person-centred care. The outcomes for people living at Melody Lodge reflected the principles and values of Registering the Right Support by promoting choice and control, independence.

People's experience of using this service and what we found

Improved systems were in place to ensure risks to people's health, safety and welfare were minimised. Material improvements to the environment had a positive impact on people's privacy and dignity.

Staff had been trained to manage behaviours people displayed when they were distressed. Staff were more effectively supported to implement their skills and knowledge to benefit the people who lived in the home.

Staffing levels had been reviewed and reflected people's support needs.

Staff followed infection prevention and control procedures. This included following up to date national guidance regarding the Covid-19 pandemic.

Governance systems had been improved and operated more effectively. This enabled issues and shortfalls to be identified and addressed in a timely way.

Incidents and events that occurred within the home were reviewed. Lessons were learned and led to improvements in the quality of the support provided for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection and update

The last rating for this service was inadequate (published 1 February 2020) and there were multiple breaches of regulations. The provider created an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 1 April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the full report from our last comprehensive inspection by selecting the 'all reports' link for Melody Lodge on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Melody Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Notice of inspection

We gave the provider 48 hours' notice of the inspection. This was due to the Covid-19 pandemic to ensure we had enough information prior to inspection to promote safety.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. This included regular reports from the provider in accordance with the conditions of their registration. We sought and received feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with four people about their experience of living at Melody Lodge. We spoke with two members of staff, the registered manager and a company director. We reviewed a range of records including, two

people's care records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence we found with regard to quality assurance systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good and the provider was meeting the regulations in this area.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to ensure they had effective systems in place to reduce the risk of harm to people. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 first identified at our inspection on 17 December 2018. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Care plans and risk assessments had been reviewed and updated and reflected people's needs and wishes. They provided guidance for staff about how to manage behaviours in a way which minimised the risk of inappropriate restriction or control.
- The provider and registered manager had sought guidance and learning opportunities from external professionals and staff demonstrated their understanding of positive behaviour support approaches. Staff described how they supported a person in this area when they identified early signs the person may experience distressed behaviours. They told us this had helped to reduce the person's experience of distressed behaviour and records confirmed a reduction in avoidable incidents.
- Risks in relation to people accessing the healthcare they needed had been identified and plans were in place to ensure they had the right support to attend healthcare appointments.
- Risks presented to people's safety by the environment had been mitigated. For example, a loose stair bannister had been repaired and poorly fitting carpets had been replaced. In addition, the grounds around emergency evacuation routes had been cleared of debris and resurfaced to minimise the risk of trips, slips and falls in the event of the need to evacuate the building. An emergency exit gateway had been repaired and was in working order.
- People's personal evacuation plans (PEEP's) had been reviewed and updated. Plans included instructions for staff about how to support any reluctance by people to leave the building in an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had not ensured that they followed safe and effective safeguarding practises to protect people from the risk of abuse. This was a continued breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 first identified at our inspection on 17 December 2018. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff, including the provider, had received training in the management of distressed behaviours. The registered manager told us they had arranged for further, more bespoke training and support to be provided for staff when current Covid-19 restrictions allowed.

- Staff were able to identify situations which placed people at risk of unsafe or inappropriate care. The registered manager also demonstrated a clearer understanding of when and to whom she should report incidents of this nature.
- The registered manager and staff described how the use of positive behaviour support approaches had impacted positively on people's lives.
- Records showed there had been no reportable incidents or episodes of unplanned seclusion since our last inspection.

Staffing and recruitment

At our last inspection we found the provider had not ensured there were enough staff on duty during the night to assist people in an emergency. In addition, staff were failing to put their training into practice and provide good standards of care and support. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 first identified at our inspection on 17 December 2018. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection the registered manager had regularly sent us information to show how they monitored and reviewed night staff levels in the home. At this inspection we saw staffing levels were set in line with people's assessed night time and emergency evacuation needs.
- The registered manager provided us with information to show how they would keep staffing levels under review. This included factors such as changes in people's needs or an increase in the numbers of people living in the home.
- The provider and registered manager had complied with the conditions of their registration to source accredited training and had confirmed to us when training had been delivered to all staff.
- At this inspection staff demonstrated improved knowledge and understanding of how to support people effectively, for example, with managing distressed behaviour and completing care plans. Records showed, and staff told us about the positive impact this had on people's quality of life. We saw people's experience of distressed behaviours has reduced and one person had been supported to engage more effectively with healthcare services. In addition, we saw staff had more involvement in planning people's care which enabled them to put their improved knowledge and skills into practice.

Preventing and controlling infection

- Prior to this inspection, as part of our on-going monitoring of the service we undertook a review of how the service managed the risks related to the Covid-19 pandemic. They provided us with a range of information which assured us they were effectively managing infection control practices and minimising the risk of infection.
- At this inspection we saw staff were following national guidance in relation to the Covid-19 pandemic such as wearing personal protective equipment (PPE) appropriately and maintaining enhanced cleaning routines.
- Information was readily available for people about how to stay safe during the pandemic and general good hygiene practice. The home was clean and free from any malodours.

Using medicines safely

- At our last inspection we found medicines were safely managed and people received their medicines as prescribed.
- From our on-going monitoring of the service and our observations during this inspection we were assured medicines continued to be managed safely.
- People confirmed to us they received their medicines when they were due.

Learning lessons when things go wrong

- At our last inspection we found opportunities to learn lessons from incidents or events had been missed.
- During this inspection we found the registered manager had introduced a more robust system to review any incidents or events with staff. This meant that learning took place within the whole team and staff ideas and views contributed to improving practice. An example of this was the development of a 'calm area' that people could use if they felt anxious or distressed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good and the provider was meeting the regulations in this area.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour; Continuous learning and improving care

At our last inspection we found the provider failed to ensure systems were in place and robust enough to ensure the service was managed effectively. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 first identified at our inspection on 17 December 2018. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and registered manager had addressed all of the breaches of regulation identified at our last inspection and complied with the conditions we had imposed on their registration.
- The provider and registered manager had engaged an external consultant to support the development of a more robust and effective governance system. A suite of audits was in place for topics such as care planning, risk assessing and environmental improvements. We saw an example of how audits had identified an issue with one person's risk assessment and this had been addressed in a timely manner.
- An action plan was in place to address shortfalls identified by the audit system which indicated when actions should be and had been completed. This meant the provider and registered manager were able to drive improvement within the service.

At our last inspection we found the provider failed to ensure people were treated with dignity and respect. This was a continued breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 first identified at our inspection on 17 December 2018. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- The registered manager demonstrated an improved understanding about how the environment may impact on people's dignity. In addition to the improvements made externally, we saw a number of improvements had been made internally. For example, screening had been creatively applied to one person's bedroom window to afford them privacy and protect their dignity. Kitchen cupboard doors that had previously been removed, had been re hung to create a more homely feel to the kitchen.
- The registered manager had worked to improve the culture within the home. For example, records showed people and staff had increased opportunities to be involved how the home was run. New technology had been implemented to enable improved record keeping and oversight of the service.

- Staff had been supported to implement training and knowledge more effectively to benefit people who lived in the home. For example, we observed staff guiding and coaching people in their daily activities rather than leading and directing them.

At our last inspection we identified the provider had failed to ensure that the premises were properly maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Work had been carried out to reduce the impact of substantial and on-going exterior building work upon people's safety and dignity. For example, a trench and a large hole had been filled, the entrance driveway had been resurfaced to a high standard and improved safety netting had been installed. Potted plants had been safely positioned around the edges of the car parking area to provide a pleasant view.
- We were mindful of the impact the Covid-19 pandemic had upon the provider's action plan as time scales for completion of some priorities could not be met. The registered manager had revised the action plan as a result of the delays.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had sought advice and guidance from a number of external agencies such as the local authority, local specialist care providers and a care home consultant. This had helped to drive improvements within the home.
- The registered manager had joined calls with a local care provider association during the Covid-19 pandemic. This helped them to keep up to date with information and receive support from other providers where needed.
- People who lived at Melody Lodge were consistently positive about the support they received from the registered manager and staff.
- Staff told us they continued to feel supported by the registered manager and received supervision and appraisal of their work.