

Mere Lodge Healthcare Limited

Spinney Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Spinney Lodge is a residential care home, providing personal or nursing care to up to four people. At the time of inspection, four people were living at the service.

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

People were safely cared for. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks were assessed and understood by staff.

Medicines were managed effectively. Medicines were administered by trained staff and were stored safely

Staffing levels were sufficient. There were enough trained staff within the service to ensure people's planned care needs were met. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

The service was clean, tidy, and staff followed infection control procedures.

People's needs were fully assessed and understood by staff. Care plans reflected people's individual needs.

People's food and drink preferences were detailed in care plans. Meal plans detailed a variety of choices for people to eat and drink. Any dietary requirements were documented and observed by staff.

People had access to any healthcare appointments they needed, staff supported people in this area as required.

Staff treated people with respect and dignity, and feedback we received from people and relatives was positive about the care they received. A complaints system was in place and people knew how to use it. We observed positive interactions between people and staff.

There was a registered manager in place and staff felt supported by them. Audits and checks were in place that identified errors, and actioned improvements.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People's independence was promoted, care was person centred and staff

understood people's needs.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 09/04/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Spinney 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

This inspection was carried out by one inspector.

Service and service type

Spinney 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.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in place, who was going through the registration process.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We also spoke with one relative of a person using the service, two members of care staff, and the registered manager.

We reviewed a range of records. This included two people's care records, medication records, staff recruitment information, and audits.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe within the home and with the staff. A relative told us, "It is safe here. It is a massive weight off our parent's minds that [Name] is here."
- Staff were trained to support people to understand the risks of abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager, provider, and external agencies if necessary.
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

Assessing risk, safety monitoring and management

- Risk assessments documented risks that were present in people's lives, and enabled staff to work safely with people. This included information on supporting people with behaviours which may challenge. Staff understood how people communicated, and what could cause people distress. All the staff we spoke with told us they felt comfortable supporting people in this area, and were sufficiently trained to do so.
- Risks assessments were reviewed, and staff understood and followed risk assessments appropriately.

Staffing and recruitment

- Staffing numbers were sufficient within the service. This included one to one support for some people to ensure their safety. Spot checks were undertaken to ensure that staffing was correct on night shifts.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- Medicines were stored and administered safely. We checked medicine administration records (MAR) and found them to be accurately completed.
- Some people had medicines which were only to be administered as and when required. This was documented sufficiently to ensure their proper use.

Preventing and controlling infection

- The service was clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. Managers reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to them moving into the service. Transitions had been planned to ensure people had time to adjust to the environment and ensured the service could meet people's needs. We saw positive feedback about the service provided, from professionals involved in a person's transition.
- Assessments were regularly updated to reflect people's changing needs.

Staff support: induction, training, skills and experience

- Staff received an induction when first working in the service. One staff member said, "I was able to read all the care plans and shadow other staff, so I knew what to do."
- Regular training was provided to staff to ensure their knowledge was current and up to date. This included training in positive behaviour support and how to support people who may behave in way that could challenge others. Staff told us they felt well trained and confident in their roles, and they were not asked to do anything they had not been sufficiently trained for.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support with meal planning and had access to the food and drink they preferred. People's specific needs around food and drink were well documented and supported. People were able to be involved in preparing meals, and were able to eat at a time which suited them.
- People and relatives confirmed they were happy with the support offered in this area.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked in partnership with healthcare professionals to ensure people had access to health care support when they needed it. This included getting healthcare professionals in to the service to vaccinate a person, who did not wish to go outside of the service to get it done.
- The registered manager and staff had a good knowledge and understanding about the person's healthcare requirements.
- Records in people's files confirmed they saw the health and social care professionals they needed with support of staff as required.

Adapting service, design, decoration to meet people's needs

- The service was a small home for four people, each of whom had bedrooms which were personalised with their own belongings. Shared communal areas, and a small outside space, were available for people to use.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, and found they were.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had positive relationships with staff. One relative told us, "This is [name's] place, they are like a king here; their relationships with staff are really good, they get on with them well."
- Staff we spoke with felt people were well respected. One staff member told us, "It's a good friendly, family environment, good chat with people. When you achieve that environment, the guys tend to have a better time, and we want people to feel at home because it is their home."
- During our inspection we observed staff interacting with people in a friendly manner, giving people the time, space, and communication that was suited to their needs. Staff understood people's cultural backgrounds, and respected people's choices, for example, when certain foods were required to be avoided.

Supporting people to express their views and be involved in making decisions about their care

- Where possible, people were involved in making decisions and planning their own care. People had keyworker staff who worked closely with people to ensure their care planning reflected their wishes. Relatives were also involved in supporting people's decisions and care. A relative told us, "Care planning has been good, we have been involved in all the meetings about [name's] care."
- Care plans we looked at contained people's own preferences and decisions where they were able to make them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff told us that they would not enter people's rooms without their permission to do so first.
- Staff promoted people's independence wherever possible. For example, staff were working with a person to be able to go out locally without staff support. Care planning documented the person was being encouraged to be outside of the service without immediate staff support, for defined amounts of time, before staff checked in.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their likes, dislikes and preferences. We discussed with the registered manager about some areas which lacked detail in explaining people's preferences and routines. The registered manager told us the care plans would be updated to give more detail on people's personalities and preferences.
- We observed staff making sure people's preferences were respected. For example, ensuring a person's radio was playing as this was very important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in easy read formats. People told us they were aware of how to raise complaints.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported and encouraged people to take part in meaningful activity. A relative told us, "[Name] used to go out and about a lot more, but because of the Covid-19 lockdown, they have chosen to stay inside all the time. We are all working on getting [name] back outside again. The staff are doing a good job. It's much better here than the last place [name] was at."
- People were supported to maintain close relationships with family members as they wished. Relatives told us they felt a part of people's lives and able to visit them, respecting the Covid-19 guidelines.

Improving care quality in response to complaints or concerns

- A complaints system was in use. There had been no recent complaints. Systems were in place to ensure any complaints made would be reviewed and responded to appropriately.

End of life care and support

- No end of life care was required. End of life care planning was made available to those people who wished to discuss their preferences in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The managers fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.
- Staff were clear about their responsibilities and the leadership structure in place. People knew who the manager was and staff told us they felt well supported by the management team. One member of staff said, "We can communicate with the managers, and supervisions are regular." Another staff member said, "I get the support I need from management and other staff. Shifts are staggered so we always have a 15 minute handover, to make sure important information is shared."
- Systems and processes were in place to ensure the provider and registered manager maintained effective oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people ; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- There was a positive culture within the service. A relative told us, "The registered manager is brilliant, all my questions are always answered."
- Staff understood positive risk taking, and were motivated to support people to become more independent as much as was possible.
- The manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The management team were open and honest during our inspection

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings were held for people to feedback on any aspect of the service they received. We saw minutes were taken by residents, confirming their input and feedback.
- Team meetings were used to share information with staff, and allow staff to feedback. We saw minutes of meetings to confirm these took place, and staff told us they were comfortable to speak up within this forum.
- Relatives were able to feedback formally via surveys and questionnaires.

Working in partnership with others

- The management team worked closely with the local authorities and health and social care staff to review care packages and implement improvements when required. We saw positive feedback from outside professionals on care within the service.